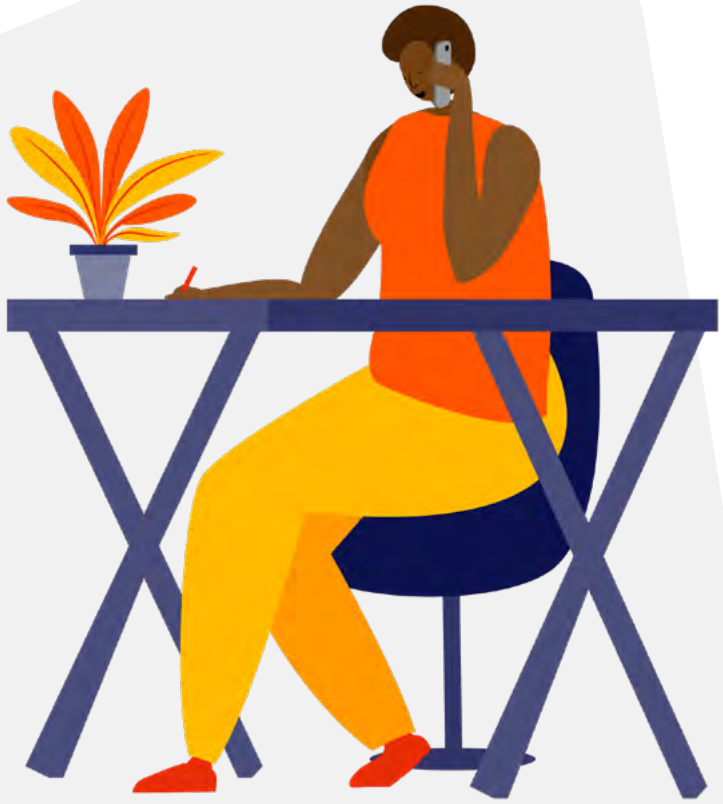
MS Society

The Work Capability Assessment

For ESA and Universal Credit



We're the MS Society and we're here for you. Funding world-leading research, sharing information, making voices heard and campaigning for everyone's rights.

Together we are a community.
And together we will stop MS.

We rely on the generosity of people like you to fund our vital work. If you would like to make a donation, you can do so by:

- Calling us on: **0300 500 8084**.
  Lines are open Monday to Friday, 9am – 5pm
- Visiting us at: **donate.mssociety.org.uk**
- Posting your donation to: MS Society, Carriage House, 8 City North Place, London N4 3FU.
- Please make cheques payable to the 'MS Society.'

MS Society

Contents

Work Capability Assessment descriptors	Insert
Yes, this is a long booklet, but...	4
Support and information	4
Two benefits, one assessment	4
Before the WCA	4
What you're asked to do for the WCA	5
Re-assessment	6
Do I need to do the WCA?	6
Fit notes	6
The WCA decisions - what do they mean?	7
How long does the WCA take?	8
The Health and Work Conversation	8
A guide to the WCA questionnaire	9
A guide to the WCA assessment	23
How and when to challenge a decision	29
Support for you - useful organisations	33

This resource is also available in large print.
Call **0300 500 8084**
Email **shop@mssociety.org.uk**

Yes this is a long booklet, but...

You'll probably use it section by section, whichever fits with where you are in the process. The first part covers some useful things to know before you start.

After that, the colour-coded sections look at the questionnaire, the assessment and challenging a decision.

Support and information

Getting support for your Work Capability Assessment can make a big difference. At the back (page 33) you'll find contact details for organisations who can help with information or advice. Some can even help you fill in the form. And don't forget...

MS benefits advice service

Do you have a question about benefits? We can help. Our MS benefits advice service offers free, confidential advice to people affected by MS across the UK.

You can get in touch with our MS Benefits Adviser by calling our MS Help Hub on **0808 800 8000** or emailing **msbenefitsadvice@dls.org.uk**

Two benefits, one assessment

A benefit is money the government gives to people who are poor, ill, or not in work. Employment and Support Allowance (ESA) and Universal Credit are two such benefits.

If you want one of these two benefits, the Department for Work and Pensions (DWP) uses the Work Capability Assessment – or WCA – to decide if you can have it.

The DWP uses this assessment to decide if you can still get ESA, how much you can get of either ESA or Universal Credit, and if you need to prepare for future work.

This is a guide to that assessment. If you're claiming ESA and Universal Credit, one WCA should cover both.

Before the WCA

The WCA isn't the first step in claiming these benefits. If you haven't already applied (or been asked to complete the WCA), check out our website, or go to gov.uk to see if you might qualify and to start your application. Search that site for 'Universal Credit' or 'ESA' depending on the benefit you want to know about.

If you can't get online, give the MS Help Hub a call on **0808 800 8000**.

In this booklet, we don't go into the amounts you might get, because these can vary. A benefits adviser can explain that in detail, or visit gov.uk or Citizens Advice for the latest figures.

What you're asked to do for the WCA

To complete the WCA, you need to explain how well you can do different activities. This is so the Department for Work and Pensions (DWP) can work out how any health conditions affect the work you could do.

You'll be spending time thinking in detail about what you find hard to do. So it can be stressful, tiring and upsetting.

We hope this guide makes the task a little easier, but the MS Help Hub is also here if you need information or support. They talk to people every week about benefits issues.

MS Help Hub 0808 800 8000

In brief, this is how the WCA works.

You complete a questionnaire,

describing how MS affects you.

You attend your assessment

(the assessment is with a health care professional)

The assessment can take place over the phone, by video call or face-to-face at an assessment centre.

Then a DWP decision maker decides if you:

Qualify for ESA or extra disability support on Universal Credit

Get a higher or lower amount of the benefit you've applied for

Have to do any activities to find future work (you will if you get the lower amount)

To do this, they look at your questionnaire answers, any medical evidence and the assessor's report from the assessment.

You get a letter with their decision.

See page 29 if you think you should challenge a decision.

Re-assessment

You might be re-assessed some time in the future. That's why we suggest you keep copies of everything. According to the UK government, you won't keep being re-assessed if:

- you have a severe life-long disability, illness or health condition and
- you're unlikely to ever be able to move into work

If you've been getting the benefit since before October 2017, there'll be a final assessment to see if both of these apply. Re-assessments check if your circumstances have changed. This might affect your benefits. A benefits adviser like the ones in the MS Help Hub can explain how changes could affect you. For the latest news about re-assessments, see our website or call the MS Help Hub.

Do I need to do the WCA?

You shouldn't have to complete the questionnaire or the assessment to get the benefit if certain circumstances apply to you. These include:

- you have a terminal illness and reasonably expect to die within six months
- you're pregnant and there would be a serious risk to the health of you or your child if you worked or did any work-related activity

Get full details of all the circumstances from disabilityrightsuk.org, or speak to a benefits adviser.

You should have been asked about this when you first applied, but you can tell the DWP by phone or letter later if you need to. You can challenge a DWP decision about these circumstances, just as you can for other decisions (see page 29).

Fit notes

If you've been unable to work for more than seven days, you have to forward a medical certificate ('fit note') from your doctor to the office dealing with your application. You should have been sent an envelope to do this when you first claimed.

It is important to keep fit notes up to date. So ask your doctor for a new one well before the old one runs out. You have to keep sending in sick notes until you've finished the WCA.

The WCA decisions. What do they mean?

Unfortunately, this is where the unavoidable jargon really starts. But you might need to use these words if you have questions about the process, or want to challenge a decision (see page 29).

Decision: you are fit for work

ESA

You won't continue to get it. You might be able to claim the basic allowance of Universal Credit.

Universal Credit

Your payments will not increase. You will probably be expected to actively look for work.

Decision: you have limited capability for work

ESA

You get it at the lower rate. To keep getting it, you'll be expected to prepare for work at some time in the future. This could be, for example, by doing training courses and interviews. You might hear this described as being put in the 'work-related activity group'. If you get 'new style ESA' or 'contribution-based ESA', you can only get it for up to 12 months. The benefit cap may affect how much you get. This cap puts a limit on the total amount of benefits you can have.

Universal Credit

Your payments will not increase. You'll probably be expected to prepare to work at some time in the future (for example, by doing training courses and interviews). The benefit cap may affect how much you get. This puts a limit on the total amount of benefits you can have.

Decision: you have a limited capability for work-related activity

ESA

You get it at the higher rate. You won't be asked to look for work or prepare for work. You might hear this described as being put in the 'support group'. The benefit cap, which limits total benefits for most people, won't apply.

Universal Credit

You can get an extra amount in your Universal Credit payments – the 'work 'capability element'. You won't be asked to look for work or prepare for work. The benefits cap, which limits total benefits for most people, won't apply.

How long does the WCA take?

ESA

The WCA should happen within 13 weeks of your claim being approved.

Universal Credit

The WCA should happen within three months of your first 'fit note' from your doctor. Read more about fit notes on page 6.

For either benefit, though, there might be delays. These can last for several weeks or even months.

Returning the questionnaire

When you get the WCA questionnaire, you'll have about four weeks to return it. The date will be on the letter that comes with it. If that's impossible because, for example, you or your carer are ill, let them know as soon as possible. The DWP contact details will be on the letter.

Filling in the questionnaire

Start the process as early as you can. Even with breaks it often takes several days to fill it in. And you'll also need to spend some time gathering information and documents to support what you write. This could include getting letters from your doctors or MS nurse.

The Health and Work Conversation

As well as the WCA, most people need to attend a Health and Work Conversation at the jobcentre.

This is a meeting with a work coach to discuss the support you might need to find work. If you're told you need to attend one, if you don't go, your payments could be affected. Let the DWP know as soon as possible if travelling to the jobcentre is not practical.

All of this is likely to happen around four weeks after your claim - before your WCA is complete. Although the meeting is compulsory, you don't have to talk about your health if you don't want to. You also don't have to carry out any actions agreed at this meeting. It's to discuss options. What you discuss isn't shared with the people doing your WCA.

A guide to the WCA questionnaire

The questionnaire has lots of names, including an ESA50, a UC50 and the capability for work questionnaire. Rather than complicate things further, we'll call it 'the form'

Tips for completing the form

You might want someone to support you when you complete the form (or during the assessment). You can ask a friend, family member, or support worker to help you. For organisations who can help, see page 33.

Allow plenty of time. You'll need to return the form within four weeks of it being sent to you.

Take breaks. You don't need to do it all at once. Come back to it another day.

If it helps, when you fill in the paper form, you can write in pencil first before finally using a pen.

If you prefer to type your answers, include your name and National Insurance number on every sheet of paper. Of course, make sure it's clear which questions you're answering. It's fine to have an almost blank form that you sign, along with all your typed up answers on separate sheets.

Keep a copy of everything you send in, so that you've got a record.

Don't assume the person reading the form knows about MS or how it affects you. Only you know this. So mention things even if they seem obvious, and include as much detail as possible. If things apply to more than one question, repeat yourself, or refer back to your earlier answer.

If you need to say more than you can fit on the paper form, use extra paper.

The form says you don't need to gather evidence from your doctors if you don't already have this to hand. But MS is a complex, changeable condition, so it actually makes sense to ask your doctor or MS nurse for a letter. They can explain how MS affects your ability to do the activities on the form. Many GP surgeries make a charge for these kinds of letters.

Call the MS Help Hub if you need to talk something through or find out more: **0808 800 8000**.

How does the decision maker use the form?

They score the completed form using 'descriptors'. These are sentences that describe how well you can do the different activities on the form.

They apply these descriptors to the form, the assessment and any medical evidence. And from that, they make their decision (see page 5 for a reminder of the decisions).

The WCA descriptors

We've put all the descriptors in the insert that came with this booklet, so you can see the kind of things they're looking out for. You might find them handy if you need to challenge a decision.

Is this too much detail?

If you can't face looking at yet another booklet while you're trying to get your head round the form, feel free to skip the detail about the descriptors and go straight to the page opposite. The detail is here if you need it.

Two sets of descriptors

There are two sets of WCA descriptors. They're used to decide different things.

First set: Descriptors that score points

These are used to decide if you have a 'limited capability for work'.

One descriptor is chosen for each activity, based on the answers you give. A total of 15 points or more means you have a limited capability for work.

L ess than 15 in total means you're 'fit for work'.

Scoring points for what you can't manage can feel like a very negative thing to do. But be clear on the form about the difficulties you experience so that you're assessed accurately.

Second set: Descriptors without points

These are used to decide if you have a 'limited capability for work-related activity'.

If one or more of these descriptors apply to you, you'll get a higher amount of benefit and you won't be expected to prepare for work.

Similarities between the two sets

The second set of descriptors are mostly the same as the top 15-point descriptors from the first set.

So if you score 15 in a single Activity in the first set, that would usually mean you also have a 'limited capability for work-related activity'.

But there are some exceptions, and as we go through the Activities we point these out.

The numbering of the second set

The numbering of the second set doesn't match the form you're filling in. It's because they don't apply to every Activity on the form.

As we go through the Activities one by one, we point out where there are differences in the Numbering. This will help you keep track.

The first seven pages

The first seven pages mainly ask for general information, like your name and date of birth. But there are a few things worth pointing out.

You'll need the name and address of your GP, and probably also for your neurologist and MS nurse.

You'll also need details of any medications or treatments you use, and any side effects you get.

When you're asked to describe your 'disabilities, illness or health conditions', this can be a brief summary, but do say how MS and any other health conditions affect you. List all your MS symptoms, such as pain, fatigue, dizziness, balance, mobility issues, depression, bladder problems, and so on. The detail comes later in the form.

The form asks for 'other people who know the most about your disability, illness or health condition'. You could list health care professionals who know you, such as your MS nurse, neurologist or GP. You can add a carer if you have one.

For every Activity - cut out and keep handy

You might want to cut out this page and keep it handy while you complete the form, to check you're not missing anything.

"Without difficulty"

For each Activity, the form first asks if you can do it without difficulty.

Before you answer, read all the other options below it. That way you have a good idea of what they mean by 'without difficulty'.

Only answer yes if...

At the top of each page, the form reminds you to:

"Only answer Yes to the following questions, if you can do the activity **safely**, to an **acceptable standard**, as often as you need to and in a **reasonable length of time**."

This is important and applies to all the Activities. The form is asking what you can do when you use your usual aids or appliances (like glasses or a walking stick). But things like safety, tiredness, pain and discomfort could all mean it's not reasonable for you to do something.

Explain - for every Activity

Use the boxes under each activity to explain how you might be affected if you try to do something.

We mention specific things to explain as we go through the Activities one by one. But this list applies to them all.

Risks

Are there any risks in trying to do the task?

Accidents

Have you had accidents or injuries when you've tried it before?

Symptoms

Explain which symptoms make an activity difficult for you. If it's more than one, list them.

Exhaustion or pain

Does exhaustion or pain affect how you can manage the task? Explain how often you'd need to rest and if you use painkillers, or other medicines and treatments. If you do, say whether they affect your ability to complete tasks effectively.

Different days

If your condition varies, try to give an idea of how many days each week you could do the task and how many you couldn't. Tell them about what happens on your worst days as well as your good days. Be honest, of course, but realistic too.

Step by step: Activities 1-18

Activity 1: Moving around and using steps/stairs

Two tasks:

First task - How far you can move safely and repeatedly on level ground without needing to stop?

This isn't just about walking. Moving includes using aids such as crutches, a walking stick or a manual wheelchair. It doesn't include electric wheelchairs.

So, if you can move more than 200 metres before needing to stop using crutches, a stick or a manual wheelchair, you wouldn't pick up any points for that.

Explain

If you have difficulty walking, but you don't use a manual wheelchair because it wouldn't make getting around any easier for you, explain why. For example, fatigue or coordination problems might mean a wheelchair doesn't or wouldn't help. An assessor might otherwise think you could manage more than 200 metres if you used a wheelchair.

The form is asking about what you can do in an indoor working environment like an office. So it isn't useful to tell them if it's your home that's not adapted for a wheelchair.

If you're not sure how far you can move, you should test yourself.

- they're interested in how you are on most days. So test yourself on an average day. If your condition varies, testing yourself on a good day won't give a true result. Neither will doing it at times of the day when you find it easier to move about
- it helps if you have someone with you, to measure the distance in paces. To give you some idea: four steps by an average healthy man is about three metres
- time how long it takes you to cover the distance

Make a note if you stumble or trip.

Second task - Can you go up or down two steps without help from another person, if there's a rail to hold on to?

Explain

Let them know if you get any pain if you try to use steps, or any other symptoms that affect how you can manage them.

If you've had any accidents or injuries when using steps, make you sure you include that information.

Remember that if you use a mobility aid, you need to get this safely up and down steps as well as yourself.

Before you answer, check back with 'Only answer yes if...' and 'Explain – for every Activity' (pages 11 and 12).

Activity 2: Standing and sitting

Two tasks:

First task. Can you move from one seat to another right next to it without help from someone else?

This might apply if you're a wheelchair user and need help to transfer from the wheelchair.

If you can use simple aids on your own, such as a transfer board, that's classed as being able to transfer without help. If you need more elaborate apparatus, such as a hoist, that will be classed as needing help.

Explain

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.

Second task. While you are standing or sitting (or a combination of the two), how long can you stay in one place and be pain free without the help of another person?

You're not expected to stay completely still, and you can change position.

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

▶ Explain

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

Activity 3: Reaching

Two tasks:

First task. Can you lift at least one of your arms high enough to put something in the top pocket of a coat or jacket while you are wearing it?

Second task. Can you lift one of your arms above your head?

Both are about reaching upwards, not about manual dexterity (which means how well you can use your hands). This is covered later in Activity 5.

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

▶ Explain

If you can't lift either arm to the top of your head, as if you were putting on a hat, you should write this down.

Before you answer, check back with 'Only answer yes if...' and 'Explain – for every Activity' (pages 11 and 12).

Activity 4: Picking up and moving things

Three tasks:

First task. Can you pick up and move a half-litre (one pint) carton full of liquid using your upper body and either arm?

Second task. Can you pick up and move a litre (two pint) carton full of liquid using your upper body and either arm?

Third task. Can you pick up and move a large, light object like an 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. And this task doesn't include standing, sitting, bending or kneeling.

▶ Explain

Tell them if you need to use both arms.

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've dropped objects of a similar size in the past, write down what happened. This might show that you can't perform the task 'reliably'.

Activity 5: Manual dexterity (using your hands)

One task:

Can you use either hand to:

- **press a button, such as a telephone keypad**
- **turn the pages of a book**
- **pick up a £1 coin**
- **use a pen or pencil**
- **use a suitable keyboard or mouse?**

It's the physical actions that matter here, like being able to press buttons, turn pages or pick up a coin. It's not about whether you can read or understand how to use a computer.

If you can do something effectively with one hand but not with the other, this doesn't score points.

▶ Explain

If you're typing this form or using dictation software because writing is difficult, let them know.

Tell them how long you have spent completing the form, and what breaks you've needed to take.

As well as checking if anything applies from 'Only answer yes if...' and 'Explain – for every Activity' (pages 11 and 12), have a look at the example responses below.

Example responses. Activity 5

"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'm 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. So I wear clothes that don't 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!"

Activity 6: Communicating – speaking, writing and typing

One task:

Can you communicate a simple message to other people such as the presence of something dangerous?

This could be relevant if your MS has started to affect your speech and if you also have difficulties with writing or typing. It's assumed you're using the same language as the person you're communicating with, and that they can understand your accent or dialect.

▶ Explain

Explain on the form if you struggle to communicate in any way. Tell them if you have difficulty finding the correct words, if your speech is slurred or slow, or if it varies in pitch and tone so that it's difficult to understand.

If you have difficulty speaking, you'll also need to explain why you can't write or type the message.

If you have problems with your dexterity (use of your hands), you can refer to what you have already put in Activity 5, without having to write it all again.

A note about the descriptors

In the first list of descriptors, there are two which score 15 points for this Activity. Only the top one qualifies you for 'limited capability for work-related activity' (the higher amount, and no duty to prepare for work).

Activity 7: Communicating – hearing and reading

Two tasks:

First task. Can you understand simple messages from other people by hearing or lip reading without the help of another person? A simple message means things like someone telling you the location of a fire escape.

Second task. Can you understand simple messages from other people by reading large size print or using Braille?

This activity could be relevant if you have problems hearing and/or seeing.

▶ Explain

Before you answer, check back with 'Only answer yes if...' and 'Explain – for every Activity' (pages 11 and 12).

A note about the descriptors

In the first list of descriptors, there are two which score 15 points for this Activity.

Only the top one qualifies you for 'limited capability for work-related activity' (the higher amount, and no duty to prepare for work).

Activity 8: Getting around safely

Two tasks:

First task. Can you see to cross the road safely on your own?

Second task. Can you safely get around a place that you haven't been to before without help?

This could apply if you have problems seeing. For example, you might have optic neuritis or double vision.

▶ Explain

If your eyesight has only recently got worse, this might have affected your confidence. This should be taken into account.

Let them know if your vision varies during the day, or if it gets worse when you're hot, stressed or you have fatigue.

Provide details if you've had any issues trying to get around on your own. This could be like bumping into things or people, getting lost, or incidents with traffic.

Let them know if you've had your driving licence taken away because of your eyesight.

Example response. Activity 8

"My eyesight has been affected by optic neuritis. I've 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 can't 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's not so bad during the morning, but gets worse as the day goes on. It's 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's coming straight at me.

As a result I don't try to cross busy roads without someone with me. And if I leave the house to go somewhere unfamiliar, I take someone with me."

A note about the descriptors

Activity 8 is not assessed for 'limited capability for work-related activity' (the higher amount, and no duty to prepare for work). You can still score points from the first set of descriptors for 'limited capability for work'.

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

One task:

Do you have to wash or change your clothes because of difficulty controlling your bladder, or bowels, or because of a collecting device? Collecting devices include stoma bags and catheters.

This can be one of the hardest parts of the form to complete as the questions are very personal. Try to put as much information down as you can. The form is confidential, so the information won't be shared outside of this assessment.

▶ Explain

There's no need to tell them about bladder incontinence that happens when you sleep, nor about small leaks that continence pads can deal with. These issues are ignored by the assessment.

But do tell them about precautions you've tried to take to manage bladder or bowel problems when you're awake - and why these might not always work.

Explain if you need to go often, and if it's difficult to hold on when you need to go.

A note about the descriptors

The wording in the two sets of descriptors don't match.

You can get 15 points and qualify as having a 'limited capability for work' if there's an extensive evacuation, voiding or leakage of your bowel or bladder at least once a month.

If this happens at least once a week, you also qualify as having a 'limited capability for work-related activity'.

The descriptor that applies from the second set is labelled 'Activity 8'.

Activity 10: Staying conscious when awake

One task:

While you are awake, how often do you faint or have fits or blackouts? This includes epileptic seizures such as fits, partial or focal seizures, absences and diabetic hypos.

It's not always easy to know which symptoms this covers. The DWP say this Activity relates to:

"Any involuntary loss or alteration of consciousness resulting in significantly disrupted awareness or concentration."

And only if the seizures happen during the hours when you're usually awake.

This DWP definition doesn't include giddiness, dizziness or vertigo unless they're part of an epileptic or similar seizure.

▶ Explain

If you have symptoms that seem to match the definition, you should write it here. Explain how they affect you and how often. If you're not sure if your symptoms fit the definition, explain them in case they do.

A note about the descriptors

Activity 10 is not assessed for 'limited capability for work-related activity' (the higher amount, and no duty to prepare for work). You can still score points from the first set of descriptors (for the 'limited capability for work').

Activities 11-17

The following Activities ask about mental, cognitive and intellectual activities. Some people find this section particularly hard to complete.

Take your time to fill it in, and take breaks when you need to.

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 Help Hub or use the online forums at mssociety.org.uk

Activity 11: Learning how to do tasks

Two tasks:

First task. Can you learn how to do an every day task like setting an alarm clock?

Second task. Can you learn how to do a more complicated task like using a washing machine?

This Activity focuses on learning (and remembering) how to do things. It could be relevant if MS has affected your memory, or how you understand language ('receptive dysphasia').

Don't tick yes if you can learn that kind of task one day, but will have forget how to do it by the next day. The assessment counts this as not being able to learn it.

In the descriptors, they describe the two types of task as: 'simple' and 'moderately complex'.

A simple task is one involving one or two steps, like the example of setting an alarm clock.

A moderately complex task could involve three or four steps. The example given is operating a washing machine. Other examples mentioned in their WCA handbook include playing CDs on a stereo, using a microwave, and playing a computer game.

▶ Explain

Let them know if you can learn a moderately complex task, but nothing more complex. More complex might be a task involving five or more steps, such as setting up a DVD player and programming the channels.

Give examples of the kinds of tasks you would have problems learning. These could be tasks that you've tried to learn recently, but haven't managed.

Tell them if you can learn a task but need to use 'workarounds', like making extensive notes or leaving reminder notices everywhere.

Example responses. Activity 11

"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 my MS fatigue is bad, 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."

A note about the descriptors

The descriptor that applies from the second set is labelled 'Activity 9'.

Activity 12: Awareness of hazards or danger

One task:

Do you need someone to stay with you for most of the time to stay safe?

This might be relevant if MS has affected your memory or concentration.

▶ Explain

Mention any accidents and injuries you have had because you haven't been aware of a danger. Examples could be crossing the road or handling sharp objects.

A note about the descriptors

The descriptor that applies from the second set is labelled 'Activity 10'.

Activity 13: Starting and finishing tasks

One task:

Can you manage to plan, start and finish daily tasks?

This looks at your ability to start and complete 'personal actions', without being prompted by someone else.

Personal actions include:

- making travel arrangements
- planning a simple meal
- writing shopping lists
- organising finances

▶ Explain

Let them know if you have difficulties because of memory loss, poor concentration, confusion or severe depression. And mention these whether it's caused by the MS itself or it's because of any medication.

Don't explain physical difficulties you have as they won't be taken into account. But do explain if, for example, fatigue affects how you can think through these daily tasks.

Give examples of the kind of things you're no longer able to finish.

A note about the descriptors

The descriptor that applies from the second set is labelled 'Activity 11'

Activity 14: Coping with changes

Two tasks:

First task. Can you cope with small changes to your routine if you know about them before they happen? For example, this might be things like having a meal earlier or later than usual, or an appointment time being changed.

Second task. Can you cope with small changes to your routine if they're unexpected? This means things like your bus or train not running on time, or a friend or carer coming to your house earlier or later than planned.

It's not relevant for the assessment if you 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 cannot be managed'.

Explain

Give examples of how your life is made 'significantly more difficult' when these kind of changes occur.

Example responses – Activity 14

"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. Although I thought I changed the appointment in my diary, I arrived on the wrong day."

A note about the descriptors

The descriptor that applies from the second set is labelled 'Activity 12'.

Activity 15: Going out

Two tasks:

First task. Can you leave home and go out to places you know?

Second task. Can you leave home and go to places you don't know?

This is about you going out on your own, and any issues with getting disorientated, anxious or agoraphobic (a fear of situations where you feel you can't get away).

Explain

Don't include any problems with your eyesight or other physical issues as they won't be taken into account.

But do mention any symptoms that affect your mental state in these situations.

How you get around is also not taken into account. For example, you would not score points if you can't use public transport, but could manage to get there by yourself in a different way.

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

Give details of any incidents if you've tried to go somewhere on your own in the past. Describe how you felt.

A note about the descriptors

Activity 15 is not assessed for 'limited capability for work-related activity' (the higher amount, and no duty to prepare for work). You can still score points from the first set of descriptors.

Activity 16: Coping with social situations

Two tasks:

First task. Can you meet people you know without feeling too anxious or scared?

Second task. Can you meet people you don't know without feeling too anxious or scared?

This might be relevant if you have severe anxiety, have panic attacks or agoraphobia. It looks at a 'significant lack of self-confidence', rather than being shy.

It could also apply if you have problems relating to people because of memory loss or poor concentration.

Explain

Before you answer, check back with 'Only answer yes if...' and 'Explain – for every Activity' (pages 11 and 12).

A note about the descriptors

The descriptor that applies from the second set is labelled 'Activity 13'.

Activity 17: Behaving appropriately

One task:

How often do you behave in a way which upsets other people? For example, this might be because your disability, illness or health condition means you behave aggressively or act in an unusual way.

This could be relevant if, for example, MS has affected your inhibitions, or how you can control your emotions.

Explain

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

A note about the descriptors

In the first list of descriptors, two score 15 points for this Activity. Only the top one qualifies you for 'limited capability for work-related activity' (the higher amount, and no duty to prepare for work).

The descriptor that applies from the second set is labelled 'Activity 14'.

Activity 18: Eating and drinking

Two tasks:

First task. Can you get food or drink to your mouth without help or being prompted by another person?

Second task. Can you chew and swallow food or drink without help or being prompted by another person?

Explain

Mention any symptoms that stop you doing the tasks. For example, it could be spasm or tremor, poor coordination or problems with grip, or a combination of symptoms.

Tell them if you manage without help, but need to keep stopping. Explain why too. For example, it might be because your spasm or tremor is worse, or because chewing or swallowing is difficult.

A note about the descriptors

Activity 18 is only assessed with the second set of descriptors. The descriptors that apply are labelled 'Activity 15 and Activity 16'. If any of them apply, you'll qualify as having a 'limited capability for work-related activity'.

Returning the form

Once it's complete, sign and date the declaration at the end. For your own records, scan or photocopy it, or take a photo with a mobile phone.

If you have any recent reports on your condition from your GP, neurologist or MS nurse, attach copies of these to the form. Keep the originals.

If you can, send it from the Post Office and get a receipt. You can use recorded or signed-for delivery too, but the most important thing is to have copies of everything you send.

Make sure you return it within the time limit (normally four weeks). Send medical evidence later on if you have to, rather than missing the deadline.

What happens next?

An assessor looks at your completed form. They'll consider all the evidence on your claim.

They might request further information from your GP, neurologist or MS nurse. They usually also ask you to attend an assessment.

A guide to the WCA assessment

This guide explains what you can expect at an assessment.

Who carries out the assessment?

The assessor will be a health care professional. They work for a company on behalf of the Department for Work and Pensions (DWP).

They might be a nurse, physiotherapist, occupational therapist or doctor. To avoid confusion, we'll just call them the assessor.

They write a report for the decision maker. They can make recommendations, but the DWP decision maker decides on the outcome.

A copy of the assessor's report
You can get a copy of the assessor's report after they've sent it to the DWP. This could be useful if you disagree with anything in it, or for future reference. They won't send it automatically, so ask the DWP office handling your claim.

Where does it happen?

This assessment can be done by phone, video call or at an assessment centre (usually a Jobcentre or local hospital). If asked to attend an assessment centre, you shouldn't have to travel more than 90 minutes each way by public transport.

If you can't do the assessment the way they've told you, you can ask if they'll do it a different way. You can also ask for other adjustments, or take someone with you to the assessment.

If you can't do a phone or video assessment, or go to an assessment centre, you can ask for an assessor to come to your home. You'll need to give them evidence to show why you need this. For example, you could give them a letter from your GP or another medical professional.

Arranging the assessment

Unless you agree differently, they have to give you seven days' notice by letter or phone of where and when the assessment will take place.

If you can't attend, as soon as you can let the office arranging the assessment know. It's usually not a problem to rearrange it if the first date they give isn't convenient. But if you don't attend, you'll not qualify for ESA. The DWP will assume you can work unless you can show you had 'good cause' for not attending. 'Good cause' may include being unwell on the day of the assessment, or it was somewhere you couldn't get to.

You can have someone with you
You might find it helpful to have someone with you during the assessment. This could be a relative, friend or support worker. They can help fill in any gaps in what you tell the assessor. On page 33 are organisations who can also support you with your claim.

Before the assessment begins

If you have an assessment over the phone or by video, make sure you're ready to take this at the agreed time. If your assessor doesn't call, tell the Health Assessment Advisory Service. You should also tell the DWP. Add a note in your online account. If you don't have one, call the Jobcentre Plus or Universal Credit helpline.

At a face-to-face assessment, you might have to wait some time before being seen. When the assessor is ready, they'll come to get you from the waiting area to take you into the assessment room.

The assessment has already started by this point. It gives the assessor a chance to watch how you rise from a chair, walk and sit down again, or how you manage with a wheelchair.

What happens in the assessment?

The assessor will identify the descriptors they think apply to you. Remember, this includes anything they observe before you enter the room.

They'll ask questions about your daily activities, including hobbies and leisure. They'll also observe how you manage during the assessment itself. They might give you a medical examination.

If you don't understand a question or why they're asking it, ask for an explanation. And ask if you need them to repeat it, for whatever reason. If you need a few moments' break, just ask.

If you need to complain

During the assessment you can complain to the assessor if you feel there's a problem. If the assessor can't sort things out, they should give you a brochure which explains how to complain after the assessment.

If you need to complain at another time, contact the office you've been dealing with. You can contact them by phone, in person or in writing. Universal Credit claimants can also use their journal.

▶ Explain - in detail

It's not always easy, but explain your difficulties as fully as you can.

- tell them about any pain or exhaustion you feel, or would feel, while carrying out tasks
- make it clear how things are both on the day of the assessment and over time
- let them know what you're like on bad days, as well as good days
- consider how you'd feel if you had to do the same task several times
- try not to overestimate how well you can do something
- don't assume the assessor has a good understanding of MS. They might not fully understand how MS affects you unless you make it clear
- they might make incorrect assumptions about what you can do unless you tell them differently. For example, they might not have seen you getting dropped right outside the entrance of the assessment centre and might assume you were able to walk from the bus stop
- tell the assessor if you find the assessment makes you tired or you're beginning to find it difficult to answer because of your MS symptoms. You can ask for a break

Questions you might be asked

This section looks at some of the questions you might be asked, and things the assessor might observe. They relate to the Activity headings in the form you filled in.

This is not a complete list of word-for-word questions you could be asked, but they give an idea of what's likely.

Activity 1: Moving around and using steps

Q How do you get around your home?

Q Is it all on the same level or are there stairs you need to climb? If so, how do you manage with these?

Q How did you get to the assessment centre? If you came by bus, how far is the bus stop from your home, and how did you manage to get there?

▶ Explain

Tell them about any rests you needed to take on the way, and how long you needed to rest each time.

Q How do you manage your shopping?

▶ Explain

The DWP advises assessors that someone who can get around a shopping centre or supermarket can likely manage more than 200 metres.

If you do go to the supermarket, tell them if it's just a small local one, or if someone else goes with you to help you get about. And tell them if you have to stop several times to take a rest, and why.

Make it clear how you'd get around. For example if you'd use a scooter or have someone push you in a manual wheelchair.

Activity 2: Standing and sitting

Q Do you do the washing up or cooking? If so, how do you manage to stand for this?

Q How do you manage with queues in shops or while waiting for public transport?

Q Do you watch much TV?

Q Could you sit through a 30 minute news programme or an hour long wildlife documentary?

Q How do you manage sitting in other circumstances, such as using a computer, going to a pub, sitting at mealtimes or travelling in cars or buses?

Assessor's observations

In a face-to-face assessment, the assessor will be able to see how you're managing to sit throughout the assessment.

▶ Explain

If you're in pain or discomfort, don't be afraid to ask the assessor if you can get up and walk around or lie down.

Q If you wrote on the form that you had problems transferring from a wheelchair, the assessor might ask how you manage with similar activities. This might be things like getting on and off the toilet, or getting in and out of a car.

Activity 3: Reaching

Q How do you manage with things like:
- dressing and undressing
- washing and brushing your hair
- shaving
- reaching up to shelves
- hanging out laundry?

Assessor's observations

In a face-to-face assessment, they might observe you taking off your jacket or coat, hanging it up and putting it on again afterwards

Activity 4: Picking up and moving things

Q How do you manage with:
- cooking (lifting or moving pans or crockery)
- shopping
- carrying the laundry
- making a hot drink?

Assessor's observations

They might observe you picking up and carrying a bag if you bring one to a face-to-face assessment.

Activity 5: Manual dexterity

Q Can you:-
- fill out forms
- use phones
- set a house alarm
- pay for things with cards or cash
- cope with buttons or zips
- open jars and bottles?

Q What do you do for hobbies or leisure? For example, do you:
- read books
- do crosswords
- knit
- play board games?

Assessor's observations

In a face-to-face assessment, they might observe you handling tablet bottles or unbuttoning your cuffs for the medical examination.

Activity 6: Communicating – speaking, writing and typing

Q How do you ask for items in shops or pubs?

Q How do you manage with public transport or taxis?

Q Can you use the phone?

Assessor's observations

They'll also be assessing how easy you are to understand. If you know the doctor can understand you only because you're having a good day, make this clear to them.

Activity 7: Communicating with you – hearing and reading

Q Do you have any difficulties:
- socialising
- shopping
- using buses or taxis
- taking part in hobbies with other people?

Assessor's observations

They will be able to gauge how well you can hear at the assessment.

Activity 8: Getting around safely

The assessor will ask questions about how you get around, both indoors and out, thinking about any visual problems.

Q How did you get to the assessment centre?

Q How did you find your way around the assessment centre?

Q To get a wider view of problems with your eyesight, do you have any difficulties:
- going shopping
- reading
- cooking
- bathing or caring for children?

Q Have you had any falls or accidents?

Assessor's observations

In a face-to-face assessment, they can see how you get round the assessment centre. They might check if you can read any medication labels you've brought in. They might ask you to do a visual field test. This checks how well you can see things around the edges of your vision.

Activity 9: Controlling your bowels and bladder

The assessor might want to get an idea of how severe problems are, and how often they happen.

Q How do you manage with:
- shopping trips
- visits to friends or other social outings?

Activity 10: Staying conscious when awake

They might want to understand how much risk any fits, seizures or absences pose.

Q Do you still drive?

Q Do you cook?

Q Do you take part in activities like swimming or contact sports?

Activity 11: Learning how to do tasks

Q How do you manage using:
- a TV remote control
- a microwave
- a CD player
- a computer to play games?

Knowing how to switch a device on and off is not the same as having learnt how to use it.

Activity 12: Awareness of hazards or danger

The assessor could ask questions about your road safety awareness. They could ask other questions.

Q Do you still drive?

Q Do you still cook?

Q Are you responsible for children or animals?

If you live by yourself, the assessor may want to know how you manage.

Activity 13: Initiating actions

- **Q** Can you make travel arrangements?
- **Q** Can you write shopping lists?
- **Q** Can you organise finances?
- **Q** Can you plan a meal?

Activity 14: Coping with change

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

Activity 15: Going out

- **Q** How do you manage with:
  - shopping
  - attending GP appointments
  - walking the dog
  - supervising children outdoors?

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

- **Q** Do you talk with your neighbours?
- **Q** How do you use the phone?
- **Q** Do you have any hobbies or interests?
- **Q** How do you get on with your family?

Assessor's observations

The assessor may make observations about how you interact with them at the assessment. Examples could be if you're sweating or you appear stressed or timid.

Activity 18: Eating and drinking

- **Q** How do you manage at mealtimes?
- **Q** Do you ever go out to eat? If so, how do you manage then?

What happens next?

The assessor sends their report to a decision maker. The decision maker will write to tell you what they've decided. This is based on the report and the form you filled in (together with any extra information you supplied). If you're not happy with the decision, you can challenge it.

How and when to challenge a decision

If you disagree with a WCA decision, you might want to challenge it.

Here are some examples of when you might want to challenge a decision:

- if you're declared 'fit for work'
- if the decision is 'limited capability for work' and you think it should be 'limited capability for work-related activity'
- if they haven't recognised one of the circumstances we mention on page 6 ('Do I need to do the WCA?')
- if they say you didn't have a good reason for not sending back the WCA form in time, or for not going to the assessment

Get support

Before you start, get support from Citizens Advice or a benefits advice service (see page 33). A lot of appeals are successful, particularly when people get help. You can get in touch with MS Society Benefits Advisers on **0800 800 8000**.

Get the details

If you haven't already got them, ask the DWP office dealing with your claim for a copy of the assessor's report and a 'written statement of reasons' for their decision. That way, you've got all the details they have.

Frustrated and disappointed?

You won't be alone if you feel frustrated or disappointed by the decision that you want to challenge. Call the MS Help Hub on **0808 800 8000** if you want to let off steam, get support or discuss your next steps.

Step one. Ask the DWP to reconsider

You have to do this as a first step. It's called a 'mandatory reconsideration'.

Contact the benefits office that gave you the decision. The contact details are on your decision letter. You can contact them:

- using your journal (if you have access to a Universal Credit account and the decision is about Universal Credit)
- by phone
- by letter
- by filling in and returning a 'mandatory reconsideration request form' (download this from **gov.uk**)

If you do it by phone, make sure you have all your notes prepared in advance. You'll need to explain in detail which bits of the decision letter and report you disagree with and why.

You could consider following up with the form so that you've got an exact copy of what you tell the DWP.

Timings

You usually have one month from the date on the WCA decision letter to ask them to reconsider. Don't wait for doctor's letters if it means you'll miss the deadline. You can send medical evidence to back up your case after this time.

If you have good reasons (for example, because you're unwell), you can challenge a decision up to 13 months from the date of that decision. Get advice from a benefits adviser if you think you might miss the one month deadline.

It usually takes around six weeks for them to write back with the outcome. You'll get two copies of their 'mandatory reconsideration notice'.

Payments during the mandatory reconsideration

ESA

Most people can't get ESA payments if they're challenging a 'fit for work' decision at this stage. Get advice on what other benefits you might be able to get instead.

If you're challenging a 'limited capability for work' decision (because you think you qualify for 'limited capability for work-related activity'), you'll get the lower ESA amount at this stage.

Universal Credit

If you're challenging a 'fit for work' or a 'limited capability for work' decision, you normally get the standard allowance. You also get any other elements you qualify for which aren't assessed with the WCA (such as for childcare).

Fit notes while they reconsider

Keep asking for fit notes from your doctor during the mandatory reconsideration. If the reconsideration or an appeal are successful, you can get backdated payments if you've got the fit notes.

Step two. Appeal

If they don't change the decision, you can appeal. Use an SSCS1 appeal form. If you're in Northern Ireland, use form NOA1(SS). You can get this at **gov.uk**, or **nidirect.gov.uk** or from Citizens Advice. Keep a copy of everything you send for your appeal.

An independent tribunal decides on your case. The tribunal is usually a judge and a doctor. It can be a judge on their own.

You have a much better chance of winning your appeal if you ask for a tribunal hearing. You can tick a box for this on the appeal form.

Timings

You have one month to start the appeal from the date on the mandatory reconsideration notice. It could take weeks or months to get the appeal decision. If you go to a tribunal hearing, they'll probably tell you there and then. But they'll still write to confirm the decision.

If you're doing the appeal without a hearing, let them know if you're still waiting to hear after eight weeks.

Payments during the appeal

ESA

Once your appeal has been confirmed, phone the ESA Helpline to ask for 'appeal rate' payments.

Universal Credit

You can keep getting the same payments as during the mandatory reconsideration.

Both benefits

While you're challenging the decision, you might have certain things you must do if you want to keep getting the payment. This could be things like interviews with a work coach, or preparing a CV.

Tell your work coach if you think what you're being asked to do is unreasonable or impossible, and explain why.

Fit notes while you appeal

You will need to keep sending in fit notes during an appeal. If your appeal is successful, you'll get back payments for what you're owed.

Find the reason for your appeal

Look at the summary of your assessment. This came with the decision letter. It tells you which descriptors the decision maker applied to you.

You might need more detail. If you haven't already, ask for a copy of the assessor's full report from the assessment.

Once you've spotted the area where you disagree, you can focus on getting evidence to support your view. Ask yourself:

- has everything you said been put down?
- has anything been misrepresented?
- is anything in the report inconsistent or wrong?
- how long did the assessment take?
- did you get the opportunity to say everything you needed to?
- do you think you've been awarded the correct number of points for all of the descriptors?

The answers might help you make your case.

Get medical evidence

Make an appointment with a healthcare professional who knows how MS affects you. Ask them to write a letter of support. Their letter should refer to the relevant WCA descriptors. It needs to cover:

- **what descriptors they think should apply, from the first and/or second set of descriptors**
- **where their understanding of your condition differs from the assessment report**

The letter won't help your appeal if it just confirms you have MS and the treatments you use.

Make a copy then send the original to the tribunal.

If your health changes during the appeal

If your condition has changed since the original decision was made, the tribunal can't take that into account. Your evidence has to be about how you were at the time of the decision.

If your health gets worse during the appeal process, tell the DWP. Ask them to review the WCA decision. Send them any medical evidence you have to support this and keep copies.

They will probably arrange a new WCA.

If you're unhappy with the decision of the new WCA, you can challenge it. You start with a mandatory reconsideration. If it goes to a tribunal, you can ask them to consider both appeals together.

Get support for the tribunal hearing

You can take a friend or family member with you. You might be able to find an independent advocate through Citizens Advice (see page 33). Talk to someone who's been through the process. For example, visit the MS Society's online discussion forum.

At the hearing

The hearing should be fairly informal. The chair of the tribunal is a judge, but they won't be wearing a wig and gown. They'll introduce anyone else who's part of the tribunal. This will most likely be a doctor.

There won't be more than three on the panel, including the judge. The judge usually explains which WCA descriptors are being disputed. That way everyone in the room understands what the appeal is about.

To help decide which descriptors apply to you, the tribunal will probably ask you to describe how you do things on an average day. Remember to think about whether you can do each task reliably, safely, repeatedly and at reasonable speed. Explain 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. They can normally give you the decision when you come back into the room.

Support for you. Useful organisations

Local and personal support

Advice Local

Find your nearest advisers and advice centres. They might be able to help you fill in the forms, as well as give advice. If you can't get online, call Citizens Advice to find local support.

advicelocal.uk

Citizens Advice

Local offices can help you fill in forms. In England, Scotland and Wales, their Help to Claim service can support you with the Universal Credit process.

Adviceline (England): 0800 144 8848

Advicelink (Wales): 0800 702 2020

Help to Claim – England 0800 144 8 444

Help to Claim – Scotland 0800 023 2581

Help to Claim – Wales 08000 241 220

citizensadvice.org.uk

Disability Information Scotland

Their information on benefits and rights includes a directory of local support.

0300 323 9961
disabilityscot.org.uk

MS Society B enefits Advisers

Free, confidential, one-to-one advice on benefits.

Call the MS Help Hub on **0808 800 8000**
Or email **msbenefitsadvice@dls.org.uk**

MS Society local groups

Find your local MS Society group. Some groups can help complete forms and support you through the assessment, or suggest other local support.

MS Help Hub **0808 800 8000**
mssociety.org.uk/local

Scottish Independent Advocacy Alliance

Find an advocate in Scotland who can help you through the assessment or if you're challenging a decision.

0131 510 9410
siaa.org.uk

Benefits calculators

These might be useful if you're online and you want to get an idea of what you qualify to get. But the benefits system is a complicated one, so get personal advice before making decisions.

entitledto.co.uk
betteroffcalculator.co.uk

More information

Government websites

These have information on all benefits, including forms to apply and to challenge decisions, and the guidance given to WCA assessors. Search gov.uk for the 'WCA handbook'.

gov.uk
nidirect.gov.uk

Disability Rights UK

Free factsheets about benefits. They also produce the Disability Rights Handbook.

disabilityrightsuk.org

Turn2Us

Their website has information and a local advice search.

turn2us.org.uk

Legal advice and representation

Law Centres Network

Local centres provide free advice and representation in England, Wales and Northern Ireland.

lawcentres.org.uk

Disability Law Service

Free, confidential legal advice and support. Covers social welfare and disability discrimination law. The MS Society funds a specific MS Legal Officer for people in England and Wales.

020 7791 9800
msadvice@dls.org.uk
dls.org.uk

Scottish Government

Includes details of local law centres in Scotland (under 'Advice agencies').

mygov.scot/legal-advice

Other MS Society information

Our award-winning information resources cover every aspect of living with MS.

To order, email **shop@mssociety.org.uk** or visit **mssociety.org.uk/onlineshop**

MS Help Hub

Our MS Help Hub gives emotional support and information to anyone living with MS. And through the hub you can also access our:

- MS nurses
- MS benefits advisers
- MS legal advisers
- Physical activity service
- Short breaks service

We can provide information in different languages through an interpreter service. And by text relay and British Sign L anguage interpreters.

Find out more at **mssociety.org.uk/ms-help**

Call **0808 800 8000**
(Mon-Fri 9am to 5pm closed weekends and bank holidays)

Email **helphub@mssociety.org.uk**

Or get in touch with webchat at **mssociety.org.uk**

Resources

Our award winning information resources cover every aspect of living with MS.

You can read them online or download at **mssociety.org.uk/publications**

You can order printed resources from our onlineshop at **mssociety.org.uk**

Thank you

Thank you to all the people affected by MS and professionals who contributed to this booklet.

Feedback

We'd love to hear what you think about this information at mssociety.org.uk/yourviews

Disclaimer: We have made every effort to ensure that the information in this publication is correct.

We do not accept liability for any errors or omissions. Seek advice from the sources listed.

Contact us:

MS Help Hub
Freephone 0808 800 8000
(weekdays 9am-5pm)
helphub@mssociety.org.uk
Webchat at mssociety.org.uk

MS National Centre
020 8438 0700
supportercare@mssociety.org.uk

MS Society Scotland
0131 335 4050
enquiries-scotland@mssociety.org.uk

MS Society Northern Ireland
028 9080 2802
nireception@mssociety.org.uk

MS Society Cymru
0208 438 0700
mscymru@mssociety.org.uk

Online
mssociety.org.uk
/MSSociety
@mssocietyuk
/mssocietyuk
mssocietyuk

Registered with FUNDRAISING REGULATOR

Trusted Information Creator
Patient Information Forum

© MS Society. December 2024. (a)

This title will be reviewed within three years of publication (December 2027).

BK25

Multiple Sclerosis Society (MS Society UK) Registered charity in England and Wales number 1139257 And in Scotland registered charity number SC041990. Registered as a limited company in England and Wales (07451571)

Work Capability Assessment

Descriptors

About this booklet

This booklet has all the descriptors for the Work Capability Assessment (WCA).

The Department for Work and Pensions (DWP) uses these descriptors in the questionnaire and in the assessment to assess the information you give.

When to use it

You might want to refer to this booklet when you fill in the WCA questionnaire, or if you challenge a decision the DWP made.

We explain how the descriptors are used on page 10 of our booklet The Work Capability Assessment for ESA and Universal Credit.

A note about the Activity headings

You might notice that sometimes the wording of the Activities in these descriptors doesn't exactly match the wording on the questionnaire. That's because the DWP changed the questionnaire wording, so that it's easier to follow. In this booklet, we've kept the same wording that the decision maker uses.

Daily Living Activities: descriptors and scores

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 jack et.	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 car dboard 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 with those in the 'physical function Activities' (Activities 1 to 10).

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.

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.

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:

Contact us:

MS Help Hub
Freephone 0808 800 8000
(weekdays 9am-5pm)
helphub@mssociety.org.uk
Webchat at mssociety.org.uk

MS National Centre
020 8438 0700
supportercare@mssociety.org.uk

MS Society Scotland
0131 335 4050
enquiries-scotland@mssociety.org.uk

MS Society Northern Ireland
028 9080 2802
nireception@mssociety.org.uk

MS Society Cymru
0208 438 0700
mscymru@mssociety.org.uk

Online
mssociety.org.uk
/MSSociety
@mssocietyuk
/mssocietyuk
mssocietyuk

Registered with FUNDRAISING REGULATOR

Trusted Information Creator
Patient Information Forum

© MS Society. December 2024. (a)

This title will be reviewed within three years of publication (December 2027).

BK25i

Multiple Sclerosis Society (MS Society UK) Registered charity in England and Wales number 1139257 And in Scotland registered charity number SC041990. Registered as a limited company in England and Wales (07451571)