If you have applied for Employment and Support Allowance (ESA) because you are not well enough to work, the Department of Work and Pensions (DWP) have to decide whether you do qualify for this benefit. The test they use to decide this is called the Work Capability Assessment (WCA). Please read the Rethink Mental Illness factsheet on ESA for more general information about the benefit.

Starting from March 2011 until March 2014, if you are currently receiving Incapacity Benefit, Income Support (on the grounds of disability) or Severe Disablement Allowance, you will be asked to go through the WCA rather than the Personal Capability Assessment. You should receive a telephone call and letters from the DWP to explain what and why this is happening.

You may find it helpful to read this factsheet with a copy of the ESA50 questionnaire in front of you.

PLEASE NOTE - this factsheet covers ESA50s sent out after 28th March 2011. If your questionnaire was received before this date please contact the Rethink Advice & Information Service for the previous version of this factsheet. The new version of the questionnaire has 17 questions. The old version has 21 questions.
To qualify for ESA the DWP have to decide that you have limited capability for work.
They do this by asking you to complete a Work Capability Assessment (WCA).
You will be sent an ESA50 questionnaire which asks you questions about your ability to manage everyday tasks.
It is important to fill this in as accurately as possible, you can get help with this from an advice agency.
You are also likely to be asked to attend a medical with a doctor or nurse contracted by the DWP.
If the DWP decide you don’t have limited capability for work you can not continue to get ESA.
It is possible to appeal this decision but you only have 1 month to do so.
If you do have limited capability for work you could be placed into the support group or the work related activity group.
If you are placed in the support group you don’t have to take part in any further interviews or assessments until your claim is up for renewal.
If you are in the work related activity group you will have to take part in 6 work focused interviews.
These interviews are to explore your options for getting back to work.
You might also be asked to attend another medical called a Work Focused Health Related Assessment so the DWP have a clearer idea of the barriers between you and finding work.
Your benefit is not stopped if you do not find a job or get back into work.

Tip - Don’t feel like you have to read this factsheet all at once. Take your time. Keep coming back to it as you work through the ESA50 questionnaire.

This fact sheet contains information on –

1. Limited Capability for Work
2. The ESA50 Questionnaire
3. Will I have to go for a medical assessment?
4. What happens next?
5. The Support Group
6. The work related activity group
7. The Work Focused Health Related Assessment
8. Mental Health Specific Descriptors & Points for determining Limited Capability for Work
9. Mental Health Specific Descriptors for determining Limited Capability for Work Related Activity
1. Limited Capability for Work

In order to qualify for and receive ESA the DWP has to be satisfied that you have limited capability for work. You will automatically be treated as though you have limited capability for work if you are a hospital in-patient\(^1\) and in some other limited circumstances.

In some cases the decision maker at the DWP may be able to decide that you have limited capability for work based on the information provided in your initial claim for ESA along with the doctor’s note provided. If they can’t they will send you an ESA50 questionnaire. In practice most people will receive an ESA50.

In order to qualify for ESA you need to score 15 points in total across the whole questionnaire. It is possible to score a different amount of points for different questions. We have included the descriptors and the points available for each answer at the end of this factsheet.

Despite fierce opposition from Rethink Mental Illness and other disability charities, the Government decided to change some of the descriptors and points scored starting from the 28\(^{th}\) March 2011. If you applied for ESA or were going through the assessment or appeals process before this date, you are likely to be assessed using the old descriptors. Please contact the Rethink Advice & Information Service for a copy of our older version of this factsheet which shows the original descriptors.

2. The ESA50 Questionnaire

You may want to get some help filling in the questionnaire. Your local Citizens Advice Bureau or other welfare benefits advice agency should be able to help you face to face. You can usually find their contact details in your local telephone book or Yellow Pages. You can also call the Rethink Advice and Information Service on 0845 456 0455.

On page 2 of the form it asks you to tell them about any special help you might need getting to a medical assessment. You can use this space to explain why you might need someone to go with you, perhaps because of the severe anxiety you may be feeling or that you will need someone to make sure you get up and dressed and to the appointment on time.

Pages 3, 4 & 5 of the form ask about your condition and any treatment you are receiving. Make sure you mention any psychotherapy, counselling, cognitive behavioural therapy (CBT) as well as any medication you may be receiving. If you are receiving ongoing treatment and care under the Community Mental Health Team (CMHT) or have ever been admitted to hospital under a section of the Mental Health Act (or ‘sectioned’) you can mention this here too.
The first 10 questions deal with physical health. If you do have any physical health problems, make sure you fill these sections in as accurately as you can. If you don’t, you can just tick the box for each question that says you can do the task without any difficulty.

The mental health related questions are in Part 2 of the questionnaire and start on page 13. Depending on the nature of your mental health problem, not all of the questions may be relevant to you. We have listed some things you may want to think about for each question below.

Take your time when filling in the form, even if you have to have a break and come back to it later. The more information you can give the DWP now, the easier it should be for them to make the right decision.

**Question 11- Learning how to do tasks**

Think about whether your illness or perhaps the effects of any medication mean you lack the concentration to be able to carry out an everyday task like cooking a meal or using the washing machine. Compare what your concentration and ability to learn was like when you were well compared to now. Do you feel anxious about making a mistake? Does this mean you just don’t try to complete the task? Does it take you a lot longer?

**Question 12- Awareness of hazard or danger**

This question asks about your awareness of hazards and how often a reduced awareness of hazard might affect your daily life. Think about whether you get easily distracted because of your mental illness and pose a danger to yourself or others. For example, do you ever start to make a meal but then forget you’ve left the cooker on and move onto a different task? Do you sometimes lack inhibitions and do things which could be considered reckless if you were well? If you self-harm you may not be aware of the extent of the damage you are inflicting on yourself and need to be supervised by another person. Do these things happen the majority of the time? Frequently? Occasionally? You are awarded different points depending on how often your awareness of danger is reduced or how often you need supervision in order to stay safe.

**Question 13- Initiating Actions (planning, organisation, problem solving, prioritising or switching tasks)**

For this question you could think about whether your condition or medication means you lack motivation or concentration to carry out everyday tasks. How often does it affect you? Is it the majority of the time, frequently or not at all? Do you need help or encouragement to plan and order your day? What would happen if you didn’t have any help? Are you sometimes lost in your own thoughts and without encouragement from others would you just sit on your own? Would you stay in bed all day? Or not bother to make yourself something to eat? If your condition fluctuates what are you like on a ‘bad day’ compared to a ‘good day’?
**Question 14- Coping with change**

Are you able to cope with an expected change in your daily schedule? What would happen if you were told of a change? How would it make you feel? If you are told of a change in your routine in advance, for example a changed doctor’s appointment, do you worry about it over and over? Does any inability to cope vary from day to day, week to week? What would happen if something unexpected happened? How would that make you feel?

**Question 15- Getting about**

Are you able to go out to places that you are familiar with alone? What would happen if you had to? Would you have a panic attack? If so describe exactly how that would affect you. Can you only go out if someone is with you? Try to be clear about how often either you are unable to go out alone or how often you need someone with you. Do you ever display reckless behaviour, when you are in a manic phase for example, and need someone with you to make sure you don’t cause any harm to yourself? How often could that happen? Are you able to get to places which you don’t know on your own?

**Question 16- Coping with social situations**

For this question, think about and write down how it would make you feel if you had to socialise with other people. Do you never socialise with other people? Why not? What would happen if you did? Would you show any physical symptoms such as sweating or an increased heart rate? Are you ok with people you know but just don’t go to places where you would have to meet new people? Compare how you feel about social situations now compared to when you were well. If your ability to deal with social situations varies make it clear about how often or at what stage of your illness you would have a problem.

**Question 17- Behaving appropriately with other people**

How do other people describe you? Do people comment that they feel you are sometimes aggressive or violent? Do you find yourself “biting other people’s heads off”? Has anyone ever said that you have misinterpreted what they have said or done? Or mentioned that they have felt what you have said or done was inappropriate. Have you noticed a change in people’s reactions to you now compared to when you were well? How often do you find these things happen? Daily, frequently or occasionally?

**Other Information**

Here you can write anything else that you think is relevant and will help the DWP decide that you have ‘limited capability for work’. If you are getting Disability Living Allowance (DLA) or you have applied for it, mention it here. If you go to any support groups or take part in any activities which you find therapeutic you can add them in here too. Do you have a community support worker? What do they do for you? What would happen if they didn’t come to visit you? Are you doing any voluntary work because
you find it therapeutic? Would you be at risk of total isolation if you didn’t do it?

You then need to return the completed questionnaire to the DWP. Rethink Advice & Information Service would advise keeping a copy of the completed questionnaire for your own records. This could help if you end up disagreeing with the DWP’s decision or for when your claim comes up for renewal. If you are able to get a letter or report from a healthcare professional who knows you well, perhaps your GP, psychiatrist, CPN or social worker which also states why they think you have limited capability for work then you should attach this to the ESA50 questionnaire when you send it back. A letter simply confirming your diagnosis isn’t as useful as a letter explaining how your condition affects your ability to work, or what could happen to your health if you were asked to start looking for work.

3. Will I have to go for a medical assessment?

The decision maker at the DWP may be able to decide whether you have limited capability for work after reading the information given in your ESA50 and any extra evidence provided, however in most cases you will also be asked to attend a medical assessment. The assessment is carried about by a doctor or nurse from a company called Atos Healthcare.

The Atos Healthcare professional will generally ask you about a typical day and may not ask you exactly the same questions that are on your ESA50 form. For someone with a mental health problem there is not always a ‘typical day’ so try to explain to the doctor/nurse about any fluctuations in your ability to cope. For example on a good day you may be able to get up, washed and dressed but on bad days you may stay in bed for days. You may want to keep a diary for several days before the assessment and make a note of your mood, motivation level or which everyday tasks you have managed to achieve.

They may also ask you how you got to the medical assessment that day. Aside from telling them how you physically got there (by bus, taxi, a lift from a friend etc) you could mention the effort it took. Have you been anxious and worried about the assessment for days beforehand? Did you need someone with you to make sure you got up and dressed? Did someone have to come to the appointment with you? What would have happened if they hadn’t helped you?

They might ask you whether you can do something, like use a telephone. Although you may well be physically able to use one do you actually do so? Make sure they are clear about that difference and if your condition prevents you from actually completing the task they ask you about.

It may be useful when you come out of the medical to make a note of how long you were with the doctor/nurse, what questions they asked you and the answers you gave. This can be useful if you later disagree with the
decision the DWP make about your entitlement to ESA and you want to appeal.

**Remember** - it is possible to take someone to the assessment with you if you wish. This could be someone formally involved in your care like a social worker, or an informal carer like a friend or relative. They may have information about how your condition affects you day to day that they could share with the Atos Healthcare professional and they should not be stopped from doing so.

4. **What happens next?**

After you have returned the ESA50 questionnaire and attended the medical assessment, the decision maker at the DWP will make a decision about whether you have limited capability for work and can continue to receive ESA.

**You don’t have limited capability for work**

If they find that you do not have limited capability for work you are expected to claim **Jobseeker’s Allowance (JSA)** and actively look for work. If you don’t agree with the decision maker’s decision it is possible to ask for their decision to be revised. You have 1 month from the date of the decision to request this. If the DWP looks at the decision again but still finds that you are not eligible for ESA you can appeal. You can also appeal within **1 month** of receiving the original decision. You can use a form called a GL24 to submit an appeal or send them a letter. The GL24 form is helpful as it gives a guide about what you should write and ensures you give the DWP all the information they need. Send it recorded delivery so you are sure that the information has been received within the strict timescale. Contact the Rethink Advice and Information Service or your local welfare rights advice agency for more information on how to appeal.

**If you submit an appeal you should continue to be paid ESA at the assessment phase rate. You will have to submit medical notes until the DWP tell you not to. If your appeal is successful any extra amount of ESA you are entitled to should be backdated to week 13 of your claim. Read the Rethink Mental Illness factsheet on ‘Benefit Revisions and Appeals’ for more information.**

**You do have limited capability for work**

If the DWP decide that you do have limited capability for work and you are eligible for ESA, they then have to decide whether you also have ‘limited capability for work related activity’. Although these two statements sound the same they are used to decide different things. The DWP then place you in the ‘support group’ or the ‘work related activity group’. When they are making this decision they have to look at another set of descriptors, you can find these at the end of this factsheet. Many of these descriptors are in relation to physical health.
5. The Support Group

If the DWP think you fit into one or more of the ‘limited capability for work related activity’ descriptors you will be placed in the support group. Broadly speaking the mental health related descriptors are:

- cannot learn how to complete a simple task
- has a reduced awareness of hazard that requires supervision for the majority of the time to remain safe
- cannot reliably initiate or sustain at least 2 sequential personal actions
- cannot cope with any change so that day to day life cannot be managed
- engagement in social contact is always precluded due to difficulty relating to others or significant distress experienced by the claimant
- has on a daily basis uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace
- fails to convey food or drink to the claimant’s own mouth without physical assistance or regular prompting
- fails to chew or swallow food or drink at all or without regular prompting

If you are in the support group you no longer have to take part in any interviews by the DWP until your claim is up for renewal unless you want to. You can however access their ‘Pathways to Work’ (soon to be Work Programme) scheme voluntarily. The amount of money you receive each week will increase.

Even if you don’t fit into any of the ‘limited capability for work related activity’ descriptors or if you haven’t scored 15 points in the first part of the assessment, the DWP can still place you in the support group if they feel there is enough evidence that you - “Suffer from some specific disease or bodily or mental disablement and by reasons of such disease or disablement, there would be substantial risk to the mental or physical health of any person if the customer were found not to have limited capability for work related activity”

6. The Work Related Activity Group

If the DWP decide none of the ‘limited capability for work related activity’ descriptors apply to you, you will be placed in the work related activity group (WRAG). You will be expected to attend 6 work focused interviews as part of Pathways to Work/The Work Programme (this is due to be implemented at some point in 2011). The first interview will be with a member of Jobcentre Plus staff. The next 5 interviews could either be with a personal adviser within Jobcentre Plus or with an adviser working for a
charity or private company. This will depend on where you live in the
country as the DWP have contracts with different agencies around the UK.

The purpose of the work focused interview is to discuss with you the type
of work you think you could manage or would like to get into, what barriers
to getting back to work there are for you and how they could be overcome.
Your personal adviser can look at different training courses you could go
on. They may have links with employers in the area who are willing to
make reasonable adjustments for someone with a mental health condition.
They could help with CV writing and also advise you on any other financial
benefits if you were to return to work. They can even put you forward for a
condition management programme; however taking part in this is
voluntary. After your work focused interview you should be provided with a
written action plan detailing what was discussed in the interview.

Being in the WRAG is not the same as being on Jobseeker’s Allowance. If
you do not get a job whilst in the WRAG your benefit will not be stopped.
However if you do not attend or take part in the work focused interviews
without good reason your benefit money could be reduced or stopped so it
is important to attend or let your personal adviser know in advance if you
are unable to make your appointment with them.

7. The Work Focused Health Related Assessment

*****These have been temporarily suspended by the DWP*****

This is also done by the Atos Healthcare Professional and is only carried
out if you are placed in the WRAG. The aim of this part of the assessment
is to give your personal adviser at the DWP a report highlighting your
perceptions about work and any barriers there may be for you in getting
back to work. You will be sent a copy of this report. It is not seen by the
DWP decision maker so will not influence their decision about whether you
qualify for ESA or not.

8. Mental Health Specific Descriptors & Points for determining
Limited Capability for Work

PART 2Mental, cognitive and intellectual function assessment

11. Learning tasks. 11 (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
<table>
<thead>
<tr>
<th>Question</th>
<th>12. Awareness of everyday hazards (such as boiling water or sharp objects).</th>
<th>13. Initiating and completing personal action (which means planning, organisation, problem solving, prioritising or)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Reduced awareness of everyday hazards leads to a significant risk of -</td>
<td>(a) Cannot, due to impaired mental function, reliably initiate or complete at least 2 sequential personal actions.</td>
<td></td>
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<tr>
<td>(i) injury to self or others; or</td>
<td>(b) Cannot, due to impaired mental function, reliably initiate or complete at least 2 sequential personal actions.</td>
<td></td>
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<tr>
<td>(ii) damage to property or possessions</td>
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<td>such that they require supervision for the majority of the time to</td>
<td></td>
<td></td>
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<tr>
<td>maintain safety.</td>
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</tr>
<tr>
<td>(b) Reduced awareness of everyday hazards leads to a significant risk of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i) injury to self or others; or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(ii) damage to property or possessions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>such that they frequently require supervision to maintain safety.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Reduced awareness of everyday hazards leads to a significant risk of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i) injury to self or others; or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(ii) damage to property or possessions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>such that they occasionally require supervision to maintain safety.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d) None of the above apply.</td>
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<td></td>
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<td></td>
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<tr>
<td>(c) Cannot learn anything beyond a moderately complex task, such as the steps involved in operating a washing machine to clean clothes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d) None of the above apply.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
switching tasks). function, reliably initiate or complete at least 2 personal actions for the majority of the time.

(c) Frequently cannot, due to impaired mental function, reliably initiate or complete at least 2 personal actions. 6

(d) None of the above apply. 0

14. Coping with change. 14

(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. 15

(a) Cannot get to any specified place 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
<table>
<thead>
<tr>
<th>Question</th>
<th>Option A</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Coping with social engagement due to cognitive impairment or mental disorder.</td>
<td>(a) Engagement in social contact is always precluded due to difficulty relating to others or significant distress experienced by the individual.</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>(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 individual.</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>(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 individual.</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>(d) None of the above apply.</td>
<td>0</td>
</tr>
<tr>
<td>17. Appropriateness of behaviour with other people, due to cognitive impairment or mental disorder.</td>
<td>(a) Has, on a daily basis, uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace.</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>(b) Frequently has uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace.</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>(c) Occasionally has uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace.</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>(d) None of the above apply.</td>
<td>0</td>
</tr>
</tbody>
</table>
9. Mental Health Specific Descriptors for determining Limited Capability for Work Related Activity

**SCHEDULE 3 ASSESSMENT OF WHETHER A CLAIMANT HAS LIMITED CAPABILITY FOR WORK RELATED ACTIVITY**

<table>
<thead>
<tr>
<th>9. Learning tasks.</th>
<th>Cannot learn how to complete a simple task, such as setting an alarm clock, due to cognitive impairment or mental disorder.</th>
</tr>
</thead>
</table>
| 10. Awareness of hazard. | 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 they require supervision for the majority of the time to maintain safety. |
| 11. Initiating and completing personal action (which means planning, organisation, problem solving, prioritising or switching tasks). | Cannot, due to impaired mental function, reliably initiate or complete at least 2 sequential personal actions. |
| 12. Coping with change. | Cannot cope with any change, due to cognitive impairment or mental disorder, to the extent that day to day life cannot be managed. |
| 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 individual. |
| 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 |
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, 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."

The content of this product is available in Large Print (16 point). Please call 0300 5000 927.

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Rethink Advice & Information Service

Phone 0300 5000 927
Monday to Friday, 10am to 1pm

Email advice@rethink.org

The Rethink Advice & Information Service welcomes your feedback on whether this information was helpful to you. You can provide feedback in the following ways:

By email: feedback@rethink.org

By post:
Rethink Advice & Information Service
Rethink Mental Illness
89 Albert Embankment
London SE1 7TP

By telephone: 0300 5000 927

Leading the way to a better quality of life for everyone affected by severe mental illness.

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