citizens advice Teignbridge

Disability Benefits and Medical Evidence

Making it easier for Health Professionals

A Report from the Workshop

held on 1st November 2017

at

Newton Abbot Library

Facilitated by

Citizens' Advice Teignbridge

together with

Westcountry Community Psychology

Sections

1. A Presentation by Citizens' Advice Teignbridge

2. A Presentation by Dr Kelly Camilleri, Consultant Clinical Psychologist on behalf of Westcountry Community Psychology

3. Final Discussion

Appendices

1. Guidance: Writing a good letter of support for your clients with mental health difficulties or disabilities for PIP or ESA

2. Personal Independence Payment - table of activities, descriptors and scores.

3. Employment and Support Allowance - table of activities, descriptors and scores for the limited capability for work assessment.

Presentation by Citizens' Advice Teignbridge

Aim: to present and identify ways of providing medical evidence to support claims / appeals in the most efficient way.

Background: Almost half of all enquiries dealt with by Citizens' Advice Teignbridge concern Benefits and Tax Credits. One of main barriers to securing a person's lawful, legal entitlement is being able to secure relevant medical evidence to support the claim / appeal.

The Problem: Many people who claim disability-related benefits like Employment and Support Allowance (ESA), Personal Independence Payment (PIP) and Disability Living Allowance (DLA) struggle to secure timely and relevant documentary evidence from health professionals to support their claims. Clear, relevant medical evidence supporting the client at the start of a claim, can save the client having to take further time consuming steps requesting a Mandatory Reconsideration, or Appeal Tribunal. These steps cause worry, missed financial support and much additional work for all involved - DWP, health services and advice services. There is also a much greater cost in administration.

The Consequence of Failure (from the claimant's point of view):

- Inability to pay priority expenses
- Inability to participate in the community
- Deterioration in mental and/or physical health - more visits to the G.P.
- Increasing debt
- Loss of independence

Deterioration in Mental Health: Research (Marks, 2017) reports that the Work Capability Assessments (WCA) for people with mental health problems lead directly to a deterioration in mental health and increased suicide ideation. This is backed up by reports from the Mental Health Foundation in 2015 that found that 43.2% people who applied for ESA made a suicide attempt after failing the WCA.

Barriers to obtaining medical evidence (from the claimant's point of view)

- Charges for letters
- The medical professional does not have time
- The medical professional does not know what to provide
- Some medical professionals state that the DWP will contact them, if evidence is required,, but this is not always the case and the right questions are not always addressed.

Barriers to obtaining medical evidence (from the Citizens' Advice point of view)

- DWP does not reliably seek medical evidence
- The face-to-face assessments by health care professionals are not a reliable mechanism for ensuring that claimants are able to explain their circumstances.
- The claiming process is not fit for purpose - most advice agencies report a success rate well in excess of 50% (often 70 - 90%) for challenging decisions, suggesting that the process fails to ensure that all the relevant evidence is secured
- The complex rules for disability related benefits make it very difficult to ensure that medical evidence is relevant to entitlement
- Detailed requests for evidence from advice agencies can be seen as *leading*
- Medical professionals might not always see assisting with medical evidence as a priority
- BUT obtaining the right evidence at the right time can mean that decisions don't have to be challenged and can save further calls on medical professionals for further help later.

Presentation on behalf of Westcountry Community Pyschology by Dr Kelly Camilleri, Consultant Clinical Psychologist

Westcountry Community Psychology is a collective of psychologists and benefit workers in Devon, who work in active ways to address issues of social inequalities. From January 2017, Clinical Psychologists based in Newton Abbot support people through the application process for Employment and Support Allowance by providing a written assessment and accompanying clients to their Work Capability Assessment. The aim is to limit the distress caused by the benefit claim process.

- Between 2011 -2015, the number of specialist advisers at Job Centres fell by 60% to just 90.
- 200,000 people have been removed from Personal Independence Payments this year.
- Consequently, people with disabilities are more likely to use food banks and doorstep lenders.

Dr Kelly Camilleri has found that there is a failure to adapt the Work Capability Assessment for people with cognitive impairment and sanctions do not push people into work when there is no appropriate work available.
Referring to the attached appendix headed 'Guidance: Writing a good letter of Support', Dr Kelly Camilleri highlighted the importance of detailing activities of daily life e.g.

1. What time the client wakes / sleeps
2. Routines / rituals / difficulties in routine
3. How medication is taken - reminders required
4. Interactions with others / isolation
5. Meal times - preparation / safety / eating. (This can include the question 'What have you eaten in the last three days.
6. Leaving the house - what support is required.

When seeking a Mandatory Reconsideration it is important to present NEW evidence for the decision maker. The evidence needs to reflect the criteria set out in the attached appendices - the tables of activities, descriptors and scores. It is also important to make it clear whether these criteria can be accomplished every day, in a timely, reliable manner to an acceptable standard.

Final Discussion

Participants discussed the most appropriate way in which full evidence could be gathered

- The mental health support worker aided colleagues in gathering written medical evidence

- GPs may have insufficient time to gather full evidence from patients, but the volunteers from Patient Support Services may help patients / family to keep daily diaries.

There was discussion about the deterioration in health – particularly mental health – that can result from the process of claiming a benefit. Taking a claim to a Tribunal is a particularly rigorous process, during which the claimant faces several people – a Judge, a G.P. (for ESA) and a person who has knowledge of a disability, or who has a disability (for PIP), plus increasingly a representative of the DWP. The tribunal can take from 45 minutes to several hours and can leave the appellant both drained and intimidated. The whole process can be very lengthy – up to a year in some cases.

The participants had been shown a letter sent to a G.P by the DWP actually pressing them to encourage people back to work, even though they may not be able to do so.

It was stressed again that relevant medical evidence provided at the outset of a claim, can save the client many months of worry, by preventing the necessity of further appeal

It was also felt that GPs were unaware of the full criteria used in deciding a claim for PIP, DLA or a work capability assessment and would benefit from the opportunity to attend a similar workshop. The workshop presenters are keen to make the presentation again to interested groups e.g. Patient Support Groups, Practice Manager Meetings and other medical professionals.

GUIDANCE ON WRITING A GOOD LETTER OF SUPPORT FOR PIP OR ESA APPLICATIONS BY CLIENTS WITH MENTAL HEALTH DIFFICULTIES OR DISABILITIES

WHO WROTE THESE GUIDELINES?

The **Westcountry Community Psychology Group (WCP)** is a collective of Health and Social Care professionals, namely psychologists and benefits workers in Devon, who collectively work in active ways to address issues of social inequalities which significantly contribute to psychological distress within our communities.

The project delivers educational workshops for benefits workers. professionals and families on understanding disabilities and mental health difficulties, lobbies the government on these issues, and offers direct support for people struggling to navigate the benefits system in partnership with Citizens Advice.

The project has produced these guidelines to support health and social care professionals, including psychologists, to write good letters of support for their clients with disabilities and/or mental health difficulties to help communicate the extent of how an individual's difficulties impact their daily activities.

WHY IS IT IMPORTANT? THE FACTS

Recent changes to the way the government assess people for disability related benefits have meant it is increasingly difficult for vulnerable people to access the support they need, with a 42% drop seen in people claiming ESA in just 3 months after the changes were introduced, and 200,000 people removed from PIP in the last year. Research from Scotland (Marks, 2017) reports that the ESA Work Capability Assessments (WCA) for people with mental health problems lead directly to a deterioration in mental health and increased suicidal ideation, backed up by reports from the Mental Health Foundation (2015) indicating that 43.2% of people applying for ESA have made a suicide attempt following a WCA. When 65% of PIP appeals and 68% of ESA appeals are overturned at Tribunal, it is clear that the distress caused by the benefits process is unnecessary and avoidable.
We believe professionals can reduce this distress by supporting their clients to ensure they get the correct benefits they are entitled to first time around.

HOW CAN A LETTER HELP?

Although medical professionals are under no statutory obligation to provide medical evidence unless requested by the DWP, supporting letters can often be the deciding factor in an individual's application. Assessors rarely have sufficient experience of disability or mental health to conduct accessible and detailed assessments, and benefits workers report that good quality letters of support from professionals are the most powerful tool in overturning an outcome at appeal.
Such letters can help provide evidence of the extent of an individual's difficulties, particularly where individuals may have difficulties acknowledging and communicating the extent of their difficulties accurately within the assessment process. This could be for a number of reasons including:

- Lack of awareness of the severity of their difficulties, due to adapting in order to cope
- Anxiety within assessments causing difficulty asserting or expressing themselves
- Distress and shame associated with focussing on weaknesses and impact of disabilities or mental health difficulties

Dr Lealah Hewitt, Clinical Psychologist: lealah@lumospsychology.org
Dr Kelly Camilleri, Consultant Clinical Psychologist: kelly@camilleripsychology.com
Charlotte Bolt, Trainee Clinical Psychologist: charlotte.bolt@postgrad.plymouth.ac.uk

- The time-pressured nature of assessments and lack of mental health/disability training of the assessors making it a difficult space to address the level of depth required to fully understand an individual's difficulties
- Attending or paying for necessary medical appointments to get the supporting evidence
- Difficulties accessing/engaging with services required which would provide supporting evidence.

Here is some guidance on writing good letters of support:

General tips

- **Language** - Despite the refreshing movement towards a formulation-driven way of communicating an individual's difficulties instead of using diagnostic labels, unfortunately the reality is that often access to services and benefits relies on diagnostic labels. Therefore, if you feel strongly about not saying *'X has a diagnosis of X'* , it can be helpful to use terminology in such formulations as:

    - o *The difficulties this individual experiences are consistent with a diagnosis of ….*
    - o *The individual is presenting with some symptoms that would be indicative of ….*
    - o *The difficulties regarding ….. are characteristic/in line with difficulties associated with ….*

- **Jargon** - Decision makers within the DWP are not medical professionals, so whilst it is helpful to include formal terms, be aware of any acronyms or medical language will need explanation. It is important to communicate the impact of any diagnosis or condition on the client and their ability to do tasks. For example *'X has a diagnosis of ASC (Autism Spectrum Condition) which means that…'*

- **Support required** - Consider detailing what "support/aids" may be required to complete activities. "Support or aids" could come in the form of BOTH physical mobility aids AND medication, people, use of safety behaviours/objects to get things done.

- **Compensatory behaviours** - Sometimes clients aren't aware of how many compensatory behaviours they have adopted which means although they are able to do an activity it may not be in the way expected. Being curious as to *how* they might complete certain tasks, or even asking them to re-enact in the room, can help make the individual aware of their compensatory behaviours. Explain in your letter how the client may lack insight into the adaptations they have made, as they may minimise these.

- **Timing and frequency** – Be aware that if someone cannot do an activity REPEATEDLY, SAFELY and in a TIMELY MANNER (which means in less than double the amount of time it would take someone with no difficulty to complete) for MORE THAN 50% of the time – then they CANNOT do the activity – be sure to break down the time taken, the safety and the repeatability of activities.

Dr Lealah Hewitt, Clinical Psychologist: lealah@lumospsychology.org
Dr Kelly Camilleri, Consultant Clinical Psychologist: kelly@camilleripsychology.com
Charlotte Bolt, Trainee Clinical Psychologist: charlotte.bolt@postgrad.plymouth.ac.uk

- **Problem focus of letters** - Letters of support for benefits are NOT therapeutic letters, and spending time detailing the person's strengths and progress is not relevant for the purpose of this letter. It can be helpful to highlight this to your client to help maintain your therapeutic relationship.

- **Highlighting barriers** - Highlight what difficulties the individual might face which could impact on their ability to communicate the extent of their difficulties (eg. aim to please / ashamed of difficulties / interpretation of words).

- **Distress/risk associated** - Detail the risks or consequences associated with activities (eg. fatigue, distress, pain, accidents).

- **Clearly linking the individual's history/formulation with current difficulties** - ensure formulation is clear and to the point. Remember, most letters are read by administrative staff.

- **Use professional titles** - Being transparent about your professional role and title adds to the perceived credibility of the letter. If you use language such as "in my professional opinion ...", ensure that your position is backed up with evidence.

- **Co-writing letters** - Think about writing the letter together with other health professionals, or co-signing.

- **Consider attending the assessments** in person with your client, so you can advocate for them.

Suggested sub-headings

We have spent some time looking at the assessment questions used in the PIP and ESA interviews. We recommend using these questions curiously to gain information about exactly if/how an individual is able to engage with such activities. Individuals' ability to adapt means they often don't report on the support, compensatory behaviours, distress/risks and time associated with completing a particular task.

Below is a list of sub-headings you could use when asking the individual about themselves and then detailing in your letter:

- **Mobility:** use of aids, distance, dexterity, standing/sitting, coordination, getting to locations, reaching/ using objects, safe movement
- **Daily living:** washing and bathing, preparing food, eating, dressing, undressing and toileting/incontinence.
- **Communication:** verbal, written, communicating danger, engaging with other people face to face, reading and understanding verbal information, signs and symbols
- **Cognition:** making budgeting decisions, managing therapy or monitoring a health condition, planning journeys, learning new skills, consciousness/dissociation, awareness of danger, coping with change
- **Direct risks:** aggression to/from others, disinhibited behaviours, levels of distress.

Dr Lealah Hewitt, Clinical Psychologist: lealah@lumospsychology.org
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Templates

As time is often a barrier to writing lengthy letters, and to help with clarity for both the assessor and the client, we have found that a helpful way to structure letters is to provide an example of a typical "day in the life of the individual". This is designed to log all activities within an average day. You could do this over a few days if you and the individual feel this would be more representative.

Things to consider:

- o What time wake/ sleep
- o Routines/rituals/difficulties in any routine
- o How take medication (reminders/need people)
- o Interactions with others (socially, in community, employment)
- o Meal times – preparation, eating, safety
- o Leaving the house and returning home - what support is needed?

Points systems

Eligibility for both ESA and PIP is decided on a points based system, so a person will get a certain amount of points based on their ability to complete certain activities. The 2017 **PIP and ESA descriptors and points** are attached (or can be accessed online). It can be helpful to refer to these descriptors when thinking about a client, marking which points you think they will get, and describing why.

You will note that the PIP Mobility Descriptors now (since March 2017), award points *'for reasons other than psychological distress'* . It is therefore important to explain using other language the nature of how a person's distress manifests itself, thus making the task difficult. For example *'X's Autism means they are hypersensitive to some sensory information which means journeys to new places without adequate support and planning are overwhelming, as they are unable to process sensory information adequately.'*

WE HOPE YOU HAVE FOUND THIS GUIDANCE USEFUL. PLEASE CONTACT US TO OFFER FEEDBACK.

Dr Lealah Hewitt, Clinical Psychologist: lealah@lumospsychology.org
Dr Kelly Camilleri, Consultant Clinical Psychologist: kelly@camilleripsychology.com
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Personal Independence Payment

Table of Activities, descriptors and scores

Personal Independence Payment (PIP) – table of activities, descriptors and points

Daily Living Activities

Activity	Descriptors	Points
1. Preparing food	a. Can prepare and cook a simple meal unaided.	0
	b. Needs to use an aid or appliance to be able to either prepare or cook a simple meal.	2
	c. Cannot cook a simple meal using a conventional cooker but is able to do so using a microwave.	2
	d. Needs prompting to be able to either prepare or cook a simple meal.	2
	e. Needs supervision or assistance to either prepare or cook a simple meal.	4
	f. Cannot prepare and cook food.	8

Space for notes

Activity	Descriptors	Points
2. Taking nutrition	a. Can take nutrition unaided.	0
	b. Needs – (i) to use an aid or appliance to be able to take nutrition; or (ii) supervision to be able to take nutrition; or (iii) assistance to be able to cut up food.	2
	c. Needs a therapeutic source to be able to take nutrition.	2
	d. Needs prompting to be able to take nutrition.	4
	e. Needs assistance to be able to manage a therapeutic source to take nutrition.	6
	f. Cannot convey food and drink to their mouth and needs another person to do so.	10

Space for notes

Activity	Descriptors	Points
3. Managing therapy or monitoring a health condition	a. Either – (i) does not receive medication or therapy or need to monitor a health condition; or (ii) can manage medication or therapy or monitor a health condition unaided.	0
	b. Needs any one or more of the following: (i) to use an aid or appliance to be able to manage medication; (ii) supervision, prompting or assistance to be able to manage medication (iii) supervision, prompting or assistance to be able to monitor a health condition.	1
	c. Needs supervision, prompting or assistance to be able to manage therapy that takes no more than 3.5 hours a week.	2
	d. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 3.5 but no more than 7 hours a week.	4
	e. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 7 but no more than 14 hours a week.	6
	f. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 14 hours a week.	8

Space for notes

Activity	Descriptors	Points
4. Washing and bathing	a. Can wash and bathe unaided.	0
	b. Needs to use an aid or appliance to be able to wash or bathe.	2
	c. Needs supervision or prompting to be able to wash or bathe.	2
	d. Needs assistance to be able to wash either their hair or body below the waist.	2
	e. Needs assistance to be able to get in or out of a bath or shower.	3
	f. Needs assistance to be able to wash their body between the shoulders and waist.	4
	g. Cannot wash and bathe at all and needs another person to wash their entire body.	8

Space for notes

Activity	Descriptors	Points
5. Managing toilet needs or incontinence	a. Can manage toilet needs or incontinence unaided.	0
	b. Needs to use an aid or appliance to be able to manage toilet needs or incontinence.	2
	c. Needs supervision or prompting to be able to manage toilet needs.	2
	d. Needs assistance to be able to manage toilet needs.	4
	e. Needs assistance to be able to manage incontinence of either bladder or bowel.	6
	f. Needs assistance to be able to manage incontinence of both bladder and bowel.	8

Space for notes

Activity	Descriptors	Points
6. Dressing and undressing	a. Can dress and undress unaided.	0
	b. Needs to use an aid or appliance to be able to dress or undress.	2
	c. Needs either - (i) prompting to be able to dress, undress or determine appropriate circumstances for remaining clothed; or (ii) prompting or assistance to be able to select appropriate clothing.	2
	d. Needs assistance to be able to dress or undress their lower body.	2
	e. Needs assistance to be able to dress or undress their upper body.	4
	f. Cannot dress or undress at all.	8

Space for notes

Activity	Descriptors	Points
7. Communicating verbally	a. Can express and understand verbal information unaided.	0
	b. Needs to use an aid or appliance to be able to speak or hear.	2
	c. Needs communication support to be able to express or understand complex verbal information.	4
	d. Needs communication support to be able to express or understand basic verbal information.	8
	e. Cannot express or understand verbal information at all even with communication support.	12

Space for notes

Activity	Descriptors	Points
8. Reading and understanding symbols and words	a. Can read and understand basic and complex written information either unaided or using signs, spectacles or contact lenses.	0
	b. Needs to use an aid or appliance, other than spectacles or contact lenses, to be able to read or understand either basic or complex written information.	2
	c. Needs prompting to be able to read or understand complex written information.	2
	d. Needs prompting to be able to read or understand basic written information.	4
	e. Cannot read or understand signs, symbols or words at all.	8

Space for notes

Activity	Descriptors	Points
9. Engaging with other people face to face	a. Can engage with other people unaided.	0
	b. Needs prompting to be able to engage with other people.	2
	c. Needs social support to be able to engage with other people.	4
	d. Cannot engage with other people due to such engagement causing either – (i) overwhelming psychological distress to the claimant; or (ii) the claimant to exhibit behaviour which would result in a substantial risk of harm to the claimant or another person.	8

Space for notes

Activity	Descriptors	Points
10. Making budgeting decisions	a. Can manage complex budgeting decisions unaided.	0
	b. Needs prompting or assistance to be able to make complex budgeting decisions.	2
	c. Needs prompting or assistance to be able to make simple budgeting decisions.	4
	d. Cannot make any budgeting decisions at all.	6

Space for notes

Mobility Activities

Activity	Descriptors	Points
1. Planning and following journeys	a. Can plan and follow the route of a journey unaided.	0
	b. Needs prompting to be able to undertake any journey to avoid overwhelming psychological distress to the claimant.	4
	c. For reasons other than psychological distress, cannot plan the route of a journey.	8
	d. For reasons other than psychological distress, cannot follow the route of an unfamiliar journey without another person, assistance dog or orientation aid.	10
	e. Cannot undertake any journey because it would cause overwhelming psychological distress to the claimant.	10
	f. For reasons other than psychological distress, cannot follow the route of a familiar journey without another person, an assistance dog or an orientation aid.	12

Space for notes

Activity	Descriptors	Points
2. Moving around	a. Can stand and then move more than 200 metres, either aided or unaided.	0
	b. Can stand and then move more than 50 metres but no more than 200 metres, either aided or unaided	4
	c. Can stand and then move unaided more than 20 metres but no more than 50 metres.	8
	d. Can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres.	10
	e. Can stand and then move more than 1 metre but no more than 20 metres, either aided or unaided.	12
	f. Cannot, either aided or unaided, – (i) stand; or (ii) move more than 1 metre.	12

Space for notes

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Employment and Support Allowance

Table of Activities, descriptors and scores for the limited capability for work assessment

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Appendix 1: Activities, descriptors and scores for the limited capability for work assessment

A claimant must score 15 points on any one or a combination of the descriptors to satisfy the limited capability for work assessment. The 15 points can either be from the physical descriptors, the mental descriptors or a combination of the two.

ASSESSMENT OF WHETHER A CLAIMANT HAS LIMITED CAPABILITY FOR WORK PART 1: PHYSICAL DISABILITIES

(1) Activity	(2) Descriptor	(3) Points
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.	1 (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.	2 (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)	9

(1) Activity	(2) Descriptor	(3) Points
	for more than 30 minutes, before needing to move away in order to avoid significant discomfort or exhaustion.	
	(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.	3 (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.	4 (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.	5 (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.	6 (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

(1) Activity	(2) Descriptor	(3) Points
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)a combination of (i) and (ii), using any aid that is normally, or could reasonably be, used, unaided by another person.	7 (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 normally used.	8 (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.	9 (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 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) Neither of the above applies.	0
10. Consciousness during waking moments.	10 (a) At least once a week, has an involuntary episode of lost or altered consciousness resulting in significantly disrupted awareness or concentration.	15

(1) Activity	(2) Descriptor	(3) Points
	(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

ASSESSMENT OF WHETHER A CLAIMANT HAS LIMITED CAPABILITY FOR WORK PART 2: MENTAL, COGNITIVE AND INTELLECTUAL FUNCTION TEST

(1) Activity	(2) Descriptor	(3) Points
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
	(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).	12 (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 such that the claimant requires supervision for the majority of the time to maintain safety.	15
	(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,	13 (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	6

(1) Activity	(2) Descriptor	(3) Points
problem solving, prioritising or switching tasks).	initiate or complete at least 2 sequential personal actions.	
	(d) None of the above applies.	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 place outside the claimant's house 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.	16 (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.	17 (a) Has, on a daily basis, uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace.	15
	(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

Appendix 2: Activities, descriptors and scores for the limited capability for work-related activity assessment

A claimant only needs to fulfil the requirements for one of the descriptors, for example, 1(a) in order to satisfy the limited capability for work-related activity assessment.

ASSESSMENT OF WHETHER A CLAIMANT HAS LIMITED CAPABILITY FOR WORK-RELATED ACTIVITY

(1) Activity	(2) Descriptors
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 either: (a)press a button, such as a telephone keypad; or (b)turn the pages of a book with either hand.
6. Making self understood through speaking, writing, typing, or other means which are normally, or could reasonably, be used, unaided by another person.	Cannot convey a simple message, such as the presence of a hazard.
7. Understanding	Cannot understand a simple message due to sensory impairment, such as the location of a fire escape.

(1) Activity	(2) Descriptors
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)a combination of (i) and (ii), using any aid that is normally, or could reasonably, be used, unaided by another person.	
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 presence of any aids or adaptations which are normally, or could reasonably, be worn or used.	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.
9. Learning tasks.	Cannot learn how to complete a simple task, such as setting an alarm clock, due to cognitive impairment or mental disorder.
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	Cannot cope with any change, due to cognitive impairment or mental

(1) Activity	(2) Descriptors
change.	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 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, 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.