

A guide to Employment and Support Allowance – The Work Capability Assessment

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About this guide

This guide gives detailed information about the 'Work Capability Assessment' element of Employment and Support Allowance. It is aimed mainly at professionals and contractors, but can also be read by claimants. Because of the detailed nature of this guide, it is more complicated than the main information leaflets produced by Jobcentre Plus and some words or phrases may be unfamiliar.

Terminology

Approved Healthcare Professional: A healthcare professional (registered doctor, nurse or physiotherapist), who has been approved by the Department for Work and Pensions' Chief Medical Officer.

Decision maker: The person who decides on behalf of the Secretary of State if a claimant is entitled to benefit.

Disability: Limitation of ability in each activity area.

Work Capability Assessment: The process of gathering information and evidence, which may include a face-to-face assessment, in order to determine whether a claimant has limited capability for work, and if so, whether they have limited capability for work-related activity.

Work coach: A trained adviser who will give the claimant help and advice with identifying realistic job goals and any additional support that may be required. Organisations contracted by Jobcentre Plus to deliver this part of the service have equivalent roles but they may not be known as work coaches.

Limited capability for work: The extent to which a claimant's health condition or disability affects their capability for work.

Limited capability for work-related activity: The extent to which a claimant's health condition or disability affects their capability for work-related activity.

Work-Related Activity Group: Claimants identified for this group will take part in work-focused interviews and have access to a range of support to help them prepare for suitable work when they are able to.

Support Group: If the effects of a claimant's health condition or disability are so severe that it would be unreasonable to expect them to prepare for work, they will join the Support Group. These claimants will receive the higher rate of Employment and Support Allowance and do not have to take part in any work-related activity as a condition of receiving benefit (although they can volunteer to do so).

Introduction

The Work Capability Assessment examines how a claimant's health condition or disability affects their ability to work and plays an important role in determining entitlement to benefit.

To be entitled to Employment and Support Allowance, claimants must be found to have limited capability for work which means that their current health condition or disability restricts their ability to work.

The Work Capability Assessment has two components:

1) Limited Capability for Work

Assessment to help determine benefit entitlement based on the extent to which a claimant's health condition or disability affects their capability for work

2) Limited Capability for Work-Related Activity

Assessment to help determine whether the claimant can be placed in the Support Group because the effect of their condition is so severe that it would be unreasonable to expect them to engage in work-related activity.

This document sets out in detail how each of the above components of the assessment operates in practice.

Medical Services for Jobcentre Plus are contracted to a private company. This company supplies the approved healthcare professionals who will provide a Jobcentre Plus decision maker with an independent medical opinion on how a claimant's health condition or disability affects their ability to undertake work.

Jobcentre Plus is an operational organisation which is part of the Department for Work and Pensions.

The healthcare professional approval process

An approval process, which has been agreed by the Department for Work and Pensions' Chief Medical Officer, helps to make sure that:

- approved healthcare professionals work to a consistently high standard throughout the country, and
- claimants get a thorough and objective assessment of how their health condition or disability affects their ability to carry out the activities in the Work Capability Assessment.

Professional standards

These professional standards cover the conduct we expect from healthcare professionals working on our behalf.

This means that the approved healthcare professional will:

- make claimants feel welcome and at ease
- introduce themselves and wear a name badge
- describe the purpose and nature of the assessment
- encourage claimants to bring a friend or relative to the assessment if they want to
- allow the claimant enough time to talk about their health condition(s)
- carry out the assessment gently to avoid any unnecessary discomfort to the claimant, and
- answer any reasonable questions.

Complaints about the way assessments are carried out are considered by Medical Services. Full details about complaints procedures are available to claimants when they attend assessments.

How the approval process works

The approval process includes a formal assessment of the healthcare professional's

- skills
- knowledge, and
- attitude to claimants.

The approval process helps to make sure that all approved healthcare professionals can produce satisfactory reports on a patient's health condition(s) to the professional and medical quality standards expected by the Department. Continued approval by the Department's Chief Medical Officer depends on the healthcare professional's on-going satisfactory performance and continued attendance at future professional educational events.

The approval process is divided into four stages, followed by a consolidation process.

Stage 1 – The prescribed training course

This consists of two elements:

- Pre-course reading
- An office-based trainer led event.

Stage 2 – The written assessment of medical knowledge

This consists of a written test paper which has to be completed to a satisfactory standard.

Stage 3 – Supervised practical training and appraisal

In this stage the healthcare professional carries out assessments under the supervision of an experienced trainer. The emphasis is on:

- claimant service
- clinical assessment techniques, and
- report completion skills.

Stage 4 – Appraisal of casework

During the period of provisional approval, the healthcare professional's reports will be subject to 100% audit until his or her competence is assured. Once Medical Services are sure that the healthcare professional has reached the required standard, a recommendation is made to the DWP Chief Medical Officer that he / she should be approved.

Maintenance of approval

Maintenance of the healthcare professional's approval is dependent upon the healthcare professional continuing to satisfy the required quality standards.

Validating medical quality

The Chief Medical Officer to the Department for Work and Pensions is responsible for validating all medical quality processes.

The assessment

The assessment is normally applied to all claimants within the first 13 weeks of claiming Employment and Support Allowance. To assist the decision maker to determine whether the claimant has limited capability for work, the assessment looks at the effects of any health condition or disability on a claimant's ability to carry out a range of everyday activities.

This will involve the following:

- **activities** – for example mobilising, standing and sitting, learning tasks and awareness of hazard which are relevant to work
- **descriptors** – lists a range of actions within each activity, which claimants may be able to perform. Where more than one descriptor for any activity applies, only the highest score will count
- **a score, or set of scores** – each descriptor that is relevant to a claimant's health condition or disability has a relevant points weighting, called a 'score'
- **non-functional descriptors** – conditions where although claimants could carry out the activities in the Work Capability Assessment, they would be treated as having either limited capability for work, or limited capability for work and limited capability for work-related activity.

The assessment helps the decision maker to determine if a claimant has limited capability for work, and if so, whether they also have limited capability for work related-activity. It also helps determine the rate at which Employment and Support Allowance is awarded from Week 14, when the main phase is applied if the claimant is found to have limited capability for work.

Claimants that have only limited capability for work will be placed in the Work-Related Activity Group. Claimants that meet one of the limited capability for work-related activity descriptors, outlined later in this guide, will be placed in the Support Group.

If a claimant does not have limited capability for work, they will be provided with advice about registering for employment and claiming other benefits.

Activities

Limited Capability for Work (Schedule 2 descriptors)

The activities relevant to the physical assessment:

- Mobilising unaided
- Standing and sitting
- Reaching
- Picking up and moving or transferring by the use of the upper body and arms
- Manual dexterity
- Making self understood

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- Understanding communication
- Navigation and maintaining safety
- Continence
- Consciousness during waking moments.

The activities relevant to the mental, cognitive and intellectual function assessment:

- Learning tasks
- Awareness of everyday hazards
- Initiating and completing personal action
- Coping with change
- Getting about
- Coping with social engagement
- Appropriateness of behaviour with other people.

To describe what is meant by activities, the descriptors within each activity and associated scores can be found later in this guide, but as an example, within the activity 'Mobilising unaided by another person with or without a walking stick, manual wheelchair or other aid if such aid is normally, or could reasonably be worn or used.' there are five descriptors:

(a) Cannot unaided by another person either:

(i) mobilise more than 50 metres on level ground without stopping in order to avoid significant discomfort or exhaustion;

or

(ii) repeatedly mobilise 50 metres within a reasonable timescale because of significant discomfort or exhaustion.

(b) Cannot unaided by another person mount or descend two steps unaided by another person even with the support of a handrail.

(c) Cannot unaided by another person either:

(i) mobilise more than 100 metres on level ground without stopping in order to avoid significant discomfort or exhaustion;

or

(ii) repeatedly mobilise 100 metres within a reasonable timescale because of significant discomfort or exhaustion.

(d) Cannot unaided by another person either:

(i) mobilise more than 200 metres on level ground without stopping in order to avoid significant discomfort or exhaustion;

or

(ii) repeatedly mobilise 200 metres within a reasonable timescale because of significant discomfort or exhaustion.

(e) None of the above apply.

Within each activity, the descriptors cover a range of ability.

Combinations of disabilities and health conditions

Many people may suffer with more than one disability or health condition. The assessment therefore includes a means of assessing the combined effects of different disabilities or health conditions.

For example, if a claimant cannot unaided by another person mobilise more than 200 metres on level ground without stopping in order to avoid significant discomfort or exhaustion, this by itself would score 6. However, if they also had difficulties with 'Manual dexterity' such as cannot use a pen or pencil to make a meaningful mark with either hand, this would score an additional 9. If a claimant is awarded a score of 15 or more, they have limited capability for work, and will be entitled to Employment and Support Allowance

Limited Capability for Work-Related Activity (Schedule 3 descriptors)

There are sixteen activities which determine if a claimant has limited capability for work **and** limited capability for work-related activity. The approved healthcare professional advises the decision maker whether they consider any of the descriptors are satisfied. If at least one is satisfied the claimant is entitled to the support component.

The activities:

- Mobilising unaided
- Transferring from one seated position to another
- Reaching
- Picking up and moving or transferring by the use of the upper body and arms
- Manual dexterity
- Making self understood
- Understanding communication
- Continence
- Learning tasks
- Awareness of hazard
- Initiating and completing personal action
- Coping with change
- Coping with social engagement
- Appropriateness of behaviour with other people.
- Conveying food or drink to the mouth
- Chewing or swallowing food or drink

Alternative criteria

There are cases where the claimant could carry out all the activities in the assessment, but would be treated as if they had either limited capability for work, or limited capability for work and work-related activity.

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The circumstances in which they would be treated as if they had limited capability for work (treat as Limited Capability for Work conditions) alone are:

- if a claimant is terminally ill, defined as having a progressive health condition, as a result of which death can be reasonably expected within 6 months;
- is excluded or abstains from work pursuant to a request or notice in writing lawfully made under an enactment; or otherwise prevented from working pursuant to an enactment, by reason of it being known or reasonably suspected that the claimant is infected or contaminated by, or has been in contact with a case of, a relevant infection or contamination;
- for a pregnant woman, there is a serious risk of damage to her health or to the health of her unborn child if she does not refrain from work;
- for a pregnant woman, she is within the maternity allowance period; and is entitled to a maternity allowance under Section 35(1) of the Social Security Contributions and Benefits Act
- a pregnant woman whose expected or actual date of confinement has been certified in accordance with the Social Security (Medical Evidence) Regulations 1976, on any day in the period –
 - i) beginning with the first date of the 6th week before the expected week of her confinement or the actual date of her confinement, whichever is the earlier; and
 - ii) ending on the 14th day after the actual date of her confinement if she would have no entitlement to a maternity allowance or statutory maternity pay were she to make a claim in respect of that period
- undergoing medical or other treatment as a patient in a hospital or similar institution where the claimant has been advised by a health care professional to stay for 24 hours or longer, or which is a day of recovery from that treatment. The circumstances in which a person is to be regarded as undergoing treatment include where the person is attending a residential programme of rehabilitation for the treatment of drug or alcohol addiction.
- receiving regular weekly treatment by way of haemodialysis for chronic renal failure; treatment by way of plasmapheresis; or regular weekly treatment by way of total parenteral nutrition for gross impairment of enteric function, is to be treated as having limited capability for work during any week in which that claimant is engaged in that treatment or has a day of recovery from that treatment
- students in full-time education or approved training who are in receipt of Disability Living Allowance or Personal Independence Payment (**income-related Employment and Support Allowance only**).

The following two criteria can only be considered once it has been determined that the claimant has not scored fifteen or more points against the schedule 2 descriptors (limited capability for work), and/or they have not scored against one or more of the schedule 3 descriptors (limited capability for work and work-related activity).

- If a claimant is suffering from a severe life threatening disease in relation to which –
 - i) there is medical evidence that the disease is uncontrollable, or uncontrolled, by a recognised therapeutic procedure, and

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ii) in the case of a disease that is uncontrolled, there is a reasonable cause for it not to be controlled by a recognised therapeutic procedure;

- If, because of a specific health condition or disability, the physical or mental health of the claimant or anybody else would be at risk if they were not found to have limited capability for work. This would not apply where the risk could be reduced by a significant amount by -
 - (a) Reasonable adjustments being made in the claimant's workplace, or
 - (b) The claimant taking medication to manage the claimant's condition where such medication has been prescribed for the claimant by a registered medical practitioner treating the claimant.

The circumstances in which they would be treated as if they had limited capability for work and work-related activity are:

- if a claimant is terminally ill, defined as having a progressive health condition, as a result of which death can be reasonably expected within 6 months;
- if a claimant is awaiting, receiving or recovering from cancer treatment by way of radiotherapy and / or chemotherapy irrespective of route. Where the Secretary of State is satisfied the claimant should be treated as having limited capability for work-related activity based on the available evidence about a claimant's condition and the impact that the treatment has on their ability to work and nature of the treatment the individual is receiving; or
- for a pregnant woman, there is a serious risk of damage to her health or to the health of her unborn child if she does not refrain from work-related activity.

The following criterion can only be considered once it has been determined that the claimant has not scored fifteen or more points against the schedule 2 descriptors (limited capability for work), and/or they have not scored against one or more of the schedule 3 descriptors (limited capability for work and work-related activity).

- if, because of a specific health condition or disability, the physical or mental health of the claimant or anybody else would be at risk if they were not found to have limited capability for work-related activity

Application of the assessment process

This section describes the procedures for applying the assessment to the majority of claims.

Questionnaire

Claimants will be sent a questionnaire (ESA50) to complete, which seeks their views on the effects of their disability or health condition in each of the functional areas in the assessment. They will be asked to identify (by a tick in a box) the descriptor in each affected area which best describes the effect of their health condition, and to give any further information that they think should be taken into account. It also gives the claimant the opportunity to provide information on any special needs they may have. For example, the claimant may require an interpreter at their assessment. Claimants are encouraged to send any evidence they have with the questionnaire to Medical Services. Failure to return the questionnaire on time may result in loss of benefit.

Where a claimant is claiming Employment and Support Allowance only on the grounds that they are either awaiting, receiving or recovering from chemotherapy or radiotherapy cancer treatment, there are 'light touch' procedures in place to negate the need for the whole questionnaire to be completed, although there are specific sections that will still require completion.

It is expected that the assessment will be completed within the first 13 weeks of making the Employment and Support Allowance claim. The basic rate of Employment and Support Allowance will be paid during the first 13 weeks (known as the 'assessment phase'). During this time, the assessment will usually be undertaken which will help the decision maker determine whether the claimant has limited capability for work and, if so, the rate received from week 14 (known as the 'main phase'), i.e. whether the claimant will be placed in the Work-Related Activity Group or the Support Group. If a claimant has not been assessed by week 14 but is subsequently found to have limited capability for work, arrears will be paid from week 14.

Given the wide variability of effects of health conditions between individuals, the majority of cases, except those with the most severe levels of disability, will be referred for a face-to-face assessment from an approved healthcare professional. If the healthcare professional feels that they can provide comprehensive and fully justified advice to the Departmental decision maker on the basis of the available paper evidence, then the claimant will not be asked to attend a face-to-face assessment. It is envisaged that the vast majority of claimants who are awaiting, receiving or recovering from chemotherapy or radiotherapy cancer treatment, will fall into this category.

The healthcare professional may consider that further information from the claimant's doctor or other appropriate source is required and/or that the claimant should attend a face-to-face assessment. No claimant will be found not to have limited capability for work without either having a face-to-face assessment or having been offered one.

The assessment

An assessment does not always mean that the approved healthcare professional will undertake a physical examination. They may just want to talk to the claimant about how their health condition or disability affects their everyday activities. The claimant will have an opportunity to give any other information relevant to their assessment.

The approved healthcare professional will consider all the information and exercise clinical judgement to reach an opinion on the nature and severity of the effects of the claimant's health condition. They will also take full account of factors such as pain, fatigue, stress and of the possible variability of the condition. For example, if the claimant can perform a particular activity only by incurring a considerable degree of pain, they will be classed as being incapable of performing that activity. The approved healthcare professional will also consider the effects of the condition on the claimant for the majority of the time, so that the opinion will not be based on a snapshot of their condition on the day of the assessment.

The approved healthcare professional's task of considering the effects of a condition is different from that of a GP needing to make a diagnosis and plan treatment. The interview and assessment may therefore be different from that which the claimant might expect from their GP.

The approved healthcare professional provides advice for each activity area to the decision maker. They will also provide a full explanation for their advice particularly where the opinion is different from the claimant's own perception of their functional limitations.

The approved healthcare professional will also provide advice to the decision maker on whether any of the Exceptional Circumstances (non-functional descriptors) apply.

Medical Services will try, where possible, to provide a same sex healthcare professional should the claimant request one. The claimant can make arrangements for a relative or friend to be present during the assessment.

When the approved healthcare professional decides that the claimant should be asked to attend a face-to-face assessment it is important that they keep the appointment and attend the assessment. The claimant's entitlement to benefit may be affected if they miss the appointment for no good reason. If the claimant cannot attend the assessment, they should contact Medical Services beforehand to arrange another date.

How assessments are decided

Principles of decision making

Benefit decisions are made by decision makers who are suitably trained and experienced to do so. The decision maker must make a decision by considering all the evidence and applying the law to the facts of each claim. Their judgement must be reasonable and made with unbiased discretion.

The role of the decision maker

As with other social security benefits, the decision on entitlement to Employment and Support Allowance will be taken by a decision maker, who will consider carefully all the evidence. This will include the completed claimant questionnaire, the information provided by their doctor and the advice of the approved healthcare professional.

If the claimant scores 15 points in any physical and/ or mental, cognitive and intellectual function activity, or a total of 15 or more points from a combination of activities (the Schedule 2 activities), then the criterion for limited capability for work is met for benefit entitlement purposes. At this stage the decision maker will consider whether the claimant also has limited capability for work-related activity through scoring against one or more of the Schedule 3 activities .

The claimant's own doctor will be required to give an opinion on fitness for work, on a statement of fitness for work (a 'fit note'), prior to the assessment. This opinion will be considered by the decision maker along with all the other evidence. Following the assessment, the claimant's own doctor will be advised that they are no longer required to issue any further certificates during the current award.

Information about the decision

A claimant is normally awarded the assessment rate of Employment and Support Allowance until the assessment by virtue of submitting medical statements ('fit notes'). Following the assessment the decision maker will notify the claimant whether they continue to be entitled to Employment and Support Allowance or not. If they are entitled they will be notified of the rate of benefit payable.

If the claimant does not qualify for Employment and Support Allowance they will also receive an assurance call from a decision maker. They will receive, where appropriate, advice about registering for employment and claiming other benefits.

If the claimant thinks the decision is wrong

The claimant needs to get in touch with Jobcentre Plus within one month of the date of the decision letter. If contact is made later, then we may not be able to help.

The claimant, or someone else who has the authority to act on their behalf, can:

- ask us to explain our decision
- ask us to write to the claimant with the reasons for our decision
- ask us to look at our decision again (the claimant may think we have overlooked some facts or they may have more information to give us which affects our decision) – this is called a mandatory reconsideration, or
- appeal against our decision to an independent tribunal (but this must be in writing

The claimant can do any of the actions listed above, or they can do all of them. However, they can only appeal against our decision once they have gone through the mandatory reconsideration process.

To contact Jobcentre Plus, visit GOV.UK at <https://www.gov.uk/contact-jobcentre-plus> or see our entry in the phone book.

Reporting changes of circumstances

While the claimant is receiving Employment and Support Allowance they must tell us straight away if any of their circumstances change. If the claimant is not sure if we need to know something, they should tell us anyway. When the claimant gets in touch with us, they must tell us their full name and National Insurance number.

If the claimant's condition changes

The claimant must tell us straight away if their health condition changes. Their condition may:

- get better
- get worse, or
- change to another condition.

This could be because of, for example:

- surgery
- using aids or appliances, or
- a change in medication.

The claimant must tell us straight away if this happens, because we may have to look at their award again. We may ask them to fill in a questionnaire and to have another assessment.

Future Work Capability Assessments

The Work Capability Assessment will continue to be applied at regular intervals during the life of an award to ensure the conditions for entitlement are maintained.

The timing of further assessments is determined by the Jobcentre Plus decision maker. To assist the decision maker, the approved healthcare professional includes advice on the assessment report about when it is likely the claimant will be able to return to work. However, the assessment can be applied sooner if the decision maker considers there has been a significant change in the claimant's health condition or disability.

Limited Capability for Work Descriptors

Descriptors and scores for each physical activity

Mobilising unaided by another person with or without a walking stick, manual wheelchair or other aid if such aid is normally, or could reasonably be worn or used.	
Descriptor	Points
(a) Cannot unaided by another person either: (i) mobilise more than 50 metres on level ground without stopping in order to avoid significant discomfort or exhaustion; or (ii) repeatedly mobilise 50 metres within a reasonable timescale because of significant discomfort or exhaustion.	15
(b) Cannot unaided by another person mount or descend two steps even with the support of a handrail.	9
(c) Cannot unaided by another person either: (i) mobilise more than 100 metres on level ground without stopping in order to avoid significant discomfort or exhaustion; or (ii) repeatedly mobilise 100 metres within a reasonable timescale because of significant discomfort or exhaustion.	9
(d) Cannot unaided by another person either: (i) mobilise more than 200 metres on level ground without stopping in order to avoid significant discomfort or exhaustion; or (ii) repeatedly mobilise 200 metres within a reasonable timescale because of significant discomfort or exhaustion.	6
(e) None of the above applies	0

2. Standing and sitting.	
Descriptor	Points
(a) Cannot move between one seated position and another seated position located next to one another without receiving physical assistance from another person.	15
(b) Cannot, for the majority of the time, remain at a work station either: (i) standing unassisted by another person (even if free to move around); or (ii) sitting (even in an adjustable chair) or (iii) a combination of (i) and (ii). for more than 30 minutes, before needing to move away in order to avoid significant discomfort or exhaustion.	9
(c) Cannot, for the majority of the time, remain at a work station, either: (i) standing unassisted by another person (even if free to move around); or (ii) sitting (even in an adjustable chair); or (iii) a combination of (i) and (ii); for more than an hour, before needing to move away in order to avoid significant discomfort or exhaustion.	6
(d) None of the above apply	0
3. Reaching.	
Descriptor	Points
(a) Cannot raise either arm as if to put something in the top pocket of a coat or jacket.	15
(b) Cannot raise either arm to top of head as if to put on a hat.	9
(c) Cannot raise either arm above head height as if to reach for something.	6
(d) None of the above apply.	0
4. Picking up and moving or transferring by the use of the upper body and arms.	

Descriptor	Points
(a) Cannot pick up and move a 0.5 litre carton full of liquid.	15
(b) Cannot pick up and move a one litre carton full of liquid.	9
(c) Cannot transfer a light but bulky object such as an empty cardboard box.	6
(d) None of the above apply.	0
5. Manual dexterity.	
Descriptor	Points
(a) Cannot press a button (such as a telephone keypad) with either hand or cannot turn the pages of a book with either hand.	15
(b) Cannot pick up a £1 coin or equivalent with either hand.	15
(c) Cannot use a pen or pencil to make a meaningful mark with either hand.	9
(d) Cannot single-handedly use a suitable keyboard or mouse.	9
(e) None of the above applies.	0
6. Making self understood through speaking, writing, typing, or other means which are normally or could reasonably be, used, unaided by another person.	
Descriptor	Points
(a) Cannot convey a simple message, such as the presence of a hazard.	15
(b) Has significant difficulty conveying a simple message to strangers.	15
(c) Has some difficulty conveying a simple message to strangers.	6
(d) None of the above apply.	0
7. Understanding communication by (i) verbal means (such as hearing or lip reading) alone, (ii) nonverbal means (such as reading 16 point print or Braille) alone, or (iii) a combination of (i) and (ii), using any aid that is normally, or could reasonably be used, unaided by another	

person.	
Descriptor	Points
(a) Cannot understand a simple message, such as the location of a fire escape, due to sensory impairment.	15
(b) Has significant difficulty understanding a simple message from a stranger due to sensory impairment.	15
(c) Has some difficulty understanding a simple message from a stranger due to sensory impairment.	6
(d) None of the above applies.	0
8. Navigation and maintaining safety, using a guide dog or other aid if either or both are normally, or could reasonably be, used.	
Descriptor	Points
(a) Unable to navigate around familiar surroundings, without being accompanied by another person, due to sensory impairment.	15
(b) Cannot safely complete a potentially hazardous task such as crossing the road, without being accompanied by another person, due to sensory impairment.	15
(c) Unable to navigate around unfamiliar surroundings, without being accompanied by another person, due to sensory impairment.	9
(d) None of the above apply.	0
9. Absence or loss of control whilst conscious leading to extensive evacuation of the bowel and/or bladder, other than enuresis (bed-wetting), despite the wearing or use of any aids or adaptations which are normally, or could reasonably be, worn or used.	
Descriptor	Points
(a) At least once a month experiences: (i) loss of control leading to extensive evacuation of the bowel and/or voiding of the bladder; or (ii) substantial leakage of the contents of a collecting device sufficient to require cleaning and a change in clothing.	15

(b) The majority of the time is at risk of loss of control leading to extensive evacuation of the bowel and/or voiding of the bladder, sufficient to require cleaning and a change in clothing, if not able to reach a toilet quickly.	6
(c) None of the above applies.	0
10. Consciousness during waking moments.	
Descriptor	Points
(a) At least once a week, has an involuntary episode of lost or altered consciousness resulting in significantly disrupted awareness or concentration.	15
(b) At least once a month, has an involuntary episode of lost or altered consciousness resulting in significantly disrupted awareness or concentration.	6
(c) None of the above apply.	0

Descriptors and scores for each mental, cognitive and intellectual function assessment

11. Learning tasks.	
Descriptor	Points
(a) Cannot learn how to complete a simple task, such as setting an alarm clock.	15
(b) Cannot learn anything beyond a simple task, such as setting an alarm clock.	9
(c) Cannot learn anything beyond a moderately complex task, such as the steps involved in operating a washing machine to clean clothes.	6
(d) None of the above apply.	0
12. Awareness of everyday hazards (such as boiling water or sharp objects).	
Descriptor	Points
(a) Reduced awareness of everyday hazards leads to a significant risk of: (i) injury to self or others; or (ii) damage to property or possessions	15

such that the claimant requires supervision for the majority of the time to maintain safety.	
(b) Reduced awareness of everyday hazards leads to a significant risk of: (i) injury to self or others; or (ii) damage to property or possessions such that the claimant frequently requires supervision to maintain safety.	9
(c) Reduced awareness of everyday hazards leads to a significant risk of: (i) injury to self or others; or (ii) damage to property or possessions such that the claimant occasionally requires supervision to maintain safety.	6
(d) None of the above apply.	0
13. Initiating and completing personal action (which means planning, organisation, problem solving, prioritising or switching tasks).	
Descriptor	Points
(a) Cannot, due to impaired mental function, reliably initiate or complete at least 2 sequential personal actions.	15
(b) Cannot, due to impaired mental function, reliably initiate or complete at least 2 sequential personal actions for the majority of the time.	9
(c) Frequently cannot, due to impaired mental function, reliably initiate or complete at least 2 sequential personal actions.	6
(d) None of the above applies	0
14. Coping with change.	
Descriptor	Points
(a) Cannot cope with any change to the extent that day to day life cannot be managed.	15
(b) Cannot cope with minor planned change (such as a pre-arranged change to the routine time scheduled for a lunch break), to the extent that overall day to day life is made significantly more difficult.	9

(c) Cannot cope with minor unplanned change (such as the timing of an appointment on the day it is due to occur), to the extent that overall, day to day life is made significantly more difficult.	6
(d) None of the above apply.	0
15. Getting about.	
Descriptor	Points
(a) Cannot get to any place outside the claimant’s home with which the claimant is familiar.	15
(b) Is unable to get to a specified place with which the claimant is familiar, without being accompanied by another person.	9
(c) Is unable to get to a specified place with which the claimant is unfamiliar without being accompanied by another person.	6
(d) None of the above apply.	0
16. Coping with social engagement due to cognitive impairment or mental disorder.	
Descriptor	Points
(a) Engagement in social contact is always precluded due to difficulty relating to others or significant distress experienced by the claimant.	15
(b) Engagement in social contact with someone unfamiliar to the claimant is always precluded due to difficulty relating to others or significant distress experienced by the claimant.	9
(c) Engagement in social contact with someone unfamiliar to the claimant is not possible for the majority of the time due to difficulty relating to others or significant distress experienced by the claimant.	6
(d) None of the above applies	0
17. Appropriateness of behaviour with other people, due to cognitive impairment or mental disorder.	
Descriptor	Points
(a) Has, on a daily basis, uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace.	15

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(b) Frequently has uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace.	15
(c) Occasionally has uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace.	9
(d) None of the above apply.	0

Limited Capability for Work-Related Activity Descriptors

Descriptors for each activity

1. Mobilising unaided by another person with or without a walking stick, manual wheelchair or other aid if such aid is normally, or could reasonably be worn or used.
Cannot either: (a) mobilise more than 50 metres on level ground without stopping in order to avoid significant discomfort or exhaustion; or (b) repeatedly mobilise 50 metres within a reasonable timescale because of significant discomfort or exhaustion.
2. Transferring from one seated position to another.
Cannot move between one seated position and another seated position located next to one another without receiving physical assistance from another person.
3. Reaching.
Cannot raise either arm as if to put something in the top pocket of a coat or jacket.
4. Picking up and moving or transferring by the use of the upper body and arms (excluding standing, sitting, bending or kneeling and all other activities specified in this Schedule).
Cannot pick up and move a 0.5 litre carton full of liquid.
5. Manual dexterity.
Cannot press a button (such as a telephone keypad) with either hand or cannot turn the pages of a book with either hand.
6. Making self understood through speaking, writing, typing, or other means normally, or could reasonably be, used, unaided by another person.
Cannot convey a simple message, such as the presence of a hazard.

<p>7. Understanding communication by (i) verbal means (such as hearing or lip reading) alone, ii) non-verbal means (such as reading 16 point print or Braille) alone, or iii) any combination of (i) and (ii), using any aid that is normally, or could reasonably be, used, unaided by another person.</p>
<p>Cannot understand a simple message, such as the location of a fire escape, due to sensory impairment.</p>
<p>8. Absence or loss of control whilst conscious leading to extensive evacuation of the bowel and/or voiding of the bladder, other than enuresis (bed-wetting), despite the wearing or use of any aids or adaptations which are normally, or could reasonably be, worn or used.</p>
<p>At least once a week experiences: (a) loss of control leading to extensive evacuation of the bowel and/or voiding of the bladder; or (b) substantial leakage of the contents of a collecting device sufficient to require the individual to clean themselves and change clothing.</p>
<p>9. Learning tasks.</p>
<p>Cannot learn how to complete a simple task, such as setting an alarm clock, due to cognitive impairment or mental disorder.</p>
<p>10. Awareness of hazard.</p>
<p>Reduced awareness of everyday hazards, due to cognitive impairment or mental disorder, leads to a significant risk of: (a) injury to self or others; or (b) damage to property or possessions such that the claimant requires supervision for the majority of the time to maintain safety.</p>
<p>11. Initiating and completing personal action (which means planning, organisation, problem solving, prioritising or switching tasks).</p>
<p>Cannot, due to impaired mental function, reliably initiate or complete at least 2 sequential personal actions.</p>
<p>12. Coping with change.</p>
<p>Cannot cope with any change, due to cognitive impairment or mental disorder, to the extent that day to day life cannot be managed.</p>

13. Coping with social engagement, due to cognitive impairment or mental disorder.

Engagement in social contact is always precluded due to difficulty relating to others or significant distress experienced by the claimant.

14. Appropriateness of behaviour with other people, due to cognitive impairment or mental disorder.

Has, on a daily basis, uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace.

15. Conveying food or drink to the mouth.

(a) Cannot convey food or drink to the claimant's own mouth without receiving physical assistance from someone else;

(b) Cannot convey food or drink to the claimant's own mouth without repeatedly stopping or, experiencing breathlessness or severe discomfort;

(c) Cannot convey food or drink to the claimant's own mouth without receiving regular prompting given by someone else in the claimant's physical presence; or

(d) Owing to a severe disorder of mood or behaviour, fails to convey food or drink to the claimant's own mouth without receiving:

(i) physical assistance from someone else; or

(ii) regular prompting given by someone else in the claimant's presence.

16. Chewing or swallowing food or drink.

(a) Cannot chew or swallow food or drink;

(b) Cannot chew or swallow food or drink without repeatedly stopping, experiencing breathlessness or severe discomfort;

(c) Cannot chew or swallow food or drink without repeatedly receiving regular prompting given by someone else in the claimant's presence; or

(d) Owing to a severe disorder of mood or behaviour, fails to:

(i) chew or swallow food or drink; or

(ii) chew or swallow food or drink without regular prompting given by someone else in the claimant's presence.

Further information

If the claimant has any problems to do with Employment and Support Allowance they must get in touch with Jobcentre Plus.

To contact Jobcentre Plus, visit GOV.UK at <https://www.gov.uk/contact-jobcentre-plus> or see our entry in the phone book.

Remember that this information is a guide only. It is not meant to say exactly what the claimant's legal rights are. While we have tried to make sure that the information is correct, it is possible that there may be incorrect information or some items may be oversimplified. Also, please remember that the information is likely to become less accurate over time, for example because of changes to the law.

Jobcentre Plus is committed to applying the principles of equal opportunities in its programmes and services.

Jobcentre Plus is part of the Department for Work and Pensions.