



Claiming ESA

(Employment and Support Allowance)



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Introduction

Employment and Support Allowance (ESA) is a benefit for people who find it difficult to work due to a health condition or disability. If you're unable to work because of your MS, you may be entitled to ESA.

ESA is a complicated benefit. You can get different amounts, depending on your circumstances, and you may have to fulfill certain responsibilities, such as attending work-focused interviews, to keep receiving it.

There is a lengthy claims process that allows the Department for Work and Pensions (DWP) to find about your health and your abilities. They will gather the information they need to make a decision on whether or not you're entitled to claim ESA.

The biggest part of the process is the work capability assessment. For this you will usually need to complete a questionnaire and attend a face-to-face assessment.

This can feel like quite a negative process to go through. You might want someone to support you when you complete the questionnaire or attend the assessment. You can ask a friend, family member, or support worker to help you. Or, you can contact one of the organisations listed on page 30 to support you with your claim.

How to use this booklet

In this booklet we outline what ESA is, the common terms and jargon used when talking about the benefit, and what the basic qualifying criteria are.

We then look over the main steps of an ESA claim and how you can challenge a decision that you disagree with.

The pull-out section lists the 'descriptors' used in the ESA claim process. It gives the criteria that the DWP use to assess the information you give them.

ESA jargon buster

Unfortunately, much of the language used to describe the different parts of the process is very similar. Here are some of the main words and phrases used in the booklet along with their meanings.

Assessment phase The 13 weeks after your initial application has been approved. You will get the basic allowance during this time.

Contributory ESA If you have paid enough National Insurance contributions, you'll receive a set amount of ESA. Most savings and income do not affect the amount you receive. However, some pensions may.

Capability for work questionnaire Part of the work capability assessment. This is the questionnaire you usually need to complete to show how your MS affects you.

Department for Work and Pensions (DWP) The government department responsible for welfare and benefits.

Face-to-face assessment Part of the work capability assessment. You'll meet with a DWP-approved health care professional. They may just speak to you about your MS, or they may ask you to perform basic tests so they can assess how your MS affects you.

Health and Work Conversation A conversation you'll have with a work coach at the JobcentrePlus during the start of your claim. You'll talk about your work and health goals and what if any support would help you.

Income-related ESA This is means tested, so the amount you get will depend on any savings and other income you have.

Jobcentre Plus A part of the DWP that is responsible for administering and processing ESA claims.

Limited capability for work How much your MS affects (or restricts) your ability to work.

Limited capability for work-related activity How much your MS affects your ability to take part in work-related activity, for example, training.

Main phase The period after your 13-week assessment phase once you have been assessed as eligible for ESA.

Permitted work Certain types of work that won't affect your ESA claim. There are strict rules on what is permitted.

Support group If it's decided that you have a limited capability for work-related activity you will be placed in this group and won't have to undertake work-related activities, for example, training.

Waiting days The days you don't receive any ESA benefit following your initial application.

Work capability assessment Part of the assessment phase including the capability for work questionnaire and a face-to-face assessment.

Work-related activity Steps to help people move into work, such as training.

Work-related activity group If the DWP decides you can take part in work-related activity, or that you'll be able to in the future, you'll be placed in this group and will receive a lower amount of ESA. You'll also be asked to satisfy certain conditions to keep claiming ESA.

About ESA

Who can apply for ESA?

The following general rules apply to all ESA claims. You must:

- have a limited capability for work. This is tested under the work capability assessment;
- not be in work. Some work is 'permitted' (see below);
- be in Great Britain; and
- not be getting Income Support, Jobseeker's Allowance, Statutory Maternity Pay or Statutory Sick Pay

There are two types of ESA: 'contributory ESA' and 'income-related ESA'. You may receive either one of these, or both together, depending on your circumstances. There are additional conditions that you must satisfy to receive either of these. See 'Contributory ESA' and 'Income-related ESA'.

Permitted work

If you're claiming ESA, the general rule is that if you do any work, you're treated as capable of work for that week.

However, you're allowed to do certain types of 'permitted work' without it affecting your ESA. The rules allow you to earn:

- up to £20 a week for an unlimited period of time; or
- no more than £125.50 a week for up to 52 weeks. The work must be for less than 16 hours a week

You don't need the support of your doctor to do permitted work, but you should try to get advice and a benefits check from an advice agency before starting. You should also tell the Department for Work and Pensions (DWP) before starting, to ensure that the work is permitted work.

Contributory ESA

To be entitled to contributory ESA, as well as satisfying the general rules (see Who can apply for ESA?), you must also have paid enough National Insurance contributions over a certain number of years.

Contributory ESA is a taxable, flat-rate benefit. How long it can be paid depends on which of two groups you're put in: the support group or the work-related activity group. Payment is limited to a maximum of 12 months if you're placed in the work-related activity group. However, it can be paid indefinitely if you're placed in the support group.

Although savings and most other income don't affect contributory ESA, occupational or personal pensions can affect the amount you're paid.

Fit notes

If you have been unable to work for more than seven days, you must forward a medical certificate (or fit note) from your doctor to the office dealing with your ESA application (Jobcentre Plus should send you an envelope to do this when you first claim). It is important to keep these up to date; ask your doctor for a new fit note well before the old one runs out. You must keep sending in sick notes until you have undergone the work capability assessment.

Income-related ESA

To be entitled to income-related ESA, as well as satisfying the general rules (see Who can apply for ESA?), you must also satisfy a means test. In this, your needs (and those of your partner, if you have one) are compared with your resources (such as your income or savings), and the

difference paid as income-related ESA. If you have savings over £16,000, you'll not be entitled to income-related ESA.

Income-related ESA can be paid on its own (if you're not entitled to contributory ESA) or as a top-up to contributory ESA (if you are). Income-related ESA can help towards mortgage interest payments and certain other housing costs.

- Income-related ESA will be replaced by a new benefit, Universal Credit over the next few years. See our booklet *Benefits and MS* for more information.

If you get income-related ESA you may have been paid less than you should have. The DWP have underpaid 70,000 people because they only gave them the amount for contributory ESA when they should have been paid the higher amount people get with income-based ESA. The DWP will contact you if you have been underpaid.

How to claim ESA

Start your claim by ringing the Jobcentre Plus claim line on 0800 055 6688 (or textphone 0800 023 4888). In Northern Ireland, call 0800 085 6318 (textphone 0800 328 3419). To avoid delays, you should have the following information to hand when you make the call:

- your (and your partner's) National Insurance number
- a medical certificate (or fit note)
- your GP's address and phone number
- your contact details
- details of your mortgage or landlord
- a council tax bill
- if you have (or recently have had) an employer, their address and telephone number and the dates of your employment

(or the last day you worked)

- your bank or building society account details
- details of any earnings, income, savings or capital you have
- details of any other benefits or sick pay you are receiving

Note: If you're a new claimant of ESA, you'll not receive any money for the first seven days of your claim – this period is known as the 'waiting days'. Your entitlement to the basic allowance will begin after these seven days.

Other ways of claiming

If a long conversation would be difficult to deal with (perhaps because of fatigue or because it's hard to concentrate), you can ask for a paper copy of the form (the ESA1). You might have to be quite firm, as Jobcentre Plus prefer to go through it over the phone, but they should not refuse you the option of completing it on paper.

In England, Wales and Scotland, you can download the ESA1 application form. You also have the option of filling it out electronically. However, you'll still need to print and post the ESA1, as you can't submit your claim online.

In Northern Ireland, a paper form is available to print out at www.nidirect.gov.uk, but it can't be completed on the computer.

What happens next?

The DWP will then send you a letter, confirming whether or not you meet the basic qualifying conditions for ESA (see 'Who can apply for ESA?').

If you don't satisfy the basic qualifying conditions, you could challenge the decision or claim

Jobseeker's Allowance instead.

If you do satisfy the basic qualifying conditions, you then begin the 'assessment phase'.

The assessment phase

The assessment phase is a 13-week period that applies to most new claimants. During the assessment phase, the DWP will collect more information about you to check if your award for ESA can continue and, if it can, at what rate. They do this through the work capability assessment. The assessment phase can be extended beyond 13 weeks if there is a delay in completing this assessment. Such delays are not uncommon.

During the assessment phase, ESA is paid at a lower rate – the 'basic allowance'. If you're aged under 25 during the assessment phase, you're paid a lower rate of the basic allowance. After the assessment phase, if you continue to be entitled to ESA, you will be paid the same rate as someone aged 25 or over.

You'll usually need to have a Health and Work Conversation to discuss the support you need. You'll be told if you need one after you claim. If you do, it will take place around four weeks after the date of your claim. You might not need one, for example if you're in hospital or you have a terminal illness. Your benefit may be reduced if you don't attend your Health and Work Conversation.

The main phase

After the 13-week assessment phase, you will be told whether or not you can continue to receive ESA and at what rate. If your award continues, you will now be in the 'main phase' of your claim. You'll be told which group you're in: the support group or the work-related activity group.

How much is ESA?

The amount usually changes each year, so to find out your current entitlement, call the ESA claim centre on 0800 055 6688 or go to www.gov.uk/employment-support-allowance/what-youll-get

What about Severe Disability Premium?

If you're on ESA and receiving attendance allowance, DLA (middle or higher rate of the care component) or the daily living component of PIP, you may be able to claim an additional payment called Severe Disability Premium. Find out more about the full eligibility details at www.gov.uk/disability-premiums-income-support/eligibility

The work capability assessment

The work capability assessment is a key part of ESA. As it helps to decide a few things including:

- whether or not you have a 'limited capability for work'. If you do, you can keep getting ESA after the 13-week assessment phase
- which of two different groups you're placed in: the support group or the work-related activity group. This is determined by assessing whether or not you have a 'limited capability for work-related activity'. Which group you're placed in determines how much ESA you receive and what you need to do in order to keep getting the benefit in full.

The work capability assessment normally involves you completing a 'capability for work' questionnaire and attending a 'face-to-face assessment' with a health care professional.

Limited capability for work

You're not entitled to ESA unless you have (or can be treated as having) a 'limited capability for work'. This is a points-related assessment of your physical and mental health considered over a range of activities. Points are awarded on the basis of any limitations you have with respect to each activity and totalled up. If the total reaches 15 points or more, you're assessed as having a limited capability for work. You're asked about your limitations performing the activities in the 'capability for work' questionnaire.

Treated as having a limited capability for work

You can be automatically treated as having a limited capability for work (without having to score 15 points) in a number of circumstances, including if:

- you're terminally ill and your death can reasonably be expected within six months
- you satisfy any of the descriptors used for

Activity 18, Eating and drinking (see page 18)

- you're a student in full-time education and entitled to income-related ESA because you're getting Disability Living Allowance or Personal Independence Payment
- you're receiving treatment as a hospital in-patient (or are at home recovering from treatment and the DWP is satisfied that you should be treated as having a limited capability for work)

Limited capability for work-related activity

The 'limited capability for work-related activity' assessment determines which of two groups you can be placed in: the support group or the work-related activity group.

Some of the questions in the capability for work questionnaire will be used to decide if you have a limited capability for work-related activity. Instead of using points, however, there are key descriptors that the decision maker will look out for in your answers. If you meet just one of these descriptors, you'll be assessed as having a limited capability for work-related activity.

We have listed these descriptors as a separate list in the pull out section.

Treated as having a limited capability for work-related activity

You can be automatically treated as having a limited capability for work-related activity in a number of circumstances, including if:

- you're terminally ill and your death can reasonably be expected within six months. As long as the DWP are informed of this you will be treated as having a limited capability for work-related activity and this will lead to the support group, or
- there would be a substantial risk to the

mental or physical health of you or somebody else if you were found not to have a limited capability for work-related activity.

The support group and the work-related activity group

If you're found to have a 'limited capability for work-related activity', you'll be placed in the 'support group' of claimants; otherwise, you will be placed in the 'work-related activity group' of claimants. The group you're placed in determines the level of ESA that you will receive and the responsibilities you must meet to keep getting the benefit in full.

The support group

You don't have to undertake any work-related activities in this group (although you can volunteer to do so). You receive a higher rate of ESA than if you're placed in the work-related activity group. Furthermore, if you're placed in the support group, any contributory ESA you receive will not be subject to the 12-month time limit (see 'Contributory ESA', page 5).

The work-related activity group

In this group you must meet work-related conditions, including attending work-focused interviews. If you fail to meet the conditions, your ESA payment may be reduced. You receive a lower rate of ESA than if you're placed in the support group. Any contributory ESA you receive will be subject to the 12-month time limit.

The capability for work questionnaire

The capability for work questionnaire is a form that you complete at home about how MS affects you. In the questionnaire, you are asked how you

manage with a number of different activities. We look at the capability for work questionnaire in more detail on page 11.

The face-to-face assessment

As well as completing the capability for work questionnaire, you may need to attend a face-to-face assessment, so the DWP can gather more information about your abilities.

Like many other people, you may feel nervous about the assessment. Page 20 explains what you can expect on the day, and the kinds of questions they'll ask you.

Challenging a decision

If you're told that you're not eligible for ESA or you're placed in the wrong group, you have the right to challenge the decision. See page 24 for a detailed description of how to do this.

For more information

You can contact the Citizen's Advice Bureau (CAB), DIAL or another advice agency if you would like to talk about the decision you have received.

Note:

It's very easy to think of the capability for work questionnaire and the face-to-face assessment as unconnected. However, this is not the case. The capability for work questionnaire allows the decision maker to see how you think your MS limits you. The face-to-face assessment allows the decision maker to check that a health care professional agrees with you about how MS limits you.

A guide to the capability for work questionnaire

This section looks at the capability for work questionnaire in more detail. You'll need plenty of time to complete the questionnaire and you don't need to do it all in one sitting.

You must return the questionnaire within four weeks from the day after it was sent to you.

Don't assume the person assessing the questionnaire (the decision maker) knows about MS or how it affects you – only you know this and it's up to you to explain it. Mention things even if they seem obvious to you. Include as much detail as possible to show how MS affects you.

You may wish to write in pencil first, or alternatively make some notes on paper or on a photocopy of the form, before committing yourself to pen.

The questionnaire begins by asking for general personal details (name and address, and so on). You are then asked to provide details of your GP and the care professional who knows your condition best (e.g your neurologist or MS nurse).

You're asked to tell them about your illness or disability and the medication or treatment you're receiving (including side effects). There are also questions relating to any hospital or clinical treatment you're receiving.

The rest of the questionnaire is an assessment of how your condition affects you. It's divided into three parts:

- Part 1 asks about physical capabilities
- Part 2 asks about mental, cognitive and intellectual capabilities
- Part 3 asks about any problems you have with eating or drinking

Parts 1 and 2 relate to activities listed in the limited capability for work assessment. When deciding whether you have a limited capability for work, the decision maker chooses which 'descriptor' applies to you in connection with

each activity. Each descriptor explains a task related to the activity with varying levels of difficulty. Each descriptor is worth between zero and 15 points. You'll find more information on this in the pull-out section of this booklet.

To qualify as having a limited capability for work, you need to score a total of 15 points or more. These points can be scored in just one activity or from any of the activities added together.

What you write on the capability for work questionnaire will help the decision maker to decide what descriptors apply to you. To help you understand how the decision maker will be marking your questionnaire, we have listed the descriptors, and the points related to each one, in the pull out section. You may want to refer to this while completing the questionnaire.

The capability for work questionnaire can feel like a negative thing to do – you score points for what you can't manage, not for what you can. But it's important to be clear about the difficulties you experience, so that you're assessed accurately.

Part 1 – Physical capabilities

This part of the questionnaire is divided into 10 activity headings. These headings relate to the activities we list in the descriptors for the limited capability for work assessment (physical functions).

Note: To try and make the capability for work questionnaire easy to complete, the DWP have used different wording to that used in the law. We have kept the official legal wording in the pull-out section.

Under each heading, you're first asked whether you can do that particular activity without difficulty. Read all the text related to the activity before ticking the box – you'll then have a better

idea about what's meant by having a difficulty with that activity.

You're then usually asked about specific tasks related to each activity. In each case, you're usually offered one of three boxes to tick: 'no', 'yes' or 'it varies' – the last being helpful if your MS varies.

Providing more information

There's a box in each section where you can provide more information on the difficulties you have with each activity. Use the box to explain how you're affected if you attempt to do a task:

- Are there any risks involved in attempting the task?
- Have you previously had any injuries or accidents attempting it?

When deciding which box to tick, bear in mind that the question is whether you reasonably can or can't do the particular task both reliably and repeatedly.

Things like safety, tiredness, pain and discomfort may mean that, although you can actually perform the task, it's not reasonable to expect you to do so. Or, although you could perform it occasionally you couldn't repeat it with reasonable regularity.

Explain how often you would need to rest and whether you take painkillers, and explain the effects of exhaustion or pain on your ability to perform the tasks. If you take painkilling medication, say whether it affects your ability to complete tasks effectively.

If your condition varies, try to give an idea of how many days each week you would be able to do the task and how many you would not.

In each case, it's your abilities when using any aid or appliance that you would normally use (e.g glasses or a walking stick) that are taken into account.

We now look at each activity in more detail.

Activity 1: Moving around and using steps/stairs

Two tasks are considered under this heading.

The first question asks how far you can move safely and repeatedly on level ground without needing to stop (with choices of 50 metres, 100 metres or 200 metres or more). Moving includes using aids such as crutches, a walking stick or a manual wheelchair (but not an electric wheelchair). It's not just about walking.

So, if you could move at least 200 metres before needing to stop using crutches, a stick or a manual wheelchair, you would not pick up any points here.

If you have difficulty walking, but don't use a manual wheelchair because it wouldn't make getting around any easier for you, explain why. For example, you may find that you can't repeatedly push yourself around due to fatigue in your arms. Alternatively, coordination difficulties may mean you can't manoeuvre a wheelchair effectively.

The fact that your home may not be adapted for a wheelchair will not be relevant here, as the questions relate to an indoor working environment, such as an office.

How far is 50 metres

Think carefully before ticking the boxes. Many people are unsure how far 50 metres, 100 metres or 200 metres actually are. Fifty metres is about half the length of a football pitch, or twice the length of a normal public swimming pool.

A number of MS symptoms may limit your ability to get around, including pain, fatigue, numbness in your feet, balance problems, poor coordination, loss of muscle strength, stiffness or spasm. If your problems in getting around are caused by your eyesight, see Activity 8 (see page 15).

If you're unsure how far you can move before you can go no further, then you should test yourself on an average day (i.e if your condition varies, don't choose a good day to perform the test). It would help if you had someone with you, to measure the distance in paces. One pace of an average healthy male adult is about three quarters of a metre. Time how long it takes you to cover the distance.

You should also consider whether or not you could move around repeatedly. If you could manage to move at least 50 metres once, but couldn't repeat this within a reasonable time, then you should be considered to be incapable of doing it.

The second question asks whether or not you can go up or down two steps without help from another person. It's assumed that there's a rail to hold on to. Even if you can do this once, if fatigue, pain or coordination or balance difficulties stop you from being able to perform the task repeatedly (after reasonable rest periods), then you should state that you're not able to do it. That advice applies to all the activities in this assessment. If you have fallen trying to use steps in the past, write down what happened.

Activity 2: Standing and sitting

Two tasks are considered under this heading.

The first question asks if you can move from one seat to another right next to it without help from someone else. This may apply if you're a wheelchair user and are unable to transfer from the wheelchair without help because of muscle weakness or tremors in your arms. Using simple

aids such as a transfer board will be classed as being able to transfer without help, but if you need more elaborate apparatus, such as a hoist, you will be classed as needing help.

Write down if you have problems with similar activities, such as getting on and off the toilet or getting in and out of the car.

You should also consider whether or not you could transfer between seats repeatedly. If you could manage to do this once, but couldn't repeat the task within a reasonable time, then you should be considered incapable of doing it.

The second question asks how long you can stay in one place, either sitting or standing, or a combination of the two, without pain and without help from another person. You're not expected to remain still, and you can change position.

With standing, you would be expected to use aids such as a walking stick, if they help. However, if you can only stand using two sticks, you'll be treated as unable to stand because this would severely limit the sort of work you could do while standing (such as using the phone).

There are a number of reasons why MS may prevent you from staying in one place for any length of time. You may need to lie down at regular intervals due to fatigue or muscle pain. Or, you may need to walk around at regular intervals to prevent numbness or to reduce spasms.

Activity 3: Reaching

This activity focuses on your ability to raise your arms above waist height. It's about reaching upwards, not about manual dexterity (using your hands). This is covered in Activity 5 later.

The assessment gives points in this section only if you have difficulties with both arms.

When answering whether you can or can't do the task described, you need to consider whether

you can do it repeatedly, not just once.

If you can't raise either arm to the top of your head as if to put on a hat, then you should write this down. Such a limitation would provide you with nine points in the assessment.

Activity 4: Picking up and moving things

This activity focuses on your ability to pick up and move certain light objects:

- a half-litre (or one pint) carton of liquid
- a litre (or two pint) carton of liquid
- a large empty cardboard box

You're not asked if you can pick up the objects from the ground, so it's assumed that you're moving the object at waist level. You're also not asked if you can do each task with just one hand, so if you need both arms, make this clear in the extra information box.

A number of MS symptoms may limit your ability to pick up and move light objects, including poor coordination, loss of muscle strength, poor grip, stiffness or tremor. Remember to focus on whether or not you can do the task repeatedly, for example, after a reasonable rest period in each case, not if you can do it just once.

If you would be likely to spill some of the liquid

moving the carton, make this clear. Explain why this happens, for example, because of spasms, tremor or poor coordination.

If you have dropped objects of a similar size in the past when trying to move them, write down what happened. In this way you may be able to show that you can't perform the task 'reliably'.

Activity 5: Manual dexterity (using your hands)

This activity focuses on your ability to use your hands and wrists in relation to the kind of things you would be expected to do at work.

A number of different tasks are suggested, such as using a pen or pencil or a computer keyboard. It's the problems you have in being able to press buttons, turn on taps, pick up or move the object in question that matter here, not whether you can read or understand how to use a computer.

You're asked if you can manage the tasks with either hand. So, if you can manage to do something effectively with one hand, but not the other, this will not score points for the task.

A number of symptoms of MS could affect your manual dexterity, including spasm and tremor, poor coordination and poor grip.

Bear in mind that it's your ability to perform each task repeatedly and reliably that matters. For

Example response

"I get muscle spasms in both arms now. When I try to write something down the pen often slips and I scrawl across the page. I am right handed, and the spasm is worse in that arm. (I have got a friend to fill in this questionnaire for me.)"

"My coordination is poor and I find it difficult to use a phone as I press the wrong buttons. I cannot use a cashpoint any more, for the same reason. I can no longer deal with small buttons or tie my laces properly, and so I wear clothes that do not have these."

"I have also damaged several of my books on art at home, tearing the pages as I try to turn them because of the muscle spasms. My partner is now a patient page-turner for me!"

Example response

“My eyesight has been affected by optic neuritis. I have had this for 18 months now. Though there was some improvement in my vision after I was put on steroids, I still have problems. My vision is often blurred. I cannot pick up colours like I used to, and my depth of vision has been affected.”

I find it difficult to judge distances. My eyesight varies. It is not so bad during the morning, but gets worse as the day progresses. It is also affected if I push myself too far or when the weather is warm.”

I also have problems when moving my eyes from side to side. This makes it difficult for me to keep my eyes on traffic. I was almost hit by a van when I misjudged its speed and distance six months ago (I no longer drive because I can't judge the speed of the traffic and feel it is coming straight at me).”

Consequently I do not try to cross busy roads without having someone with me. Similarly, if I leave the house to go somewhere unfamiliar, I take someone with me.”

example, if you frequently tear the pages of a book when turning them due to tremor in your hands, then you can't reliably perform the task. If this is the case, make it clear in the questionnaire and say which task or tasks you can't do properly and why.

Activity 6: Communicating – speaking, writing and typing

This looks at your ability to express yourself, either by talking or by other methods. It may be relevant if your MS has started affecting your speech and you also have difficulties in writing or typing because your dexterity has been reduced (see also Activity 5).

It is assumed that you're using the same language as the person with whom you're communicating and that they will be able to understand your accent or dialect.

The questionnaire asks if you can communicate a simple message to other people (such as the presence of something dangerous) by speaking, writing, and so on, but without the help of another person.

If you struggle to communicate in any way, you should make it clear on the questionnaire. It

may be the case that you have difficulty finding the correct words, or that your speech is slurred, slow or it varies in pitch and tone, so it's difficult to understand. You'll also need to explain why you can't write or type the message. If you have problems with your dexterity, you can refer to what you have already put in Activity 5.

Activity 7: Communicating – hearing and reading

This may be relevant if you have hearing and/ or visual problems. You're asked two questions:

- First, whether or not you can understand simple messages (such as the location of a fire escape) from other people by hearing or lip-reading without the help of another person.
- Second, whether or not you can understand simple messages from other people by reading large size print or using Braille.

Activity 8: Getting around safely

This activity focuses on your ability to navigate and get around safely. It may apply if you have problems with your sight, for example, optic neuritis or double vision.

If your vision has only recently deteriorated, this

may have affected your confidence – this should also be taken into account.

If your vision varies from day to day, let them know what you're like on both bad days and good days, and how often you have bad days. Let them know if your vision varies during the day, or if it gets worse when you're fatigued, hot or stressed.

Provide details of any incidents that may have occurred when you have tried to get around without someone with you – such as bumping into things or people, getting lost or incidents with traffic. Let them know if you have had your driving licence withdrawn due to your visual problems.

Activity 9: Controlling your bowels and bladder and using a collecting device

This activity concerns your ability to control your bowels or bladder (or use a stoma bag or catheter without it leaking).

This can be one of the most difficult parts of the questionnaire to complete, because the questions are very personal. Try to put as much information down as you can. The questionnaire is treated with strict confidentiality.

Bladder incontinence that occurs when you're asleep will be ignored, as will minor leakage that can be contained by the use of continence pads.

Explain what precautions you have tried to take and why these may not always work.

Activity 10: Staying conscious when awake

The DWP describes altered consciousness as '... a definite clouding of mental faculties resulting in loss of control of thoughts and actions'.

This covers fits, seizures or absences. It should cover 'any involuntary loss or alteration of consciousness resulting in significantly disrupted awareness or concentration' that occurs during the hours when you're normally awake.

The DWP doesn't currently consider giddiness, dizziness or vertigo (in the absence of an epileptic or similar seizure) to be states of altered consciousness.

Part 2: Mental, cognitive and intellectual capabilities

There may be symptoms of your MS that affect your mental health. For example, you may have trouble with your memory or your concentration may be affected. You may have problems with anxiety, depression or mood swings. If you do have any of these symptoms, this part of the questionnaire will be relevant to you.

Because of the nature of the questions, some people find this section of the questionnaire particularly hard to complete. Take your time to fill it in, and take breaks when you need to. It can be a distressing form to fill in, and you might want to let off steam every now and then – perhaps by talking about it with someone close to you. You can also call the MS Society Helpline – on 0808 800 8000, or go to our online forums at www.mssociety.org.uk

Activity 11: Learning how to do tasks

This focuses on your ability to learn (and remember) how to do things. It may be relevant to you if MS has affected your memory.

If you can learn a task one day, but will have forgotten how to do it the next, you'll not be considered to have learnt it.

Two types of task are considered: 'simple' and 'moderately complex'. A simple task is one involving one or two steps. The example given is setting an alarm clock.

A moderately complex task may involve three or four steps. The example given is operating a washing machine. Other examples could include playing CDs on a stereo, using a microwave oven or using a Playstation.

Example response

“Yesterday I couldn’t remember how to set the sleep function on my alarm clock even though I knew how to do it the day before. This often happens when I am fatigued, even though my partner has shown me how to do it several times.”

“I tried a new recipe last week but it was a total disaster because I lost track of what I was doing halfway through.”

If you’re able to learn a moderately complex task, but can’t learn anything more complex than this (a task involving five or more steps, such as setting up a DVD player and programming the channels) you should make this clear on the questionnaire.

Write down examples of the kinds of tasks you would have problems learning. These might be tasks you have tried to learn recently but have not managed.

If you’re able to learn a task but need to use ‘workarounds’ (such as making extensive notes or leaving reminder notices everywhere) you should make this clear.

Activity 12: Awareness of hazards or danger

This might be relevant to you if your MS has affected your memory or concentration so that your awareness of the risks posed by common hazards has been reduced.

Mention any accidents you have had because you have not been aware of a danger, such as crossing the road or handling sharp objects, such as a knife. Note any injuries that you got because of them.

Activity 13: Starting and finishing tasks

This looks at your ability to start and complete

‘personal actions’, without being prompted by someone else.

Examples of personal actions include making travel arrangements, sorting out the laundry and using a washing machine, writing shopping lists and dealing with finances. In each case, it is your ability to complete the task in question reliably and repeatedly that counts.

The problems must stem from an impaired mental function, rather than from any physical symptoms you have. This might include severe depression, memory loss, poor concentration or confusion (either caused by the MS itself or as a result of any medication you’re on).

Provide examples of the kind of things you’re no longer able to finish.

Activity 14: Coping with changes

This activity focuses on your ability to cope with minor changes to your daily routine. It’s not relevant if you merely dislike changes to your routine. You must be able to show that you’re not able to cope with them or that your day-to-day life ‘is made significantly more difficult or can’t be managed’.

You should provide examples of how your life is made ‘significantly more difficult’ when any of these types of changes occur.

Example response

“I need a regular routine every day or else I get upset and confused. Last week my carer came late every day and I was in a real state by the time she arrived even though I knew her husband was unwell.”

“My MS nurse has been off sick and although I thought I changed the appointment in my diary I arrived on the wrong day.”

Activity 15: Going out

This considers your ability to go out on your own. It's concerned with the problems posed by disorientation, anxiety or agoraphobia (fear of being in situations where escape might be difficult), rather than problems with your eyesight, which are dealt with by Activity 8.

The way you arrive at the destination is not relevant. For example, if you can't use public transport, but could manage to get there by yourself by another means, you would not score points.

If you do become disorientated, panicky or agoraphobic outdoors, explain on the questionnaire what is likely to happen to you if you go out alone.

Provide details of any incidents that may have occurred (and what you felt like) if you have attempted to go somewhere alone in the past.

Activity 16: Coping with social situations

This focuses on any problems you may have in meeting people because of a 'significant lack of self-confidence', rather than being shy.

If you have severe anxiety, experience panic attacks or have agoraphobia, this may apply. It may also apply if you have problems relating to people because of the effects of memory loss or poor concentration.

Activity 17: Behaving appropriately

This focuses on whether or not you have difficulties in the way you behave socially. It could be relevant if you behave in a way that's aggressive or disinhibited (meaning you're unable to follow social rules about what's acceptable behaviour, for example, being physically aggressive or exposing yourself in public) to a level that would be unreasonable in any workplace and you're not able to control this.

Mention what happens when you behave in a way that would be unacceptable in a working situation, for example whether you are rude, angry, get hysterical or cry.

Part 3 – Eating and drinking

These activities are under their own heading because they're used to help decide whether you have a 'limited capability for work-related activity'. They cover two activities in this assessment:

- Conveying food or drink to the mouth; and
- Chewing or swallowing food or drink

Activity 18 Eating and drinking

If you can't get food or drink to your mouth without help from another person because of spasm or tremor, poor coordination or poor grip, make this clear on the questionnaire. If you manage without help, but need to stop repeatedly because, for instance, of an increase in spasm or tremor, then make this clear on the questionnaire. Similarly, if you can't chew or swallow food, or need to stop repeatedly when doing so, let them know.

Sending back the questionnaire

Once you have completed the questionnaire, sign and date the declaration at the end. If you have any recent reports on your condition from your GP, neurologist or MS nurse, you can attach copies of these to the questionnaire.

Before you post it off, photocopy it for future reference.

What happens next?

Your completed questionnaire is assessed by a DWP-approved health care professional. They will consider all the evidence on your claim and might request further information from your own

GP, neurologist or MS nurse. They might also ask you to attend a face-to-face assessment.

Starting from September 2017, if you get ESA, you'll be reviewed at your next assessment under new criteria to decide if you need regular reassessments. You'll no longer be reassessed if the following is true about your condition:

- it will always meet the support group criteria (find these on page 10 of the pull-out section of our Claiming ESA booklet)
- it's lifelong once diagnosed
- it's unambiguous (they have confirmed a diagnosis)
- it has no realistic prospect of recovery (there aren't any treatments that are likely to improve your condition)

A guide to the face-to-face assessment

Like many other people, if you do get asked to attend a face-to-face assessment, you might feel nervous. This guide explains what you can expect about the day, and the kinds of things you'll be asked.

Who carries out the assessment?

The face-to-face assessment is carried out by a health care professional working for Maximus (the organisation who do the assessments on behalf of the DWP). It will take place at an examination centre. If you feel you're not able to travel to one of these you can ask to be assessed at home. Before your assessment you must provide information from the medical professional who treats you explaining why you need to be assessed at home. Although the health care professional could be a nurse or a physiotherapist, they'll often be a doctor, so from now on that's how we'll refer to them.

Arranging the assessment

You must be given at least seven days' notice of the time and place for the assessment, unless you agree to accept a shorter notice period. This may be arranged over the phone.

At the assessment

You might have to wait some time before being seen – delays are not uncommon. When the doctor is ready to see you, they'll come to get you from the waiting area to take you into the examination room. This gives them a chance to watch how you manage to rise from a chair, walk and sit down again or how you manage with a wheelchair.

You may find it helpful to have someone with you at the assessment. This could be a relative, friend or support worker. They can help fill in any gaps in what you tell the doctor.

During the assessment, the doctor will identify the descriptors (listed in the pull-out section) that they consider apply to you. To do this, they

will ask questions about your daily activities (including hobbies or leisure activities). They will observe how you manage during the assessment itself and they may give you an examination.

When answering the doctor, explain your difficulties as fully as you can. You should tell them about any pain or exhaustion you feel, or would feel, while carrying out tasks, both on the day of the assessment and over time.

Consider how you would feel if you had to do the same task repeatedly. Try not to overestimate your ability to undertake tasks. Let them know what you are like on bad days, as well as good days.

Don't assume the doctor has a good understanding of MS. They may not fully understand how you're affected by your MS unless you make it clear. They might make incorrect assumptions about your abilities unless you tell them otherwise. For example, they might not have seen you getting dropped off right outside the entrance of the examination centre and could assume you were able to walk from the bus stop.

If you can't attend

If you can't attend, you should inform the office arranging the assessment as soon as you can.

If you don't attend, you'll not be eligible for ESA unless you can show you had 'good cause' for not attending.

Good cause may include issues of access, or being unwell on the day of the examination.

If you find the assessment makes you tired or you're beginning to find it difficult to answer because of your MS symptoms, you need to tell the doctor this.

On the next page we'll look at some of the questions you may be asked in relation to the activity headings you responded to in the capability for work questionnaire.

Activity 1: Moving around and using steps

The doctor will usually ask how you get around your home and whether it's all on the same level or if there are stairs you need to climb. If so, how do you manage with these?

They'll probably ask how you got to the examination centre. If you came by bus, they will want to know how far the bus stop is from your home and how you managed to get there (they'll already know the distance between the examination centre and the nearest bus stop). Ensure you let them know about any rests you needed to take on the way, and how long you needed to rest each time.

They may ask how you manage your shopping. For example, the DWP advises doctors that someone who can mobilise round a shopping centre or supermarket is unlikely to have their mobility limited to less than 200 metres. If you do go to the supermarket, let the doctor know if it is just a small local one, and if you have to stop several times to take a rest.

Activity 2: Standing and sitting

With respect to standing, the doctor may ask whether you do the washing up or cooking, and how you manage to stand when doing so. They'll probably ask how you manage with queues in shops or while waiting for public transport. From your answers, they'll gain an impression of your limitations in standing.

Similarly, with respect to sitting, the doctor will usually ask if you watch much TV and whether you could sit through a 30-minute news programme or an hour-long wildlife

documentary. The doctor may ask how you manage sitting in other circumstances, such as using a computer, going to a pub, sitting at mealtimes or travelling in cars or buses. Of course, the doctor will be able to see how you're managing throughout the assessment. Don't be afraid to ask the doctor if you can get up and walk around (or lie down) if you are in pain or discomfort.

If you stated on the questionnaire that you had problems transferring from a wheelchair, the doctor may ask how you manage with similar activities, such as getting on and off the toilet or getting in and out of a car.

Activity 3: Reaching

The doctor will probably ask how you manage with things like dressing and undressing, washing and brushing your hair, shaving, reaching up to shelves and hanging out laundry. At the assessment, they may observe you taking off your jacket or coat, hanging it up and putting it on again afterwards.

Activity 4: Picking up and moving things

The doctor may ask how you manage with cooking, shopping, carrying the laundry or making a cup of tea or coffee. They may observe you picking up and carrying a bag, if you have brought one to the assessment.

Activity 5: Manual dexterity

The doctor may ask whether or not you can fill out forms, use phones, set a house alarm, pay for things with a credit card, cope with buttons or zips, or open jars and bottles. They could ask about your hobbies or leisure activities; whether you read books, do crosswords, knit or play board games. At the assessment they may observe you handling tablet bottles or unbuttoning your cuffs for the medical examination.

Activity 6: Communicating – speaking, writing and typing

The doctor may want to know how you ask for items in shops or pubs, how you manage with buses or taxis or whether you're able to use the phone. They'll also be assessing how easy you are to understand at the assessment. If you know the doctor is able to understand you only because you are having a good day, you need to make this clear to them.

Activity 7: Communicating with you – hearing and reading

The doctor will probably ask you if you have any difficulties in socialising, shopping, using buses or taxis, or taking part in hobbies with other people. They will be able to gauge how well you can hear at the assessment.

Activity 8: Getting around safely

The doctor will ask questions about how you get around, both indoors and out. They'll probably ask you how you got to the examination centre and how you found your way around it. They may ask questions about any problems you have in going shopping, reading, cooking, bathing or caring for children – in each case to get a wider view of your visual problems. They could ask about any falls or accidents you have had.

The doctor will be able to observe you getting round the examination room and might check if you can read any medication labels you have brought in. They may ask you to do a visual field test.

Activity 9: Controlling your bowels and bladder

The doctor will ask how you manage with shopping trips, visits to friends or other social outings, to gain an idea of the frequency and severity of the problem.

Activity 10: Staying conscious when awake

To get an idea of how much risk the fits, seizures or absences pose, the doctor may ask questions about whether or not you still drive, cook or take part in activities such as swimming or contact sports.

Activity 11: Learning how to do tasks

The doctor may ask about how you manage using a TV remote control, a microwave oven, playing CDs, or using a computer to play games. Knowing how to switch a device on and off is not the same having learnt how to use it.

Activity 12: Awareness of hazards or danger

The doctor could ask questions about your road safety awareness; whether or not you still drive or cook; and if you're responsible for children or animals. If you live by yourself, the doctor may want to know how you manage.

Activity 13: Initiating actions

To get an idea of whether you can plan and organise activities, the doctor may ask whether you can make travel arrangements, write shopping lists, organise finances or plan a meal.

Activity 14: Coping with change

The doctor will want to know how you deal with changes to your routine, whether planned (such as hospital appointments) or unplanned (such as train cancellations).

Activity 15: Going out

The doctor may ask how you manage with shopping, attending GP appointments, walking the dog or supervising children outdoors.

Activities 16 and 17: Coping with social situations and behaving appropriately

The doctor may ask about whether you talk with your neighbours, how you use the phone, any hobbies or interests you may have and how you get on with your family. The doctor will see how you interact with them at the assessment – if you're sweating, or appear stressed or timid, for example.

Activity 18: Eating and drinking

The doctor may ask about how you manage at mealtimes. They may ask if you ever go out to eat, and how you manage in those circumstances.

What happens next?

The decisions (technically called 'determinations') – about if you do or don't have a limited capability for work or a limited capability for work-related activity – are not made by the doctor. The doctor will send a report of their assessment findings to a DWP decision maker, who will make the decisions and write to you to inform you of them.

If they decide you don't have a limited capability for work, you'll not be entitled to ESA, unless one of the 'exceptional circumstances' applies. If you're not entitled to ESA, you could challenge the decision or consider claiming Jobseeker's Allowance instead.

If the decision maker decides that you're entitled to ESA but you don't have a limited capability for work-related activity, you'll be placed in the

work-related activity group. If you're placed in this group, you'll receive a lower level of ESA than if you're placed in the support group. As well as this, any award of contributory ESA would be limited to 12 months, and you're often expected to do work-related activity.

If you're not happy with the decision to place you in the work-related activity group, you can challenge the decision.

Exceptional circumstances

There are two types of exceptional circumstances in which you can be treated as having a limited capability for work, even though you haven't scored the required number of points.

The first is that you have a life-threatening illness for which there's no cure or treatment to control it.

The second is there would be a substantial risk to the physical or mental health of you (or someone else) if you were found not to have a limited capability for work. The risk should be linked to the work you could realistically do according to your education and skills.

You can challenge a decision that the exceptional circumstances do not apply.

Challenging decisions

If you disagree with any decision about your claim for ESA, you might be able to appeal to an independent tribunal.

You can appeal against most decisions that are made over the work capability assessment. This includes decisions about whether or not you have a limited capability for work or a limited capability for work-related activity.

You can also appeal against a decision:

- that says you didn't have good cause for failing to send back the capability for work questionnaire or attending the face-to-face assessment
- on exceptional circumstances

However, in all circumstances, you can't appeal unless you have first asked for the decision to be reconsidered.

Reconsiderations

First of all you have to ask the DWP to reconsider the decision before you can lodge a formal appeal. This is known as a mandatory reconsideration. You do this by calling the phone number on your decision letter.

If it's been decided that you don't have a limited capability for work, you won't be entitled to ESA whilst the reconsideration is being dealt with – although you may be able to claim ESA again once your appeal has been accepted later. In the meantime, you may be able to claim Jobseeker's Allowance instead.

Once you have asked for the decision to be reconsidered, if the DWP is unable to change it, they'll write to you to inform you of this. This letter is called a 'mandatory reconsideration notice'. You will then have a month to lodge your formal appeal.

How do I appeal a decision?

To lodge an appeal, you'll need to use an SSSC1 appeal form, which you can get online at the government website, or in paper form from an independent advisory body such as a Citizens Advice Bureau.

You have one calendar month from the date of the mandatory reconsideration notice to lodge your appeal. It is advisable to make a copy of the appeal form before sending it off.

The Disability Law Service has a useful factsheet *Appealing ESA decisions* available from their website.

Limited capability for work appeals

If you're found not to have a limited capability for work, you'll not be entitled to ESA. You can appeal against this decision.

Get the assessment report

Attached to the decision will be a summary of the face-to-face assessment, telling you the activities in which the decision maker decided you had some limitation and the points they allocated. There's a complete list of activity descriptors and points in the pull-out section.

Opting for a hearing

The SSSC1 form will ask you whether you want your appeal to be decided with or without a hearing.

You stand a much better chance of winning the tribunal if you attend the hearing.

Unfortunately, the summary doesn't always identify where there are areas of dispute. In this case, you should ask the DWP to send you a copy of the doctor's report from your work capability assessment. This will allow you to see where you might need to dispute it, or point out misunderstandings.

For example: You may have stated on the capability for work questionnaire that you could not mobilise more than 100 metres before you had to stop due to significant discomfort (worth nine points) and that you couldn't stand or sit for more than an hour before needing to move away (worth six points).

Exceptions

You can't receive ESA while appealing these decisions:

- That you don't have good cause for failing to send back the capability for work questionnaire
- That you don't have good cause for failing to attend the face-to-face assessment

In these situations, you'll need to submit a new claim pending your appeal. Payment of this new claim may be suspended until you return a capability for work questionnaire or attend a face-to-face assessment.

Alternatively, you can sign on for Jobseeker's Allowance pending the appeal.

When you see the doctor's report, you may find they agreed with you on the standing and sitting activity, but thought that you could manage to mobilise between 100 and 200 metres (which would be worth just six points, giving you a total of 12 points). You can then focus on getting evidence to support your view that you can't mobilise for more than 100 metres.

Get medical evidence

Seek medical evidence in advance of the tribunal hearing. Make an appointment with your GP, neurologist or MS nurse and ask them to comment (in writing) on the following:

- Where there is a dispute, what descriptors do they think should apply?
- Is your assessment of your limitations consistent with their understanding of your condition?
- Do any of the circumstances in which you can be treated as having a limited capability for work apply?

It is important that your evidence focuses on these matters, and not simply that you have MS and the treatment you receive.

If your condition has changed since the original decision was made, the tribunal can't take that into account. So make sure your evidence is about your condition as it was at the time of the decision.

Make a copy of your supporting evidence and send it to the tribunal.

Payment while you're appealing

You can normally continue to receive the basic allowance of ESA while appealing against a decision on your limited capability for work. You will need to keep sending in fit notes until the appeal has been heard. If your appeal is successful, you'll receive a back payment for any additional benefit you are entitled to that was not paid before the appeal.

What if I get worse before the appeal is heard?

A tribunal can only look at your situation as it was at the time of the decision you're appealing against. If your condition has deteriorated since then, the tribunal can't take this into account.

To make sure you don't lose out while your appeal is pending, you should inform the DWP that your condition has deteriorated and that you would like them to review the decision. If you have any medical evidence to support your request, forward this to them. They would normally arrange a new work capability assessment to check how you are.

If the DWP decides that you still don't have a limited capability for work at this assessment, you should ask for the decision to be reconsidered. If the decision is not changed on reconsideration, you can appeal against the new decision. You can request that an appeal tribunal hears both appeals together.

At the hearing

The hearing itself should be fairly informal. The chair of the tribunal (known as a judge) will begin by introducing the members of the tribunal and explaining its role. Often, the judge then clarifies what they understand to be the issues (that's, which descriptors are being disputed), to make sure everyone understands what the appeal is about.

To find which descriptors apply to you, the tribunal will often ask you to describe what you do on an average day. Remember to think about your ability to perform each task reliably, safely, repeatedly and at reasonable speed, and the effects of pain, fatigue, and other symptoms.

At the end of the hearing, the judge will usually ask you to leave the room briefly while the tribunal makes its decision, which it can usually give when you come back into the room.

Limited capability for work-related activity appeals

If you're found to have a limited capability for work, but not to have a limited capability for work-related activity, you'll be placed in the work-related activity group. You can appeal against this decision.

Get the assessment report

If none of the activities listed in the pull-out section: 'The limited capability for work-related activity assessment' apply to you, you'll be found not to have a limited capability for work-related activity. But if just one applies, you will pass the assessment. Read the descriptors in the pull-out section first of all, to identify which (if any) apply to you.

You should ask the DWP to send you a copy of the doctor's report from your work capability assessment. This will allow you to see where you might need to dispute it, or point out misunderstandings.

For example: You may consider that the second activity that states 'you can't move between one seated position and another seated position located next to one another without receiving physical assistance from another person' relates to you.

When you see the doctor's report, you may find they observed you rising from your wheelchair to get a glass of water from the table in front of you, and from that had decided that you could manage the activity without assistance.

If, for example, you know the assessment had taken place on a good day and you had taken some propranolol tablets prior to the medical (which had a temporarily beneficial effect on you), you should now try to get evidence to show that you couldn't manage to transfer between seats without assistance on an average day (or for the majority of time).

Get medical evidence

Make an appointment with your GP, neurologist or MS nurse and ask them to comment (in writing) on the following:

- Which of the descriptors (listed in the pull-out section: 'The limited capability for work-related activity assessment') do they think should apply?
- Is your assessment of your limitations consistent with their understanding of your condition?
- Do any of the circumstances in which you can be treated as having a limited capability for work-related activity apply?

If your condition has changed since the original decision was made, the tribunal can't take that into account. So make sure your evidence is about your condition as it was at the time of the decision.

Make a copy of your supporting evidence and send it to the tribunal.

Payment while you are appealing

If you appeal against the decision to place you in the work-related activity group, you will continue to be paid the lower level of ESA.

If the appeal tribunal decides you do have a limited capability for work-related activity, you can be placed in the support group and become entitled to the higher level of ESA. The difference between the two levels of benefit can be backdated.

What if I get worse before the appeal is heard?

The situation is the same as for limited-capability for work appeals - as detailed on page 24.

At the hearing

Hearings follow the same style and format as for limited-capability for work appeals - as detailed on page 24.

Universal Credit

What is Universal Credit?

This is a new benefit for people on a low income or out of work. It's claimed by a household, which could be one person or, if you both qualify for it, a couple. It's paid each month and is 'means-tested' (you need to show your income is low enough). It's taking the place of:

- Income-based Jobseeker's Allowance
- Income-related Employment and Support Allowance (ESA)
- Income Support
- Child Tax Credit
- Working Tax Credit
- Housing Benefit

Universal Credit isn't taking the place of either contributions-based ESA or Personal Independence Payment (PIP).

When does it begin?

Universal Credit is being rolled out for new claimants with health conditions from May 2016 to September 2018. In June 2019 people already on the old benefits (including ESA) will start to move to Universal Credit.

Do I need to do anything now?

If you're already claiming any of the benefits being phased out such as ESA, carry on claiming as normal. You'll be told when you need to do anything differently.

How much you get with Universal Credit

Universal Credit includes a 'standard allowance' for the person claiming it and their partner (if that partner also qualifies for this benefit). How much this is depends on how old you are and whether you're claiming for yourself only or for your partner as well.

On top of the standard allowance you could get more money if:

- you are judged to have a Limited Capability for Work (LCW) or Limited Capability for Work Related Activity (LCWRA). This will cover you if you're sick or disabled, or, if claiming together with your partner, your partner is sick or disabled
- you care full-time for someone who is sick or disabled
- you have a child or children (you'll get extra money if your child's disabled)
- you need help paying rent or your mortgage
- you need help paying for childcare

The LCW and LCWRA parts of Universal Credit are equivalent to the Work-Related Activity Group and Support Group that exist in ESA (see page seven of this booklet). Just like with ESA, what you'll get depends on the results of your Work Capability Assessment. If your assessment finds that you're fit to work you'll only receive the standard allowance of Universal Credit.

What you must do to get Universal Credit

You must sign a 'claimant commitment'. It sets out things such as what you have to do in terms of being available and looking for work, and what will happen ('sanctions') if you break the commitment.

You'll be placed in one of four 'work-related groups'. Each one comes with its own conditions.

Group 1: No work-related requirements
(you don't need to do anything to prepare or look for work)

If your assessment decides that, because of your MS, you have limited capability for work-related activity you should be put in group 1.

Group 2: Work-focused interview only requirement (you don't need to look for work now but must go for interviews with a work coach at a job centre)

Group 3: Work preparation requirement (you don't need to look for work but must do things like write a CV, have interviews with your work coach or go for training or get work experience)

If your assessment decides that, because of your MS, you have limited capacity for work you should be put in group 3.

Group 4: All work-related requirements (you must be available for work, apply for jobs and have job interviews)

If you have MS and you're put in the all work-related requirements group you might be able to restrict how available for work you are.

Getting Universal Credit if you're working

Under various circumstances you or a partner can get Universal Credit if you work but it will be reduced according to how much you're earning.

The carers part of Universal Credit

This will be important for carers of people with MS. You can get this part of the benefit if you qualify for Carer's Allowance, meaning you have 'regular and substantial caring responsibilities' for a 'severely disabled person'. This disabled person must be on the middle or higher rate of the care part of DLA, or the daily living component of PIP, or Attendance Allowance.

For more help understanding Universal Credit

www.gov.uk/universal-credit/

www.citizensadvice.org.uk/benefits/universal-credit/

The government's Universal Credit helpline

Telephone: 0345 600 0723

Textphone: 0345 600 0743

Monday to Friday, 8am to 6pm

Calls can cost 9p a minute from a landline, or between 8p and 40p a minute from a mobile (your phone supplier can tell you how much you'll pay). You can call and ask them to call you back.

Useful organisations

Benefits Shop (Northern Ireland)

Run by the Northern Ireland Department for Social Development, the office can give advice about benefits, including help with completing forms.

Ground Floor Castle Court,
Royal Avenue, Belfast BT11DF

Citizens Advice

Help with welfare rights, housing and disability advice. Local offices are listed in the telephone directory and on the national websites.

To find local offices:
www.citizensadvice.org.uk

DIAL – Disability Information Advice Line

Disability-related advice and information including details on benefits.

In Scotland, see also Update. For details of local DIAls, telephone 01302 310 123 or go to www.scope.org.uk/dial

Government websites

UK Governments' websites that include information on benefits.

England, Scotland and Wales: www.gov.uk
Northern Ireland: www.nidirect.gov.uk

Disability Rights UK

Disability Rights UK provides information on benefits through publications (like the Disability Rights Handbook), and free factsheets from its website. It campaigns for improvements to the social security system. It cannot answer questions over the phone.

020 7250 8181
www.disabilityrightsuk.org

Disability Law Service

National charity providing free, confidential legal advice and support in social welfare and disability discrimination law for disabled people, their families and carers.

The MS Society funds a dedicated MS Legal Officer who can provide legal advice and information.

020 77919800
Minicom 020 77919801
advice@dls.org.uk
Website www.dls.org.uk

Law Centres Network

Law centres provide free advice and representation. The Law Centres Network can give you details of your local law centre in England, Northern Ireland and Wales.

020 3637 1330
www.lawcentres.org.uk

Money Advice Scotland

Includes a section where you can find contact details for free local money advice services including Citizens Advice Bureau and local authority welfare rights service.

0141572 0237
info@moneyadvicescotland.org.uk
www.moneyadvicescotland.org.uk

Disability Information Scotland

Disability related information, advice and signposting in Scotland.

0300 323 9961
www.disabilityscot.org.uk

Further information

Read more

Our free booklets help explain MS, look at its practical and emotional effects, and help you find your own ways to manage life with MS. Information is available in large print, audio format and a number of languages. For copies, email shop@mssociety.org.uk or call 020 8438 0999.

We can help you find and borrow other books, research articles and DVDs about living with MS. Search online or call the librarian on 020 8438 0900.

Find out more online

Get the latest on research, campaigns, and MS news. Chat online with our message boards and Facebook. Follow us on Twitter, see the MS community at Flickr and watch us on YouTube.

Join us

Just by being a member you strengthen the voice of all people affected by MS. For only £5 a year you will receive our national magazines – *MS Matters* and *Research Matters* – local newsletters and details of local events, as well as being able to vote on how we are run. Help us continue our vital work and join online at www.mssociety.org.uk/joinus or by calling 020 8438 0759.

About this booklet

Written by Ian Greaves, Disability Rights UK
With thanks to all those who tested and reviewed this guide.

Disclaimer: We have made every effort to ensure that information in this publication is correct. We do not accept liability for any

errors or omissions, and policy and practice may change. Seek advice from the sources listed.

Suggestions for improvement in future editions are welcomed. Please send them to resources@mssociety.org.uk

This resource is also available in large print format. Call 020 8438 0999 or email shop@mssociety.org.uk

Get in touch

The Freephone MS Helpline offers confidential emotional support and information for anyone affected by MS, including family, friends and carers. Information is available in over 150 languages through an interpreter service.

0808 800 8000 (weekdays 9am-9pm)
or helpline@mssociety.org.uk

Near you

Our volunteers run over 300 local branches and support groups. They provide information about MS and local services, and a chance to meet others affected by MS and take part in a range of activities.

In many parts of the country, you can pick up our booklets at MS Society Info Points. Larger information centres – including ones in our national offices in London, Belfast, Cardiff and Edinburgh (Newbridge) – can help you with information about MS and services in your area.

Or come along to our local and national events and learn more about MS from expert care professionals, researchers and other people with the condition. Find out more online or call your national office.



Contact us

MS Helpline

Freephone 0808 800 8000
(closed on weekends
and bank holidays)
helpline@mssociety.org.uk

MS National Centre

0300 500 8084
info@mssociety.org.uk
supportercare@mssociety.org.uk

Online

mssociety.org.uk
facebook.com/MSSociety
twitter.com/mssocietyuk

MS Society Scotland

0131 335 4050
msscotland@mssociety.org.uk

MS Society Northern Ireland

028 9080 2802
nireception@mssociety.org.uk

MS Society Cymru

0300 500 8084
mscymru@mssociety.org.uk

BK12

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This title will be reviewed within three years of publication

The ESA descriptors



About this section

This section has the descriptors used by the Department for Work and Pensions (DWP) to assess the information you give with your ESA claim.

You might want to look at these when you're completing the capability for work questionnaire or if you need to attend a face-to-face assessment.

To be assessed as having a limited capability for work, you need to score a total of 15 points or more in Activities 1-17.

To be assessed as having a limited capability for work-related activity, you need to match on of the descriptors in the Limited capability for work-related activity assessment

Note: To try and make the capability for work questionnaire easy to complete, the DWP have used different wording to that used in the law. We have kept the official legal wording in this section to make it clearer how the assessor is marking your assessment.

Each of the activities listed - and what is meant by them - is described on pages 12-18 of the main *Claiming ESA* booklet.

Limited capability for work assessment (physical functions)

Activities 1 to 10 cover physical functions. To be assessed as having a limited capability for work, you need to score 15 points or more. Add together the highest score from each activity that applies to you. The scores from these activities can be added together to those in the 'mental, cognitive and intellectual function activities'.

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.

	Points
A Can't 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 Can't, unaided by another person, mount or descend two steps even with the support of a handrail.	9
C Can't, 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 Can't, 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 apply.	0

Activity 2: Standing and sitting

- A Can't move between one seated position and another seated position which are located next to one another without receiving physical assistance from another person. 15
- B Can't, 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 Can't, 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

Activity 3: Reaching

- A Can't raise either arm as if to put something in the top pocket of a coat or jacket. 15
- B Can't raise either arm to top of head as if to put on a hat. 9
- C Can't raise either arm above head height as if to reach for something. 6
- D None of the above apply. 0

Activity 4: Picking up and moving or transferring by the use of the upper body and arms

- A Can't pick up and move a 0.5 litre carton full of liquid. 15
- B Can't pick up and move a one litre carton full of liquid. 9
- C Can't transfer a light but bulky object such as an empty cardboard box. 6
- D None of the above apply. 0

Activity 5: Manual dexterity

- | | | |
|---|--|----|
| A | Can't press a button (such as a telephone keypad) with either hand or can't turn the pages of a book with either hand. | 15 |
| B | Can't pick up a £1 coin or equivalent with either hand. | 15 |
| C | Can't use a pen or pencil to make a meaningful mark with either hand. | 9 |
| D | Can't single-handedly use a suitable keyboard or mouse. | 9 |
| E | None of the above apply. | 0 |

Activity 6: Making self understood through speaking, writing, typing, or other means which are normally, or could reasonably be used, unaided by another person

- | | | |
|---|---|----|
| A | Can't 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 |

Activity 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

- | | | |
|---|--|----|
| A | Can't 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 apply. | 0 |

Activity 8: Navigating and maintaining safety, using a guide dog or other aid if either or both are normally, or could reasonably be, used

- | | | |
|---|---|----|
| A | Unable to navigate around familiar surroundings, without being accompanied by another person, due to sensory impairment. | 15 |
| B | Can't 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 |

Activity 9: Absence or loss of control while 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

- | | | |
|---|---|----|
| 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 apply. | 0 |

Activity 10: Consciousness during waking moments

- | | | |
|---|---|----|
| 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 |

Limited capability for work assessment (mental, cognitive and intellectual functions)

Activities 11 to 17 cover mental, cognitive and intellectual functions. To be assessed as having a limited capability for work, you need to score 15 points or more. Add together the highest score from each activity that applies to you. The scores from these activities can be added together to those in the 'physical function activities'.

Activity 11: Learning tasks		Points
A	Can't learn how to complete a simple task, such as setting an alarm clock	15
B	Can't learn anything beyond a simple task, such as setting an alarm clock.	9
C	Can't 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

Activity 12: Awareness of everyday hazards (such as boiling water or sharp objects)

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

Activity 13: Initiating and completing personal action (which means planning, organisation, problem solving, prioritising or switching tasks)

- | | | |
|---|--|----|
| A | Can't, due to impaired mental function, reliably initiate or complete at least two sequential personal actions. | 15 |
| B | Can't, due to impaired mental function, reliably initiate or complete at least two sequential personal actions for the majority of the time. | 9 |
| C | Frequently can't, due to impaired mental function, reliably initiate or complete at least two sequential personal actions. | 6 |
| D | None of the above apply. | 0 |

Activity 14: Coping with change

- | | | |
|---|--|----|
| A | Can't cope with any change to the extent that day-to-day life can't be managed. | 15 |
| B | Can't 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 | Can't 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 |

Activity 15: Getting about

- | | | |
|---|---|----|
| A | Can't 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 |

Activity 16: Coping with social engagement due to cognitive impairment or mental disorder

- | | | |
|---|---|----|
| 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 apply. | 0 |

Activity 17: Appropriateness of behaviour with other people, due to cognitive impairment or mental disorder

- | | | |
|---|---|----|
| 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 |

Limited capability for work-related activity assessment

If one or more of the following descriptors applies to you, you will be assessed as having a limited capability for work-related activity and will be placed in the support group of claimants.

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

Can't 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.

Activity 2: Transferring from one seated position to another

Can't move between one seated position and another seated position located next to one another without receiving physical assistance from another person.

Activity 3: Reaching

Can't raise either arm as if to put something in the top pocket of a coat or jacket.

Activity 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 [ie this list of descriptors])

Can't pick up and move a 0.5 litre carton full of liquid.

Activity 5: Manual dexterity

Can't press a button (such as a telephone keypad) with either hand or can't turn the pages of a book with either hand.

Activity 6: Making self understood through speaking, writing, typing, or other means which are normally, or could reasonably be, used, unaided by another person

Can't convey a simple message, such as the presence of a hazard.
Can't understand a simple message, such as the location of a fire escape, due to sensory impairment.

Activity 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
Cannot understand a simple message, such as the location of a fire escape, due to sensory impairment

Activity 8: Controlling your bowels and bladder

Absence or loss of control while 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.

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.

Activity 9: Learning tasks

Can't learn how to complete a simple task, such as setting an alarm clock, due to cognitive impairment or mental disorder.

Activity 10: Awareness of hazard

Reduced awareness of everyday hazards, due to cognitive impairment or mental disorder, leads to a significant risk of:

- injury to self or others, **or**
- damage to property or possessions such that the claimant requires supervision for the majority of the time to maintain safety.

Activity 11: Initiating and completing personal action (which means planning, organisation, problem solving, prioritising or switching tasks)

Can't, due to impaired mental function, reliably initiate or complete at least two sequential personal actions.

Activity 12: Coping with change

Can't cope with any change, due to cognitive impairment or mental disorder, to the extent that day-to-day life can't be managed.

Activity 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.

Activity 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.

Activity 15: Conveying food or drink to the mouth

- A Can't convey food or drink to the claimant's own mouth without receiving physical assistance from someone else;
- B Can't convey food or drink to the claimant's own mouth without repeatedly stopping, experiencing breathlessness or severe discomfort;
- C Can't 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.

Activity 16: Chewing or swallowing food or drink:

- A Can't chew or swallow food or drink;
- B Can't chew or swallow food or drink without repeatedly stopping, experiencing breathlessness or severe discomfort;
- C Can't 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.

Notes:

Notes:

Notes:

National MS Helpline

Freephone **0808 800 8000**
(closed weekends and bank holidays)

www.mssociety.org.uk
info@mssociety.org.uk



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