



The Work Capability Assessment and completing the ESA50 form

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Introduction

The Work Capability Assessment (WCA) for Employment and Support Allowance (ESA) determines how your health condition affects your ability to work. This factsheet provides information for people with brain injury about the assessment process, and a guide to completing the ESA50 form. It is divided into three main sections:

- **The WCA process** - An overview of the entire assessment process, discussing important things to consider
- **Completing the ESA50 form** - A step-by-step guide to completing the form for people with a brain injury
- **Attending the assessment** - Information to help you prepare for the face-to-face assessment with a medical professional

This is followed by information on the decision and making an appeal, with details of organisations that can offer support and information at the end of the factsheet.

The WCA process

The WCA begins after an initial application for ESA has been made, or when an existing ESA claimant reaches their review date. You can find out how to make a new claim for ESA at www.gov.uk/employment-support-allowance/how-to-claim.

For most people, the first stage in the WCA is to complete the *Limited capability for work questionnaire* (form ESA50). This needs to be completed and returned within four weeks of the date it was issued. Failure to return the form on time will affect your benefit.

Following completion of the ESA50, most claimants are asked to attend a face-to-face assessment with an independent medical advisor. If you like, you can take a friend, relative or support worker along to this assessment.

The assessment works on a points system. Points are allocated under a set of 'descriptors' for a number of daily living activities. Generally, unless special circumstances such as a terminal condition apply to you, you will need to score a minimum of 15 points to



be entitled to ESA. You should note that you can only score one set of points under each activity, so if two or more descriptors apply, only the one that scores the highest will count.

If you score 15 points or more you will qualify for ESA. As part of the WCA process you will also be assessed against the 'Limited capability for work-related activity' descriptors. These decide whether you will be placed in the 'Work-related activity group' or the 'Support group'.

If you are placed in the 'Support group' you can remain on ESA for as long as you meet the conditions. If you are placed in the 'Work-related activity group' you will be required to attend a series of work-focused interviews and activities, and your ESA may stop after 365 days. It is worth getting advice on whether you have been placed in the correct group.

Full details of the activities and descriptors in the WCA can be found at:

www.gov.uk/government/publications/esa214-a-guide-to-employment-and-support-allowance-the-work-capability-assessment. Reading this will help you to understand exactly what the assessors are looking for.

Things to consider when completing the form:

- **Provide as much information as possible** - The descriptors on the limited capability for work assessment are very tightly defined. It is therefore important that you try to give as much information and evidence as possible. Try to give specific examples of how your condition affects you or when things have gone wrong.
- **Send supporting evidence** - Supporting evidence is always better where it is specific and relates to the activities used in the assessment. A general letter from your GP saying something like "I agree that Mr Jones remains unfit for work" will unfortunately not be given much weight.
- **Consider your answers carefully** - Only tick the 'No difficulty' box if you are sure that NONE of the descriptors apply to you. Be very careful about ticking the 'It varies' box, as you are likely to be treated as if you have no problems in this area.
- **Consider and explain the effects of any medication you are on** - This could have an important bearing on your ability to work.
- **Don't be afraid to repeat yourself** - There will be an overlap between many of the activities, particularly in the area of mental health. If this is the case, you need to keep repeating yourself on the form. Don't assume because you have put something down for one activity, it will automatically be considered for the others.
- **Keep a copy of the completed form** - Read it over before you go for your face-to-



face assessment or make any applications for other benefits.

Some of the activities or descriptors for both physical and mental functions are very similar to some of the grounds for getting Disability Living Allowance (DLA) or Personal Independence Payment (PIP). Medical reports for ESA are used to assess for DLA/PIP claims and vice-versa, so it is very important that you consider this when completing the ESA50 and ensure your answers are consistent.

Completing the ESA50 form

The ESA50 contains a number of different sections which provide space to explain your condition and how it affects you.

The form is split into the following:

- About you
- Face-to-face assessment
- About your treatment
- Cancer treatment
- About your illness or disabilities
- About your medication
- More about your treatment
 - Hospital, clinic or special treatment
 - Drugs, alcohol or other substances
- Part 1: Physical functions
 - Moving around and using steps
 - Going up or down two steps
 - Standing and sitting
 - Reaching
 - Picking up and moving things
 - Manual dexterity (using your hands)
 - Communicating with people
 - Other people communicating with you
 - Getting around safely
 - Controlling your bowels and bladder and using a collecting device
 - Staying conscious when awake
- Part 2: Mental, cognitive and intellectual functions
 - Learning how to do tasks
 - Awareness of hazards or danger
 - Starting and finishing tasks
 - Coping with changes
 - Going out

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- Coping with social situations
- Behaving appropriately
- Part 3: Eating and drinking
- Other information

This section takes you through some of the key questions on the ESA50 form, and gives guidance on effectively explaining the effects of brain injury.

About your treatment

As well as details of your GP, this section asks for a “care professional who knows you or your condition best”. It is very important that the care professional you enter here has a good understanding of your brain injury and how it affects you day to day. Otherwise, leave this section blank.

About your illnesses or disabilities

As you know, brain injury is often unrecognised or misunderstood, even by health professionals. After stating the cause and type of your brain injury, add “leading to....” then list the effects e.g. poor balance, memory problems or concentration difficulties, impaired vision, etc.

Headway’s factsheet *The effects of brain injury* may help you to explain the problems you experience. You can download this at www.headway.org.uk/factsheets.aspx.

Parts 1, 2 and 3

These sections contain a series of questions asking you to describe how you manage a range of daily living activities. The questions include tick-boxes to allow you to rate your ability, followed by an open text box where you can explain more.

The first tick box in each activity indicates that you can complete it 'without difficulty'.

‘Without difficulty’ means:

- **Reliably** - you are able to complete the activity to an acceptable standard
- **In a timely fashion** - you are able to complete it in less than twice the time normally taken by a person without impairment
- **Repeatedly** - you are able to complete it as often as the activity requires
- **Safely** - you are able to complete it without putting yourself or others at undue risk of harm



If you have any difficulties whatsoever with a particular activity then you should not tick the first box. This applies even if you can do the activity without difficulty on some occasions, or for a short time.

Part 1: Physical functions

There are a number of physical activities listed in this section. You will need to think about the physical difficulties you have, such as difficulty moving around, balance problems, dyspraxia and bladder/bowel incontinence.

When completing this section you should always bear in mind your ability to complete the tasks reliably, in a timely fashion, repeatedly and safely, as described above.

Many effects of a brain injury lead to physical difficulties, but if the cause is a mental, cognitive or intellectual difficulty then you should describe them in section 2.

Consider the effect of symptoms such as fatigue on your physical ability, for instance just because you can walk well and climb steps early in the morning doesn't necessarily mean you will be able to do this to an acceptable standard after a busy day.

This section includes the following parts:

- 1. Moving around and using steps**
- 2. Standing and sitting**

These activities assess your ability to move around, and the help you need in doing so. In assessing the distance you can move, you need to take into account the manner in which you walk. For instance, what aids do you use? Do you trip/stumble? How fast can you walk?

The standing and sitting section also takes account of any pain or exhaustion you may have in doing this, so make sure you include anything applicable. Take into account any balance problems, dizziness and difficulties with coordination.

A report from a physiotherapist may be helpful as supporting evidence.

- 3. Reaching**
- 4. Picking up and moving things**
- 5. Manual dexterity (using your hands)**

These activities assess any difficulties you may have with moving your arms, using your arms and hands together to pick up and move objects, and using your hands where finer



control is required.

Take into account any less obvious difficulties, such as dysarthria and dyspraxia of speech, which can make it difficult to carry out a sequence of activities and lead to coordination problems. A loss of sensation may also make it difficult to do these activities reliably and safely.

Note that points may only be awarded if both arms are affected, although you should still include anything relevant in this section.

6. Communicating with people

7. Other people communicating with you

These activities look at your ability to convey a simple message and make yourself understood, and also whether sensory impairments (visual or hearing problems) affect your ability to understand other people.

The 'Communicating with people' section offers a chance to highlight physical difficulties you experience with communicating, such as dysarthria. If you have problems speaking but can type, for instance, you should still indicate your difficulties on the form.

The 'Other people communicating with you' section relates entirely to sensory impairment, such as difficulty with vision or hearing. Any other cause of problems understanding people should be included in part 2.

Communication problems are common after a brain injury, and the effects can be complex. Causes can be physical, but in many cases communication problems are caused by mental, cognitive and intellectual difficulties, in which case they should also be recorded in section 2.

You should try to be as thorough as possible about the problems you are experiencing. A report from a Speech and Language Therapist may be helpful as supporting evidence.

8. Getting around safely

This section relates entirely to visual difficulties that affect your ability to move around safely. It uses examples of crossing a road and getting around an unfamiliar place on your own. Note that there is space to discuss problems with these activities caused by the cognitive effects of a brain injury in section 2.

Disorders such as cortical blindness, visual neglect, double vision, blurred vision, visuo-



spatial and perceptual difficulties can all affect your ability to carry out this activity.

9. Controlling your bladder and bowels and using a collecting device

Continence issues affect many people after a brain injury. This section asks if clothes need washing or changing because of difficulty controlling your bladder or bowels, and if there are issues with managing a collecting device.

There is space to say how this affects you. Think about any accidents you may have had, and how issues like urgency and incontinence affect you. Include details of any help you need.

10. Staying conscious when awake

Record any issues you have with loss of conscious awareness, such as epileptic seizures or absences.

Part 2: Mental, cognitive and intellectual functions

This section will apply to many people after a brain injury. It offers a chance to explain the less visible effects of a brain injury, which is vitally important as it will help the medical professional understand your condition in the face-to-face assessment.

The activities in this section are:

11. Learning how to do tasks

The form uses examples of an alarm clock and washing machine. These are only examples - if you can do these but cannot do other activities of a similar complexity, then you should tick 'No'.

Alarm clock: This is considered a simple task. Equivalent tasks would include turning on the TV and using basic functions of a remote control.

Washing machine: This is considered to be a moderately complex task. Equivalent tasks would include using a microwave, using a computer for basic activities such as playing a game and using a mobile phone.

Note that the ability to 'learn' a task includes the ability to retain the information. If you are able to do it once shown, but will have forgotten by a later date, then tick 'No'.



12. Awareness of hazard or danger

This refers to keeping yourself safe when doing everyday tasks, such as cooking, running a bath, ironing, etc. For instance, when cooking, would you remember to keep an eye on a pot of boiling water? What if the doorbell went?

List any examples of occasions when things went wrong at home, for instance the bath over-ran, the smoke alarm went off etc.

Note: If you have been awarded DLA or PIP because you cannot safely cook a main meal, your answer here could affect this.

13. Starting and finishing tasks

This question relates to your ability to start and complete daily routines such as washing and dressing, shopping, paying bills, arranging appointments, etc.

Make sure you mention:

- If you are easily sidetracked and tend to start a task then forget what you were doing, as this counts as not being able to complete a task
- If you need prompting or encouraging to start or complete a task
- If you are often too fatigued to complete a task

14. Coping with changes

This refers to coping with changes to your daily routine, both expected and unexpected ones, such as:

- Having a meal earlier or later than usual
- Appointments being cancelled
- Bus or train not running on time

Give examples of what you would do if these things happened, e.g:

- I would get very angry and may become aggressive
- I would abandon my plan to travel into town and would return home instead
- I would become quiet and withdraw into myself



15. Going out

This question is about how you manage mentally or emotionally with going out. Any physical problems should be mentioned in part 1 of the form.

It refers to going out on your own, either to places which are familiar or places you don't know. If you need to be accompanied you should explain why this is. For example, you may need guidance on unfamiliar routes, feel unable to cross roads safely, or experience panic attacks which could lead to danger.

Note: This descriptor is similar to the criteria for the mobility component of DLA and PIP. Ensure your answers are consistent as they may affect your award for these benefits.

16. Coping with social situations

This assesses the problems you have meeting new or familiar people either socially or at occasions such as appointments or interviews. To meet the criteria here, your difficulty or distress needs to be such that you cannot engage in social contact for any or most of the time.

- Do you become distressed if you have to meet people? If so, does this only apply to new people or to people you know?
- Do you have difficulty speaking to people and concentrating in busy or noisy environments?

17. Behaving appropriately

This activity is about behaving in ways that other people may find strange, upsetting or frightening.

Give examples of times when you reacted badly to an everyday situation, e.g:

- Someone jumped the queue in the supermarket and you became verbally abusive. This could lead you to danger if you say the wrong thing to the wrong person!
- You took a throwaway comment 'the wrong way' and over-reacted, causing an awkward or difficult situation.
- You made inappropriate comments to strangers. This could include comments that are sexual or abusive in nature.

To get points in part 17, you need to demonstrate that you have uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace.



Part 3: Eating and drinking

This section relates to any physical problems with eating or drinking. For example, swallowing difficulties (dysphagia), bringing food to the mouth and remembering meal times.

Assessors are looking at your ability to convey food to your mouth and your ability to chew or swallow food. Severe mood or behavioural problems may affect this, as may physical problems that affect the act of putting food in the mouth, chewing and swallowing. Mention any assistance or prompting you may need, whether you need to stop regularly, and any breathlessness or severe discomfort you may experience.

Attending the assessment

Once you have completed the ESA50, you will usually be called for a face-to-face assessment at your nearest assessment centre. The process usually takes between 20 and 60 minutes.

If you are unable to travel to the centre because of your medical condition, you can ask for the assessment to be carried out at home.

For people with a brain injury, this assessment should be carried out by a fully trained healthcare professional, who has access to a 'Mental Function Champion' (an experienced health professional who has direct and relevant work experience of helping patients with mental health problems) for advice. It is important to note that it is not a medical examination, but is an assessment of how you perform the daily living activities listed in the ESA50 form.

You may not always be asked about each activity specifically or in an obvious way. It may be that you enter into what you believe to be an ordinary conversation, including questions such as:

- "How did you get here today?"
- "How do you normally spend your day?"
- "What kind of things do you have/cook for dinner?"

These questions are not conversation but form part of your assessment, so consider your answers carefully.

When you are describing an activity that you do, make sure you explain it thoroughly. Note the difference in the following examples:



- “I go to the gym 3 times per week”
- “I attend the gym 3 times a week as part of a programme to help me improve my mobility/balance”
- “I cook for myself”
- “I cook for myself, but can only manage microwave meals as I have left pots/pans unattended in the past”
- “I shower daily”
- “My wife reminds me to shower daily. I always leave the bathroom door unlocked in case I slip in the shower.”

You can have someone attend the assessment with you if you wish, for example a family member, carer or support worker. This may be helpful to you if you think you will have difficulty communicating with the assessor or are worried that you will forget to tell them something important.

Remember to read through your completed ESA50 before you go. If you have additional points you want to tell the assessor, write them down beforehand in a notebook and take this with you. Ask the assessor for a moment at the end for you to read your notes and check that you have told them everything you wanted to.

Your behaviour on the day of the assessment will be observed. If you said on the ESA50 that you need to be accompanied outdoors, but have made your way to the assessment on your own, or, if you have said you are unable to sit for long periods and then sit through a lengthy assessment, you will cast doubt on the information you are giving.

The most important thing to remember is this – please do not worry about attending the assessment. Yes, it can be stressful for you, but try to concentrate on everything you wish to get across, and don't assume the assessor will know or understand brain injury – the chances are they won't – you will need to spell it out!

The decision and appeals

You will receive a letter from the DWP outlining whether you have been awarded ESA, which group you have been placed in and how long the award is for.

If you are told that you are not entitled to ESA, you have a right to ask the DWP to reconsider their decision. You should contact the office that made the decision and ask them to reconsider. You will need to say why you disagree.



If you are still unhappy after the DWP have reconsidered the decision, you then have the right to appeal. Details of what to do if you do not agree with the reconsideration will be included in the decision letter.

You can appeal by letter or on form SSCS1, available at www.gov.uk/government/publications/notice-of-appeal-against-a-decision-of-the-department-for-work-and-pensions-sscs1, and you must send your appeal directly to the Tribunals Service.

Please remember that you may not receive any ESA while the DWP are reconsidering their decision, but you can receive ESA while you are appealing. You may be entitled to other benefits such as Jobseeker's Allowance (JSA) during the gap between asking for reconsideration and appealing.

If you have been awarded ESA but are in the 'Work-related activity group', you should seek advice on whether this is appropriate. If you feel you should have been placed in the 'Support group', you will need to appeal the decision.

This factsheet does not provide detailed information on how to appeal, so you should always seek advice and support to ensure you have the best possible chance of success. See *Useful organisations and support* below for more details.

Conclusion

Employment and Support Allowance provides vital income to people who are unable to work or have difficulty working because of their brain injury. The ESA50 form is long and complex, but by accurately describing how your condition affects your day-to-day life, you have the best possible chance of a successful application.

It is important to remember that the WCA process begins with the ESA50 form, and if this does not describe the full extent of your condition, it will be difficult to apply successfully.

You should seek support and advice at all stages to maximise your chance of getting the correct award.

For more information on welfare benefits and details of available support, see the Headway booklet *A guide to welfare benefits after brain injury* or visit www.headway.org.uk/welfare-benefits.aspx.

Alternatively, contact the Headway helpline on 0808 800 2244 or helpline@headway.org.uk.



Useful organisations and support

There are a number of useful organisations and websites that can provide support in making a claim for benefits.

Local support

Citizens Advice Bureau (CAB)

The CAB operates a network of over 3,500 advice bureaux across the UK that provide information and support with benefits claims. You can find your nearest bureau in the telephone directory or online at:

- England and Wales: www.citizensadvice.org.uk
- Northern Ireland: www.citizensadvice.co.uk
- Scotland: www.cas.org.uk

Disability Information and Advice Line (DIAL)

DIAL is an independent network of local disability information and advice services run by and for disabled people in England and Wales. DIAL is supported by Scope.

- Visit www.scope.org.uk/dial or call the Scope helpline on 0130 231 0123 to find your nearest DIAL

Headway Groups and Branches

Many local Headway services can provide help with completing benefits forms and advice on benefits-related issues. Contact your nearest Headway to find out how they can help.

- You can find your local Headway group or branch at www.headway.org.uk/in-you-area.aspx or by calling our helpline

Law Centres

A network of Law Centres across England, Wales and Northern Ireland provide free, independent legal advice and representation targeted at those most in need.

- Find your nearest Law Centre at www.lawcentres.org.uk

Local Authority Welfare Rights Advisers

Many local authorities employ welfare rights advisers who can offer benefits advice, but the service differs from area to area. Contact your local authority for more details.



Information and online support

Adviceguide

Self help information from Citizens Advice. Detailed information on welfare benefits including ESA and the Work Capability Assessment.

- www.adviceguide.org.uk

Benefits and Work

Comprehensive guides to claiming benefits and an active discussion forum. A small annual fee is payable.

- www.benefitsandwork.co.uk

Disability Rights UK

Detailed information on welfare benefits, including advice on making a claim for ESA, the WCA process and appeals.

- www.disabilityrightsuk.org

Employment and Support Allowance on Gov.uk

A basic guide to ESA on the Government's official website. Includes information on how to make an initial claim and how to appeal if you disagree with a decision.

- www.gov.uk/employment-support-allowance

To discuss any issues raised in this factsheet, or to find details of our local groups and branches, please contact the Headway helpline free of charge on 0808 800 2244 (Monday - Friday, 9am-5pm) or by email at helpline@headway.org.uk.

You can also find more information and contact details of groups and branches on our website at www.headway.org.uk/supporting-you.

This factsheet is written by:

- Kathleen McMonagle (Client Relations and Corporate Social Responsibility Manager, Digby Brown LLP)
- Jacqueline Lange (Welfare Rights Adviser, Digby Brown LLP)
- Andrew Taylor (Website Manager, Headway - the brain injury association)

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