You may find this factsheet helpful if you are claiming Employment and Support Allowance (ESA) or Universal Credit (UC) with a limited capability for work element. The Department for Work and Pensions (DWP) use a test called the Work Capability Assessment (WCA) to decide if you can claim these benefits. This factsheet covers what the WCA is and what you can expect to happen.

- To get ESA the DWP must decide you are too unwell to work. They do this by asking you to complete a Work Capability Assessment (WCA).
- The DWP will send you a health questionnaire. You may hear this called an ESA50 or UC50. It asks questions about how your illness affects your ability to work.
- It is important to give lots of information about how your illness affects you in the health questionnaire.
- You will probably need to go to a medical assessment to see how your condition affects your life and ability to work.
- If the DWP decide you are well enough to work you will not get ESA.
- You have 1 month to appeal decisions you are unhappy with.
- If you get ESA you will be in the work related activity group (WRAG) or the support group (SG).
- If you are in the WRAG you have to go to the work programme to keep getting your benefit.
- This programme is to help you think about how you may get back to work.
- If you are in the SG you don’t have to take part in any more interviews or assessments until your claim has to be renewed.
Please don’t feel like you have to read this factsheet all at once. Take your time. Keep coming back to it as you work through your health questionnaire.

This factsheet covers:

1. What is the Work Capability Assessment?
2. How do I fill in the health questionnaire?
3. Will I have to go for a medical assessment?
4. What happens next?
5. What is the support group?
6. What is the work related activity group (WRAG)?
7. Sample evidence letter for ESA claims

1. What is the Work Capability Assessment?

You can claim Employment and Support Allowance (ESA) if you are not well enough to work. You will need a fit note from your doctor to apply. In some areas, you might claim Universal Credit (UC) instead of ESA.

You can find more information about:

- Employment and Support Allowance
- Universal Credit

at www.rethink.org. Or call our General Enquiries Team on 0121 522 7007 and ask them to send you a copy of our factsheet.

When you apply, the Department for Work and Pensions (DWP) has to check that you are not well enough to work. They call this having ‘limited capability for work’. If you have limited capability for work you can get ESA or UC with a limited capability for work element. In this factsheet, we refer to ESA. But the same rules apply to UC with a limited capability for work element.

The test the DWP uses to decide if you have limited capability for work is called the Work Capability Assessment (WCA).

Sometimes the DWP do not have to check if you have limited capability for work. This would happen if you are in hospital.¹

They will usually send you a form with questions about your health. This is the ‘ESA50’ form, the ‘UC50’ form or the ‘Capability for Work questionnaire’. In this factsheet we will refer to this as ‘the health questionnaire’. You can find out more information about this form in the next section.

When you have completed the form most people will have to go to a medical assessment.
You can get help to prepare for your assessment by using the c-App online tool using this link:

www.esa-assessment.support

2. How do I fill in the health questionnaire?

You have 4 weeks to fill out the health questionnaire from when the DWP send it to you. The DWP are strict about this. If you need more time, you should tell them as soon as you can. You will need to explain why you need more time and how much longer you need to finish the form. When you get your health questionnaire, you may want some help filling it in. Your local Citizens Advice or welfare benefits advice service may be able to help you. You can find their contact details in your local telephone book or on the internet.

The health questionnaire looks at how your mental and physical illnesses affect your ability to work. This factsheet only gives advice on mental illness. If you need advice about physical illnesses you should contact another organisation that specialises in this.

Page 4

Page 4 asks about your GP and any other healthcare professionals you work with. This could be a:
- community psychiatric nurse (CPN),
- psychologist,
- psychiatrist, or
- social worker.

You should put the contact details of the healthcare professional who knows you best. They will be able to explain how your condition affects your day-to-day life and your ability to work.

Page 7 and 8

These pages ask about:
- your condition,
- how it affects you, and
- when it started.

If your condition changes, or if you have good days and bad days, explain this here.

Page 8 asks about what medication you take and their side effects. You should include the following information in this section.

- Any treatment you are having for your condition.
- The medication you take or are going to start taking.
- Any treatment you are on a waiting list for.
• If you have psychotherapy, counselling or cognitive behavioural therapy (CBT).
• If you get treatment and care from the Community Mental Health Team (CMHT).
• If you have ever been in hospital under the Mental Health Act (‘sectioned’) or as a voluntary patient.

Scoring Points
To score points in the Work Capability Assessment (WCA), you must have a health condition which means you cannot work.\(^3\)

You need to score 15 points in total across the questionnaire to show you have limited capability for work.\(^4\) You can score 6, 9 or 15 points for each question.

The first 10 questions ask about physical health. If you have any physical health problems, make sure you fill these sections in. If you don’t have physical health problems, you should tick the first box for each question. This says you can do the task without any difficulty.

Part 2 of the form asks about your mental health. These questions start on page 15. Mental health problems affect people in different ways. You may find that some questions don’t apply to you. We have listed some things you may want to think about for each question in the table below.

You might also want to think about the following things.

- It may be helpful to write out your answers on a separate piece of paper first. When you’re happy with it you can write it on the form.
- Take your time filling in the form. You may want to have a break and come back to it later. The more information you give the DWP the easier it should be for them to make the right decision.
- When explaining how your illness affects you, use examples that make it clear what you mean. You can use the same example more than once if it applies to more than one question.
- When you think about if you can do things, you should think about if you can do them the same way all the time.\(^5\) For example, you may find it easy to go to a meeting once in a while. But if you had to do it every week, coping with the meeting and behaving properly with other people could become difficult.

We have listed all of the mental health related questions you will see on your health questionnaire below. We have put some suggestions of things you can think about when filling in your answers.

We have included the ‘descriptors’ in Annex 1 at the end of this factsheet. They show you what points the DWP will give you for your answers. It is important to think about this when you are filling in the form.
### The questions on the form

<table>
<thead>
<tr>
<th>Question</th>
<th>Tips and suggestions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>11. Learning how to do tasks</strong></td>
<td>Does your illness or medication make it hard for you to concentrate on everyday tasks? These might be like setting an alarm clock or using the washing machine.</td>
</tr>
</tbody>
</table>
| Can you learn how to do an everyday task such as setting an alarm clock? | - Was your concentration better when you were well?  
- Do you feel nervous about making a mistake?  
- Does this mean you just don’t try to complete the task?  
- Does it take you a lot longer? |
| Can you learn how to do a more complicated task such as using a washing machine? | **Examples**  
- I hear voices which make it hard for me to concentrate when trying to learn new tasks.  
- I get very anxious which makes it hard to follow instructions. I get worried that I will do something wrong and so I have never learned to use the microwave.  
- If I have to do something new I think it will be hard so I avoid doing it. This means I don’t know how to use a computer and don’t go on the internet. |

### The questions on the form

<table>
<thead>
<tr>
<th>Question</th>
<th>Tips and suggestions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>12. Awareness of hazards or danger</strong></td>
<td>Sometimes people with mental illness can get easily distracted. This can mean they put themselves or other people in danger.</td>
</tr>
</tbody>
</table>
| Do you need someone to stay with you for most of the time to stay safe? | - Do you ever start to make a meal, but then start doing something else and leave the cooker on?  
- Do you forget to lock your doors at night or when you leave the house?  
- Do you ever act dangerously and do things which you would not do if you were well?  
- Do you self-harm?  
- How often do these things happen? All of the time, most of the time or just sometimes? |
|  | **Possible dangers are:**  
- self-harm,  
- not being able to concentrate which means you don’t take medication correctly, don’t check ‘use-by’ dates or leave the gas on, or  
- giving personal information about you to strangers.  
|  | **Examples**  
- My depressive thoughts are so bad that sometimes I forget that pans are hot and hurt myself on them. |
- I forget to turn off the gas most of the time because I am constantly worrying about other things.
- If I was not supervised by someone, I would take the wrong amount of medication. This would lead to me becoming unwell and hurting myself or others.

**The questions on the form**

<table>
<thead>
<tr>
<th>13. Starting and finishing tasks</th>
<th>Tips and suggestions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can you manage to plan, start and finish daily tasks?</td>
<td>Think about how your condition changes - what are you like on a “bad day” compared to a “good day”? List all the tasks you might not be able to do.</td>
</tr>
</tbody>
</table>

- Does your condition mean you don’t have any motivation?
- Does your medication affect your concentration for everyday tasks?
- How often does it affect you? Is it all the time, most of the time or not at all?
- Do you need help to plan and organise your day?
- What would happen if you didn’t have any help?
- Are you sometimes lost in your own thoughts and, without encouragement from others, would sit on your own?
- Would you stay in bed all day?
- Would you not eat all day because you don’t have the motivation to make yourself something to eat?

**Examples**

- Because of my depression I cannot find the motivation to plan and then make a meal for myself most of the time. I eat takeaways all the time.
- When I am in a manic phase, I cannot prioritise what I will do with my money. This means I spend all the money I need for bills on stuff I don’t need.
- My illness makes me think things that are not real. This means I can never go to appointments with my doctor because I think that people want to harm me.
- I can’t cope with feeling under pressure to deal with problems. This means my back door has been broken for 3 months and someone could easily break in.

**Examples of ‘tasks’**

- Planning – like cooking and preparing a meal.
- Organisation – like booking an appointment with a doctor or paying bills on time.
- Problem solving – dealing with something that happens unexpectedly like a washing machine that breaks down.
- Prioritising – being able to know what the important things are that you need to take care of like dealing with money, paying rent or your bills.
- Switching tasks – being able to do different things that are connected like washing dishes and then putting them away.
- My medication makes it hard to concentrate. This means I can’t do things I need to do like chores or going to my GP.

### The questions on the form

#### 14. Coping with changes

- Can you cope with small changes to your routine if you know about them before they happen?
- Can you cope with small changes to your routine if they are unexpected?

### Tips and suggestions

- Do you find it hard to cope if your day to day routine is changed?
- What would happen if you were told about a change? How would it make you feel?
- If you are told about a change in your routine in advance (for example, if your doctors appointment changes), do you worry about it?
- Does your ability to cope change from day to day or week to week?
- What would happen if something unexpected happened? How would that make you feel?

### Examples

- Because of my Obsessive Compulsive Disorder (OCD), I have to go on the same bus route to my mother’s house every day. If there is an issue with the bus or a diversion I get very unwell. My symptoms get bad for days after and I can’t leave the house.
- When I am unexpectedly asked to go to the Job Centre, I feel so anxious that I feel physically sick and can’t think about anything else.
- If my routine changes, I think that the government are trying to interfere with my life. I don’t go out in case anything bad happens.
- Even when I plan to go to a hospital appointment, I cannot go unless someone agrees to take me there.
- If I run out of milk and bread I have a panic attack because I only get my weekly shop when a family member can help me on a Saturday.
- If I get letters in the post that I don’t recognise, I don’t open them because I think they must be bad news.
- If my sister cannot come and take me shopping when we agreed I get so angry I break things in my house. I feel angry for a few days.

### The questions on the form

#### 15. Going out

- Can you leave home and go out to places you know?
- Can you leave home and go to places you don’t know?

### Tips and suggestions

- Are you able to go out to places that you are familiar with on your own?
- What would happen if you had to go out? Explain how that would affect you.
- Can you only go out if someone is with you? Write down how often you need someone with you.
- Do you need someone with you to make sure you don’t cause any harm to yourself? How often could that happen?
- Are you able to get to places which you don’t know on your own?
Think about how you would cope:

- going on public transport,
- getting to doctors appointments,
- doing your food shopping,
- going to the bank,
- going to the JobCentre Plus, or
- visiting friends or family.

Examples

- I feel trapped when I am using public transport and start panicking and so I have to go back to my house.
- When I have an appointment at the bank I can't get there, I feel like everyone I walk past in the street is looking at me and wants to hurt me.
- I always need to go out with someone, otherwise I start to feel anxious and get angry with strangers.
- If I know I have to go somewhere new that is all I can think about. I start to panic and self-harm.
- I live in the countryside so the buses only come every 30 minutes. If someone sits beside me on the bus I get so anxious I have to get off and wait for the next one. This means I am nearly always late for appointments.

The questions on the form

<table>
<thead>
<tr>
<th>Tips and suggestions</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Coping with social situations</td>
</tr>
<tr>
<td>Can you meet people you know without feeling too anxious or scared?</td>
</tr>
<tr>
<td>Can you meet people you don’t know without feeling too anxious or scared?</td>
</tr>
</tbody>
</table>

Think about how it would make you feel if you had to socialise with other people. If your ability to deal with social situations can change make it clear about how often and when you would have a problem.

- Do you socialise with other people? If not why?
- What would happen if you did socialise? Would you show any physical symptoms? What are they?
- Are you okay with people you know but don’t go to places where you would have to meet new people?

This could include having difficulties:

- using public transport,
- shopping,
- talking to neighbours,
- visiting friends or family, or
- taking part in hobbies.

Examples

- I always avoid meeting new people. My heart races, I get dizzy and feel like I can’t breathe. I feel like I am in danger. Because of this I do all my shopping online so I don’t have to interact with
people. Even thinking about meeting someone new is on my mind for days before and I can’t sleep properly.

- I feel really paranoid and I cannot trust people. If someone tries to talk to me I always tell them to get away from me.
- If there are people on the street I won’t put my bin out.
- I am not able to use public transport most of the time because it means I have to be around people I don’t know.
- I never answer the phone unless I have agreed for someone I know to call me at a certain time.
- I won’t answer the door unless I know who it is and I am expecting them.
- I stay at home most of the time and only ask people I trust to bring me the things I need.
- I don’t have a phone or email because I don’t want people to be able to hack into them and spy on me.

<table>
<thead>
<tr>
<th>The questions on the form</th>
<th>Tips and suggestions</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. Behaving appropriately</td>
<td>• How do other people describe you?</td>
</tr>
<tr>
<td></td>
<td>• Do people comment that they feel you are aggressive or violent?</td>
</tr>
<tr>
<td></td>
<td>• Has anyone said they felt what you have said or done was inappropriate?</td>
</tr>
<tr>
<td></td>
<td>• Have you noticed a change in the way people act towards you now compared to when you were well?</td>
</tr>
<tr>
<td></td>
<td>• Have you lost friends or relationships because of how you behave?</td>
</tr>
<tr>
<td></td>
<td>• How often do you find these things happen? Daily, a lot of the time or occasionally?</td>
</tr>
</tbody>
</table>

**Examples**

- I often feel paranoid that people in the street are staring at me so I shout and swear at them.
- I lost my last job because I got in an argument with my colleague and then shouted at my boss.
- When I am on the bus I get really angry when people talk on their phone. I will tell them to shut up and have knocked people’s phones out of their hands if they don’t. I was arrested for this a few times, the police know me now.
- I feel my neighbour has caused my depression so I write graffiti on their wall.
- When I am in a manic phase I often try to have sex with lots of people, which makes it hard to have relationships.
- When I have had panic attacks I have self-harmed at work and in public places.
- I often say things that other people find insulting or inappropriate.
Part 3
This part of the form asks about eating and drinking. You need to fill in this section if you would not eat or drink and need someone to prompt and encourage you because of your illness.

Page 20
You will probably have to go to an assessment centre for a medical assessment. If you are unable to travel to an assessment centre or it is difficult for you, you can ask for a home visit. You need to put the reasons for this on page 20. More details on home assessments can be found in section 3 of this factsheet.

You can write about any help you would need at a medical assessment on this page. This may include taking someone with you. For example you might need help getting out of bed, washed and dressed if you are very anxious about the assessment.

Page 22
You can write anything else that you think is relevant and will help the DWP make a decision on this page. You could include information on:

- other benefits you get, such as Personal Independence Payment (PIP),
- support groups you go to,
- community support you get, or
- any of your health history that you didn’t include in the main part of the form and that you think is important to your ESA claim.

Sending back the health questionnaire
Before you send the form back, you should keep a copy of your completed form. This could help:

- if you disagree with the DWP’s decision,
- if the DWP lose your form, or
- if you need to fill in a new form in the future.

You need to send the form back to the DWP. If you have to send the form back late, there is space back on page 3 to explain why. If the reason is linked to your mental health make sure you put this down on the form.

Supporting evidence
If possible, ask a professional who knows you well for a letter or report about your ability to work. This could be your GP, psychiatrist, CPN or social worker. It can also be your support worker, counsellor or carer. They can comment on how your mental health makes it hard for you to work. This is called supporting evidence. This evidence may help your claim. Staple it to the health questionnaire when you send it back. You could include medical test results of any physical health conditions, or your current prescription list.
You should keep a copy of any supporting evidence.

Page 5 of the health questionnaire has a full list of what supporting evidence you can include. It also includes a full list of people that you can ask to provide supporting evidence.

A letter that has more than just your diagnosis is better. This is because a diagnosis does not show how your illness affects you in everyday life. You could ask the professional to put the following information in it.

- Explain how your condition affects your ability to work.
- What could happen to your health if you were asked to start looking for work.
- How you meet the specific criteria for the benefit.

At the end of this factsheet you can find a ‘Sample Evidence Letter for ESA Claims’. You can use this to send to healthcare professionals when asking for supporting evidence.

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

In most cases you will also be asked to go to a medical assessment. The assessment is done at an assessment centre. They are run by the Health Assessment Advisory Service. A healthcare professional (usually a doctor or nurse) will ask you about a normal day and may not ask you exactly the same questions that are on your health questionnaire.

How should I prepare?

You can prepare for the assessment by making a note of what you want to tell the assessor. Use the answers you put on the health questionnaire as a starting point. This way, if you feel that the assessor doesn’t ask you relevant questions, you can make sure you tell them how your illness affects you.

For someone with a mental health problem there is not always a ‘normal day’, so explain if your condition changes. For example, on a good day you may be able to get up and get washed and dressed. But on bad days you may stay in bed. You could keep a diary for a week before the assessment. Write down your mood, motivation level or which everyday tasks you have done that week. You can also write down how difficult it was to do those tasks.

Supporting evidence

You can take copies of any supporting evidence. The assessor may not always have a copy of the supporting evidence that you sent with your health questionnaire. You can ask them to copy and return the originals to you. This will help them when they write their medical report.
Can I take someone with me to the assessment?

You can take someone with you to your assessment. This could be a professional like a social worker, or a friend or relative. They may have information about how your condition affects you day-to-day that they can tell the assessor. They are allowed to do this and the assessor should not stop them. The assessment can be stressful and the waiting area can be crowded and noisy. Taking someone with you can help support you in an emotional and practical way.

What if my illness means that I will find it difficult to travel to the assessment centre?

If you feel that you are unable to travel to an Assessment Centre, you can ask to be assessed at home. You must contact the Health Assessment Advisory Service before your appointment. You should mention on your health questionnaire that you will need a home assessment.

You will need to get evidence from your health care professional such as a doctor, Community Psychiatric Nurse (CPN) or social worker to explain why you are unable to travel to an Assessment Centre. This information will be considered by a healthcare professional. They will decide if you need a home visit.

Home visits are usually only carried out when you are unable to leave your home for any reason. If you can normally attend GP appointments then you can be reasonably expected to attend an assessment at an assessment centre. If you feel that you cannot attend then you need to explain how your condition stops you from attending.8

Can I record my assessment?

You do not have a legal right to record your assessment and the DWP do not have to provide recording equipment. But the DWP will try to arrange this for you when they can. You must make a request for an audio recording before the assessment takes place and as soon as possible after you have received your appointment.7

You can take your own recording equipment as long as it meets certain conditions.8

- The recording must be on CD or tape only. So you cannot use laptops, smartphones, tablets or MP3 players.
- Video recording is not allowed.
- The equipment must be able to provide two copies of the recording at the end of the assessment.
- One copy must be given to the DWP healthcare professional at the end of the assessment.
- You must complete a consent form.

You cannot secretly record the assessment. If you do then you can lose your benefit.
What will the assessor ask me?
The assessor will ask you some questions about your health. But they might ask you some general questions like:

- How did you get here today?
- What do you do in a normal day?
- When was your last job?
- What conditions do you have and what treatment do you get?
- How do you sleep?
- Do you have any hobbies or interests?
- What do you do to socialise?
- Do you have a telephone?

Answering questions
You can take your time when answering the assessor’s questions. It is important to tell them how your illness affects you. Some of the questions they ask you might seem easy to answer. But you can take a moment to think of a detailed answer. For example, they might ask you if you can use a telephone. At first you may think you can use a telephone easily. But maybe your anxiety stops you from using it some days. By taking a moment to think, you can give detailed answers to the questions.

They may ask you how you got to the medical assessment that day. You should tell them how you got there and you should also say how much effort it took. Below are some questions to consider.

- Have you been anxious and worried about the assessment for days beforehand?
- Did you need someone to make sure you get up and dressed?
- Did someone have to come to the appointment with you?
- What would have happened if they hadn’t helped you?

After the assessment
When you have finished the medical assessment you should make a note of:

- how long you were with the assessor,
- what questions they asked you, and
- the answers you gave.

This information can be useful if you disagree with the decision the DWP makes about your benefit. If you want to appeal you may need this information.

You can find out more about appealing benefit decisions at [www.rethink.org](http://www.rethink.org). Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.
4. What happens next?

The person who decides if you should get ESA is called the ‘decision maker’. They work for the DWP. Once you send back the health questionnaire and have been to the medical assessment, they will decide if you should get ESA. They will make one of the following decisions.

a) You don’t have limited capability for work

This means that the DWP have decided that you are able to work. This means that you need to claim Jobseeker’s Allowance (JSA) or Universal Credit (UC) and look for work. If you don’t think you are fit for work you can ask the decision maker to look at their decision again. This is called Mandatory Reconsideration. You have to do this within 1 month of getting their decision.

You can find more about ‘Appealing benefit decisions’ at www.rethink.org. Or call 0121 522 7007 and ask us to send you a copy.

b) You have limited capability for work

This means that the DWP have decided that you have ‘limited capability for work’. This means that you will get ESA or UC and not have to look for work. You may still have to do ‘work-related activity.’ ‘Work-related activity’ includes going to work focused interviews.

They then have to decide if you have ‘limited capability for work-related activity’.

If they decide you cannot do work-related activity they will put you in the ‘support group’. They make this decision based on the criteria that we have set out in Annex 2. If you meet one of the criteria then the DWP will put you in the support group.

Can I get ESA if I don’t have limited capability for work?

Sometimes the DWP can treat you as having limited capability even if you are fit for work. You will need to show that:

- you would be a risk to yourself or others if they decided you can work. This could include suicidal feelings, self-harm or violent behaviour, and
- the risk of hurting yourself or others will not go away if a future employer makes changes to help you, or you take proper medication.

The DWP calls these rules “Regulation 25” and “Regulation 31”. They may be known as “Regulation 29” and “Regulation 35” for older ESA claims.

For example, if you suffer depression you may apply for ESA. You might make it clear that not awarding ESA will make you feel worse. The DWP
will then have to assess if you are a “substantial risk” or not.\textsuperscript{13} They will look at things such as:\textsuperscript{14,15}

- if you have current plans for suicide,
- if you self-harm,
- if you have been in hospital under the Mental Health Act in the last 12 months, or had a voluntary stay in a psychiatric unit in the last 6 months,
- if you have a current care plan from secondary mental health services, or
- if the DWP have assessed you as being vulnerable to relapse.

If they decide you are at “substantial risk”, then they may award you ESA even if they would normally think you can work. To prove this you will need a letter from your health care professional such as a doctor, Community Psychiatric Nurse (CPN) or social worker.

\textbf{5. What is the support group?}

The Department for Work and Pensions (DWP) might think you cannot work or take part in ‘work-related activity’. In this case you will go into the ‘support group’. The amount of money you get each week will be more if you are in the support group.

If you are in the support group you don’t have to take part in any interviews with the DWP until your claim is renewed. But if you would like their help to find a job you can still access their Work Programme scheme.

If you are in the support group you will be re-assessed every 1, 2 or 3 years.

But from 29 September 2017 you will no longer need to be reassessed if you:\textsuperscript{16}

- have a severe, lifelong disability, illness or health condition, and
- are unlikely to ever be able to move into work.

You will be told if you will not be reassessed. The DWP have not said how this will affect people with severe mental illness.

\textbf{6. What is the work related activity group (WRAG)?}

If the DWP decide you can’t work, but can do ‘work-related activity’ they will put you in the work-related activity group (WRAG).

In the WRAG, you have to go to the Work Programme. This will include ‘work focused interviews’. At the interviews you could talk about:
• the type of work you would like to do,
• what is stopping you from getting back to work,
• how you could deal with things that stop you,
• training courses you could go on, or
• help with writing your CV.

After your work focused interview they will give you an action plan explaining what you have agreed to do. This action plan should take into account your mental health condition.

Being in the WRAG is not the same as being on Jobseeker’s Allowance. If you do not get a job whilst in the WRAG your benefit will not be stopped.

But your money could be reduced or stopped if you don’t take part in work focused interviews without good reason. You should tell your personal adviser if you cannot go to an appointment as soon as you know.

You will usually be placed into the WRAG for 1, 2 or 3 years. After this you will be re-assessed.
Annex 1

ASSESSMENT OF WHETHER A CLAIMANT HAS LIMITED CAPABILITY FOR WORK

These ‘descriptors’ show you what points the DWP will give you for your answers on the ESA50 form. If you score 15 points in total you will get ESA.

| Question 11 – Learning how to do tasks | • Cannot learn how to do a simple task, such as setting an alarm clock (15 points).  
| | • Cannot learn anything beyond a simple task such as setting an alarm clock (9 points).  
| | • Cannot learn anything beyond a moderately simple task such as the steps involved in operating a washing machine to clean clothes (6 points). |
| Question 12 – Awareness of hazards or danger | Reduced awareness of everyday hazards leads to a significant risk of injury to self or others, or damage to property or possessions requiring supervision to maintain safety:  
| | • The majority of the time (15 points).  
| | • Frequently (9 points).  
| | • Occasionally (6 points). |
| Question 13 - Initiating Actions (planning, organisation, problem solving, prioritising or switching tasks) | Cannot, due to impaired mental function, reliably initiate or complete at least two personal actions  
| | • Always (15 points).  
| | • Most of the time (9 points).  
| | • Frequently (6 points). |
| Question 14 - Coping with change | • Cannot cope with any change to the extent that day-to-day life cannot be managed (15 points).  
| | • Cannot cope with minor planned change to the extent that day-to-day life is significantly more difficult (9 points).  
| | • Cannot cope with minor unplanned change to the extent that day-to-day life is significantly more difficult (6 points). |
| Question 15 - Getting about | • Cannot get to any place outside the claimant’s home with which the claimant is familiar (15 points).  
| | • Cannot get to a familiar specified place without being
<table>
<thead>
<tr>
<th>Question 16 - Coping with social situations</th>
<th>Question 17 - Behaving appropriately with other people</th>
</tr>
</thead>
</table>
| • Engaging in social contact is always impossible due to difficulty in relating to others / significant distress (15 points).  
• Social contact with an unfamiliar person is always impossible due to difficulty relating to others / significant distress to the individual (9 points).  
• Social contact with an unfamiliar person is not possible most of the time due to difficulty relating to others / significant distress to the individual (6 points). | Has uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace  
• On a daily basis (15 points).  
• Frequently (15 points).  
• Occasionally (9 points). |
| accompanied (9 points).  
• Cannot get to an unfamiliar specified place without being accompanied (6 points). |
ANNEX 2

ASSESSMENT OF WHETHER A CLAIMANT HAS LIMITED CAPABILITY FOR WORK RELATED ACTIVITY\(^\text{18}\).

If you meet one of these criteria then the DWP will put you into the support group.

<table>
<thead>
<tr>
<th>Learning Tasks</th>
<th>Cannot learn how to complete a simple task, such as setting an alarm clock, due to cognitive impairment or mental disorder.</th>
</tr>
</thead>
</table>
| 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 they require supervision for the majority of the time to maintain safety. |
| Initiating and completing personal action (which means planning, organisation, problem solving, prioritising or switching tasks). | Cannot, due to impaired mental function, reliably initiate or complete at least 2 sequential personal actions. |
| Coping with change | Cannot cope with any change, due to cognitive impairment or mental disorder, to the extent that day to day life cannot be managed. |
| Coping with social engagement, due to cognitive impairment or mental disorder. | Engagement in social contact is always precluded due to difficulty relating to others or significant distress experienced by the individual. |
| 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. |
| Conveying food or drink to the mouth |  
  - Cannot convey food or drink to the claimant’s own mouth without receiving physical assistance from someone else,  
  - Cannot convey food or drink to the claimant’s own mouth without repeatedly stopping, experiencing breathlessness or severe discomfort, |
| Chewing or swallowing food or drink | • Cannot convey food or drink to the claimant’s own mouth without receiving regular prompting given by someone else in the claimant’s physical presence, or  
• Owing to a severe disorder of mood or behaviour, fails to convey food or drink to the claimant’s own mouth without receiving:  
  o physical assistance from someone else, or  
  o regular prompting given by someone else in the claimant’s presence.  
|• Cannot chew or swallow food or drink,  
• Cannot chew or swallow food or drink without repeatedly stopping, experiencing breathlessness or severe discomfort,  
• Cannot chew or swallow food or drink without repeatedly receiving regular prompting given by someone else in the claimant’s presence, or  
• Owing to a severe disorder of mood or behaviour, fails to:  
  o chew or swallow food or drink; or  
  o chew or swallow food or drink without regular prompting given by someone else in the claimant’s presence. |
Dear Sir/Madam,

Re: [Your name]

Address: [Your address]

D.o.B: [Your date of birth]

I am currently making a claim for Employment Support Allowance (ESA)/Universal Credit [delete as appropriate] as I am unfit for work/am being transferred over to ESA from another benefit [delete as appropriate].

It has been established that evidence from medical professionals involved with the diagnosis, care and treatment of a patient can be extremely useful in helping decision makers at the Department for Work and Pensions (DWP) to make decisions. Evidence from medical professionals can also help a decision to be made at the initial claim stage and could eliminate the stress of having to go through an appeal or medical assessment. It is important that this evidence is not just a list my diagnoses but shows how my illness affect my ability to do things.

I would be very grateful therefore if you could fill in this form and send it back to me. Please be aware that I am not in a position to pay for any report or information.

Rethink Mental illness have provided these documents. The information contained therefore focuses on mental rather than physical health needs. If there is information regarding my physical health needs in addition to my mental needs that you think is relevant, then please include this at the end of the form. I would be grateful for any information that you could provide.

Yours faithfully,

[Your name]
1. Please state what conditions I suffer from and what medications and treatments have been prescribed.

2. How is my ability to learn simple tasks (e.g. setting an alarm clock or operating a washing machine) affected by my medical condition(s) or any treatment I am receiving for my medical condition(s)?

3. How is my awareness of everyday hazards, e.g. Boiling water or sharp objects, affected by my medical condition(s) or any treatment I am receiving for my conditions(s)? Does this pose a significant risk to my safety or other's?

4. How is my ability to initiate and complete personal tasks affected by my medical condition(s) or any medication I am taking?

5. How is my ability to initiate and cope with change affected by my medical conditions? Does this affect my ability to manage my day to day life?

6. How is my ability to get to places affected by my medical conditions? Do I need supervision to get to familiar or unfamiliar places?
7. How is my ability to cope with social engagement affected by my medical conditions? Am I caused distress by social engagement and does this preclude social engagement?

8. How is my behaviour, when considering the appropriateness of the behaviour, affected by my medical conditions? Do I show signs of aggressive, uncontrolled or disinhibited behaviour? And would this be unreasonable in a workplace?

9. If I am required to attend work focused interviews or work programmes. Would this have a detrimental effect on my health? If yes, how would I be affected?

10. Is there any other information that you think is relevant?

Signature                                           Date

Hospital/Surgery Stamp
REFERENCES

3 As note 1 (SI 2013/379), Reg 15(1).
4 As note 1 (SI 2013/379), Reg 15(3).
5 AF v Secretary of State for Work and Pensions [2011] UKUT 61 (AAC)
9 As note 1 (SI 2013/379), Reg 25(2)(b).
10 As note 1 (SI 2013/379), Reg 25(3).
11 As note 1 (SI 2013/379), Reg 25 and 31.
14 As note 13, at page 139.
15 As note 13, at page 251.
17 As note 1 (SI 2013/379), Schedule 2.
18 As note 1 (SI 2013/379), Schedule 3.
This factsheet is available in large print.

Rethink Mental Illness Advice Service

Phone 0300 5000 927
Monday to Friday, 9:30am to 4pm
(excluding bank holidays)

Email advice@rethink.org

Did this help?
We’d love to know if this information helped you.

Drop us a line at: feedback@rethink.org

or write to us at Rethink Mental Illness:
RAIS
PO Box 17106
Birmingham B9 9LL

or call us on 0300 5000 927.

We're open 9:30am to 4pm
Monday to Friday (excluding bank holidays)

Need more help?
Go to www.rethink.org for information on symptoms, treatments, money and benefits and your rights.

Don’t have access to the web?
Call us on 0121 522 7007. We are open Monday to Friday, 9am to 5pm, and we will send you the information you need in the post.

Need to talk to an adviser?
If you need practical advice, call us on 0300 5000 927 between 9:30am to 4pm, Monday to Friday. Our specialist advisers can help you with queries like how to apply for benefits, get access to care or make a complaint.

Can you help us to keep going?
We can only help people because of donations from people like you. If you can donate please go to www.rethink.org/donate or call 0121 522 7007 to make a gift. We are very grateful for all our donors’ generous support.