

# A guide to Incapacity Benefit – The Personal Capability Assessment

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## Terminology

**Approved Healthcare professional** A healthcare professional (doctor or nurse) who has been approved by the Department for Work and Pensions' Chief Medical Adviser.

**Decision maker** The person who decides if a person is entitled to benefit.

**Disability** Impairment or limitation of ability in each activity area.

**Non-functional incapacity** Conditions where although the person could carry out all the activities in the Personal Capability Assessment they would be treated as meeting the threshold of incapacity for benefit purposes.

**Own Occupation Test** A test given to people during the first 28 weeks of incapacity that assesses if a person is able to do their own job.

**Personal Capability Assessment** A medical assessment which is used to determine if a person is considered as meeting the threshold of incapacity for benefit purposes.

**Threshold of incapacity** The level at which the effects of a person's medical condition on their functional capacities is such that they are treated for benefit purposes as incapacitated rather than unemployed.

## **Introduction**

The Personal Capability Assessment is the main medical test for customers claiming incapacity benefits. It sets a threshold of incapacity that must be met as one of the conditions of entitlement to benefit. The main reason for applying the Personal Capability Assessment is therefore to determine whether a person is entitled to benefit.

A further use of the Personal Capability Assessment is being tested alongside personal adviser services in a number of areas. It focuses on what people can do despite their illness or disability as well as determining if the incapacity threshold is met. Where this applies, the approved healthcare professional may produce a separate Capability Report which will contain information about the customer's capabilities and help they may need to return to work. The Capability Report will be sent to the customer's personal adviser who will use it in providing effective help to improve the customer's employability and in planning a return to work. The Capability Report will not be seen by the benefit decision maker and will not be used in determining the claim to benefit. Customers will be advised if a Capability Report is to be prepared in their case.

The Personal Capability Assessment applies to Incapacity Benefit, Severe Disablement Allowance, National Insurance credits for incapacity and in deciding whether the disability premium is awarded on grounds of incapacity in Income Support, Housing Benefit and Council Tax Benefit.

This leaflet sets out the details of the assessment and how it operates in practice.

Medical services for Jobcentre Plus are contracted to a private company. This company supplies the approved healthcare professionals who will provide the Jobcentre Plus decision maker with independent medical opinion of functional capacity. This decision maker is responsible for determining whether the incapacity threshold is met using all the available evidence.

## **Assuring quality**

### **Our Service Standards**

The leaflet Jobcentre Plus Our Service Standards sets out the standard of service you can expect, what you can do to help us to help you and what you can do if things go wrong. It also provides information about our service if you claim benefit, help someone who claims benefit or just want information about benefits.

Jobcentre Plus will help you by:

- dealing with your claim as quickly as possible and keeping you informed about progress and decisions
- being polite and easy to talk to
- giving you accurate benefit advice and information
- being fair
- following the rules of the Social Security and Data Protection Acts, and the principles of Open Government, and
- asking for your views and using them to give you the service you want.

For more information about the Customer Charter, get leaflet OSSA5JP 'Jobcentre Plus Our Service Standards'.

### **Principles of decision making**

Benefit decisions are made by decision makers who are suitably trained and experienced to do so. The decision maker must make a decision by considering all the evidence and applying the law to the facts of each claim. Their judgement must be reasonable and made with unbiased discretion.

### **Making decisions**

The role of the decision maker in the Personal Capability Assessment is set out on page 21. If you are unhappy with the decision, you have the right to ask for your claim to be looked at again. Full details of this are set out on page 22.

### **Medical quality – the approval process**

An approval process, which has been agreed by the Department for Work and Pensions' Chief Medical Adviser, helps to make sure that:

- approved healthcare professionals work to a consistently high standard throughout the country, and
- customers get a thorough and objective assessment of how their illness or disability affects their ability to carry out the activities in the Personal Capability Assessment.

### **How the approval process works**

The approval process includes a formal assessment of the approved healthcare professional's:

- skills
- knowledge, and
- attitude to customers.

The approval process helps to make sure that all approved healthcare professionals can produce satisfactory reports on a patient's medical condition to the professional and medical quality standards expected by

Jobcentre Plus. Continued approval by the Secretary of State depends on the healthcare professional's on-going satisfactory performance and attending future training events.

The approval process is divided into four stages, followed by a consolidation process.

### **Stage 1 – The prescribed training course**

This is a prescribed training course made up of at least three days classroom training including:

- customer service training
- analysing videotape interviews with customers
- looking at examples of casework
- practice in writing Incapacity Benefit medical reports for the Personal Capability Assessment, and
- an emphasis on assessing the mental health of the customer.

### **Stage 2 – The written assessment of medical knowledge**

This consists of a written test paper which has to be completed to a satisfactory standard.

### **Stage 3 – Supervised practical training and appraisal**

In this stage the healthcare professional carries out assessments under the supervision of an experienced trainer. The emphasis is on:

- customer service
- medical assessment techniques, and
- report writing skills.

The healthcare professional is provisionally approved to carry out unsupervised medical assessments once they have successfully completed the first three stages of the approval process.

### **Stage 4 – Appraisal of casework**

During the period of provisional approval, the healthcare professional's trainer will assess all Incapacity Benefit reports completed by the healthcare professional until his or her competence is assured. This will include at least one report on a customer's mental health problems.

### **Maintenance of approval**

Maintenance of the healthcare professional's approval is dependent upon the healthcare professional continuing to satisfy the required quality standards.

### **Jobcentre Plus professional standards**

These professional standards cover the conduct we expect from healthcare professional working on our behalf.

This means that the approved healthcare professional will:

- make customers feel welcome and at ease
- introduce themselves and wear a name badge
- describe the purpose and nature of the medical assessment
- encourage the customer to bring a friend or relative to the medical assessment if they want to
- allow the customer enough time to talk about their medical condition
- carry out the examination gently to avoid any unnecessary discomfort to the customer, and
- answer any reasonable question.

Complaints about the way examinations are carried out are considered by the medical services. Full details about complaints procedures are available to customers when they attend examinations.

### **Validating Medical Quality**

The Chief Medical Adviser to the Department for Work and Pensions is responsible for validating all medical quality processes on behalf of Jobcentre Plus.

## **The Personal Capability Assessment**

The Personal Capability Assessment will be applied to the majority of customers after the first 28 weeks of incapacity. It will assess whether, for the purposes of determining entitlement to incapacity benefits, the person is considered as meeting the threshold of incapacity for benefit purposes. During the first 28 weeks of incapacity most people who have a regular occupation will be assessed against their ability to do their own job. This is known as the 'own occupation' test.

The Personal Capability Assessment looks at the effects of any medical condition or disability on an individual's ability to carry out a range of everyday activities relevant in the Personal Capability Assessment.

It will involve:

- **activities** – of the body and mind, for example – walking, sitting and standing, which are relevant to capacity for work
- **descriptors** – clearly worded statements of functional ability ranked according to their incapacitating effect for each activity. Where more than one descriptor for any activity applies, only the highest score will count
- **thresholds for benefit** – the level for each activity at, or above which, the effect of the medical condition is such that the person will be treated as incapacitated for benefit purposes
- **lower thresholds** – the level for each activity at which the effects of the medical condition begin to impair the ability to carry out the activities in the assessment. Problems less severe than this threshold are not taken into account

- **a score, or set of scores** – for the descriptors, which lie at or above the lower threshold, and below the threshold for benefit, so that the effect of combinations of impaired functions can be assessed. For convenience, impairment or limitation of ability in each activity area is referred to as ‘disability’ in this leaflet. The descriptors which describe a level of impairment judged to have no major impact on ability to carry out the activities in the assessment carry a score of zero, and
- **non-functional incapacity** – conditions where although the person could carry out the activities in the Personal Capability Assessment they would be treated as meeting the threshold of incapacity for benefit purposes.

## Activities

The activities relevant to the assessment are:

- Sitting
- Reaching
- Rising from sitting
- Lifting and carrying
- Bending and kneeling
- Vision
- Standing
- Speech
- Walking
- Hearing
- Walking up and down stairs
- Remaining conscious
- Manual dexterity
- Continence

In addition there are four mental activities:

- Completion of tasks
- Coping with pressure
- Daily living
- Interaction with other people

The section ‘The assessment of mental health’ (page 19) describes the assessment of mental health disabilities. The sections ‘Descriptors and scores for each activity’ (page 24) and ‘Mental health descriptors’ (page 30) describe what is meant by the activities, the descriptors within each of them and the associated scores. For example, within the activity ‘Walking’ there are seven descriptors:

- a) Cannot walk at all
- b) Cannot walk more than a few steps without stopping or severe discomfort
- c) Cannot walk more than 50 metres without stopping or severe discomfort
- d) Cannot walk more than 200 metres without stopping or severe discomfort

- e) Cannot walk more than 400 metres without stopping or severe discomfort
- f) Cannot walk more than 800 metres without stopping or severe discomfort
- g) No problem with walking.

Within each activity, the descriptors cover a range of ability.

### **Combinations of disabilities**

Many people on Incapacity Benefits suffer from two or more disabilities. The assessment therefore includes a means of assessing the combined effects of different disabilities, with weighted scores attached to each relevant descriptor.

People with a combination of disabilities each of which is at or above the lower threshold, but below the threshold for benefit, will qualify if the scores for those disabilities add up to 15 or more. For example, someone may be able to walk 50 metres or more but could not walk for 200 metres without stopping or severe discomfort. This by itself would score 7. However, if the person also had difficulties with 'Manual dexterity' such that they were unable to tie a shoe lace, see page 26, this would score an additional 10. The total score of 17 would bring the person above the threshold of 15 and they would meet the threshold of incapacity.

Where a person scores in both 'Walking' and 'Walking up and down stairs', only the highest score will apply.

### **Non-functional incapacity**

There are a minority of conditions that do not lend themselves to a functional assessment. For example, the individual could carry out all the activities in the assessment, but it would still be reasonable to treat them as incapacitated for benefit purposes.

To ensure that anyone in this situation is given a fair assessment of their incapacity, after carrying out the functional assessment, a decision maker will need to consider whether there is evidence of the following:

- a severe uncontrolled or uncontrollable disease
- or a previously undiagnosed potentially life-threatening condition
- or the person requires a major surgical operation or other major therapeutic procedure within three months of the date of the medical assessment
- or the person suffers from a specific disease or disablement and because of this there would be a substantial risk to the mental or physical health of any person if they were found capable of work.

Normally the evidence available to the decision maker will include advice from an 'approved healthcare professional'. This means a healthcare professional who has been approved by the Department for Work and Pensions' Chief



Medical Adviser after they have completed a programme of training and appraisal. The section 'Assuring quality' (page 7) describes how the approval process works.

### **Exempt categories**

It is recognised that some medical conditions can be so disabling that it is possible to treat the threshold of incapacity as being met without the need for a functional medical assessment. Where possible, Jobcentre Plus will try to identify such customers without the need for a medical examination.

The exempt categories are:

- those assessed as 80% disabled for disablement benefit, War Pension or Severe Disablement Allowance purposes
- people in receipt of the highest rate care component of Disability Living Allowance and the higher rates of Constant Attendance Allowance paid with War Pensions or Industrial Injuries Benefit
- people who are terminally ill
- people who are registered blind
- people suffering from the following severe medical conditions:
  - a severe mental illness involving the presence of mental disease, which severely and adversely affects a person's mood or behaviour, and which severely restricts their social functioning, or their awareness of their immediate environment
  - tetraplegia
  - paraplegia, or uncontrollable involuntary movements or ataxia which effectively render the sufferer functionally paraplegic
  - persistent vegetative state
  - severe learning disabilities
  - severe and progressive neurological or muscle-wasting diseases
  - active and progressive forms of inflammatory polyarthritis
  - progressive impairment of cardio-respiratory function which severely and persistently limits effort tolerance
  - dementia
  - dense paralysis of the upper limb, trunk and lower limb on one side of the body
  - multiple effects of impairment of function of the brain and/or nervous system causing severe and irreversible motor sensory and intellectual deficits
  - manifestation of severe and progressive immune deficiency states characterised by the occurrence of severe constitutional disease or opportunistic infections or tumor formation.

In addition people getting Severe Disablement Allowance on 12 April 1995 are treated as meeting the threshold of incapacity under the Personal Capability Assessment provided medical certificates continue to be supplied.

## Application of the Personal Capability Assessment

This section describes the procedures for applying the assessment to the majority of claims. The assessment of mental health sets out the special procedures that will be considered for those people suffering from mental health problems.

### Questionnaire

Although the Personal Capability Assessment will normally be applied from the 29th week of incapacity, the procedures for assessment may be started before the 29th week. The 'own occupation' test will apply during the first 28 weeks to most customers with a regular occupation.

The 'own occupation' test will be based on a statement (form **MED 3**) from the customer's own doctor that the customer should refrain from work. Statutory Sick Pay will continue to be paid for up to 28 weeks to most people who work for an employer. Incapacity Benefits will continue to be paid until the assessment process has been completed.

Once the Personal Capability Assessment applies Jobcentre Plus staff will attempt to identify those customers who are exempt from the information gathering stages of the assessment – see 'Exempt categories' on pages 14–15. Such cases will be sent to the decision maker for an immediate assessment as to whether the customer should be treated as meeting the threshold of incapacity. Other customers will be sent a questionnaire to complete (form **IB50**).

The questionnaire will seek the customer's views on the effects of their medical condition in each of the functional areas in the assessment. The customer will be asked to identify (by a tick in a box) the descriptor in each affected area which best describes the effect of the medical condition, and to give any further information they think should be taken into account. It also gives the customer the opportunity to provide information on any special needs they may have. Special needs may include the customer requiring an interpreter at their examination.

The customer's own doctor will provide a statement (form **MED 4**), the first time the Personal Capability Assessment is applied during a spell of incapacity, setting out the diagnosis of the customer's condition and its disabling effects. The doctor may include additional information, but they will not be required to read, or to comment on, the customer's information in the questionnaire, or to provide an opinion on whether the customer is incapacitated for benefit purposes.

The customer will then return the questionnaire and statements to Jobcentre Plus. A decision maker will consider whether there is sufficient information to decide entitlement to benefit. Given the wide variability of effects of medical conditions between individuals, the majority of cases will be referred for a medical opinion from an approved healthcare professional.

The approved healthcare professional will consider all the available evidence on the claim. The approved healthcare professional may form the view that they can give advice to the decision maker on the basis of that evidence.

The approved healthcare professional may consider that further information from the customer's own doctor is required and/or that the customer should be medically examined. **No customer will be found as not meeting the threshold of incapacity without either having a medical examination or having been offered one.**

### **The medical examination**

An examination does not always mean that the approved healthcare professional will undertake a physical examination of the customer. The healthcare professional may just want to talk to the customer about how their illness or disability affects their everyday activities. The customer will have an opportunity to give any other information relevant to their assessment.

The approved healthcare professional will consider all the information and exercise clinical judgement to reach an opinion on the nature and severity of the effects of the medical condition. The approved healthcare professional will take full account of factors such as pain, fatigue, stress and of the possible variability of the condition. For example, if someone can perform a particular activity only by incurring a considerable degree of pain, they will be classed as being incapable of performing that activity. The approved healthcare professional will also consider the effects of the condition on the customer over time, so that the opinion will not be based on a snapshot of the customer's condition on the day of the medical examination.

The approved healthcare professional's task of considering the effects of a condition is different from that of a GP needing to make a diagnosis and plan treatment. The interview and examination may therefore be different from that which you might expect to get from your GP.

The approved healthcare professional provides advice to the benefit decision maker for each activity area. The approved healthcare professional will provide a full explanation for their advice particularly where the opinion is different from the customer's own perception of their functional limitations.

The approved healthcare professional will also provide advice to the decision maker on whether any of the non-functional incapacities set out on page 13 apply.

This examination, by the approved healthcare professional for the Personal Capability Assessment, is different from the approach the customer's own doctor might take when considering whether the customer is fit for their usual occupation.

Medical Services are required, where possible, to provide a same sex healthcare professional any time a customer asks for one. A customer may wish to make arrangements for a relative or friend to be present during the examination.

When the approved healthcare professional decides that a customer should be medically examined it is important that the customer keeps the appointment and attends the examination. A customer's benefit may be affected if they miss the appointment for no good reason. Customers who cannot attend the examination should contact the Medical Examination Centre beforehand to arrange another date.

## **The assessment of mental health**

### **Severe mental health problems**

In any case where mental health problems have been identified, the customer's own doctor(s) will be asked for information to help determine the severity of the problem. The process will distinguish between severe mental health problems and mild/moderate mental health problems. Severe problems involve the presence of mental disease, which severely and adversely affects a person's mood or behaviour, and which severely restricts their social functioning, or their awareness of their immediate environment – see 'Exempt categories' on pages 14–15.

### **Mild/moderate mental health problems**

All other customers with a mental health problem will be asked to complete the general questionnaire **IB50** to establish if there are any physical or sensory disabilities present. As well as providing space to record details of mental health problems, the questionnaire allows for details of anyone currently providing specialist treatment to be recorded, for example, a Health Care Professional. It does not ask specific questions about mental health. Assistance in completing the questionnaire will be available if a customer should need it. Unless it is clear from the written evidence that the customer meets the threshold of incapacity because of physical or sensory disabilities they will usually be asked to attend an examination by an approved healthcare professional.

### **Descriptors of mental function**

The mental health part of the Personal Capability Assessment covers four areas of activity:

- completion of tasks
- daily living
- coping with pressure, and
- interaction with other people.

The approved healthcare professional will interview the customer to get information about the mental health problem and how it affects the 4 areas of activity. The healthcare professional will provide advice to the benefit decision maker

under each of these 4 headings. The healthcare professional provides this advice in

relation to the questions set out on pages 30–31 in the section ‘Mental health descriptors’.

The effects of any physical or sensory impairment or of medication being taken by the customer will also be taken into account.

If, in any case, the approved healthcare professional considers that there is an undiagnosed psychiatric condition, further information will be sought from the customer and, if necessary, the customer’s own doctor.

The threshold for benefit for mental health problems is 10 points. This is not a lower threshold for benefit than for physical and sensory impairment, but the result of a different scoring system. The lower threshold is 6 points. Where a mental health problem which exceeds the lower threshold is present with a physical or sensory problem, a score of 9 will be added to the physical or sensory score. This weighting takes account of the particular aggravating impact of mental health problems on the ability to work, when in combination with physical and/or sensory disabilities. The threshold for benefit for such combinations is 15.

After assessing the effects of mental health problems the approved healthcare professional will consider whether any non-functional incapacities, set out on page 13, apply to the case. The approved healthcare professional will then provide appropriate advice which the decision maker will consider.

## **How assessments are decided**

### **The role of the decision maker**

As with other social security benefits, the decision on entitlement to Incapacity Benefit or credits will be taken by a decision maker, who will consider carefully all the evidence. This will include the customer’s questionnaire, the information provided by the customer’s own doctor and the advice of the approved healthcare professional.

If the decision maker finds that the customer scores 15 points in any one activity, or a total of 15 or more points from a combination of activities, the threshold of incapacity is met for benefit entitlement purposes (see pages 19–20 if there are mental health problems). In light of advice from the approved doctor, the decision maker will advise when the question of the customer’s incapacity should be reviewed. This will depend on when a change in the medical condition is expected to occur.

If the score is 14 or below, the customer will be found as not meeting the threshold of incapacity under the Personal Capability Assessment (see pages 19–20 if there are mental health problems). Consideration will then be given to whether the approved doctor has advised that any of the non-functional incapacities set out on page 13 apply. Consideration will also be given to other medical evidence from a doctor or hospital. If it is considered, one or more of the criteria do apply, the customer will be treated as meeting the incapacity threshold.

The customer's own doctor will be required to give an opinion on fitness for their usual occupation prior to the application of the Personal Capability Assessment. This opinion will not be considered as part of the Personal Capability Assessment. Following the Personal Capability Assessment, the customer's own doctor will be advised that they are no longer required to issue any further certificates for that current spell of incapacity. However, the decision maker may consider evidence of a significant change in the customer's medical condition.

### **Information about the decision**

If the decision maker determines that you meet the threshold of incapacity, your benefit or credits will continue as normal. You will be notified of the decision maker's decision. You will also be told when your next assessment is likely to be.

Where a customer is assessed as not meeting the threshold of incapacity, payment of Incapacity Benefits or credits on account of incapacity will stop. Advice will be given about registering for employment and claiming other benefits.

If you want to know more about our decision or if you think it is wrong, get in touch with the office dealing with your claim and ask us to explain our decision and the medical evidence on which the decision was based. You should not delay in contacting us to seek an explanation.

If you still think the decision is wrong, we will look at it again. If the decision can be changed we will send you a new decision. If we cannot change the decision we will tell you why.

If you still disagree with the decision you can appeal to an independent appeal tribunal.

In any appeal, where the dispute is about the severity of the effects of the medical condition (where the customer and the approved healthcare professional disagree about the severity), the tribunal will include a medically qualified member who is a doctor.

Any customer who is dissatisfied with the decision of the appeal tribunal will have further rights to appeal to the Social Security Commissioners and to the courts, but only on points of law.

For more information about appeals, get leaflet **GL24DWP** 'If you think our decision is wrong' from Jobcentre Plus. It includes a form which you can use to write out your appeal.

## Reporting changes of circumstances

### If your incapacity changes or your condition improves

You must tell us straightaway if there is an improvement in your condition and you are able to do more or gradually start to feel better over a longer period of time.

This could be as a result of:

- surgery
- the use of aids or appliances, and/or
- a change in your medication.

You must also tell us straight away if your incapacity changes.

If this happens we may have to look at your claim again. We may ask you to fill in form **IB50** Incapacity for Work questionnaire and to attend a medical assessment.

## Descriptors and scores for each activity

### Sitting in an upright chair with a back but no arms

Descriptor	Points
a Cannot sit comfortably	15
b Cannot sit comfortably for more than 10 minutes without having to move from the chair because the degree of discomfort makes it impossible to continue sitting	15
c Cannot sit comfortably for more than 30 minutes without having to move from the chair because the degree of discomfort makes it impossible to continue sitting	7
d Cannot sit comfortably for more than one hour without having to move from the chair because the degree of discomfort makes it impossible to continue sitting	3
e Cannot sit comfortably for more than two hours without having to move from the chair because the degree of discomfort makes it impossible to continue sitting	0
f No problem with sitting	0

<b>Rising from sitting from an upright chair with a back but no arms</b>	
<b>Descriptor</b>	<b>Points</b>
a Cannot rise from sitting to standing	15
b Cannot rise from sitting to standing without holding on to something	7
c Sometimes cannot rise from sitting to standing without holding on to something	3
d No problem with rising from sitting to standing	0

<b>Bending and kneeling</b>	
<b>Descriptor</b>	<b>Points</b>
a Cannot bend to touch knees and straighten up again	15
b Cannot either bend or kneel, or bend and kneel, as if to pick up a piece of paper from the floor and straighten up again	15
c Sometimes cannot either bend or kneel, or bend and kneel, as if to pick up a piece of paper from the floor and straighten up again	3
d No problem with bending and kneeling	0

<b>Standing without the support of another person; may use a walking stick</b>	
<b>Descriptor</b>	<b>Points</b>
a Cannot stand unassisted	15
b Cannot stand for more than a minute before having to sit down	15
c Cannot stand for more than 10 minutes before having to sit down	15
d Cannot stand for more than 30 minutes before having to sit down	7
e Cannot stand for more than 10 minutes before having to move around	7
f Cannot stand for more than 30 minutes before having to move around	3
g No problem with standing	0

<b>Walking on level ground with a walking stick or other aid if normally used</b>	
<b>Descriptor</b>	<b>Points</b>
a Cannot walk at all	15
b Cannot walk more than a few steps without stopping or severe discomfort	15
c Cannot walk more than 50 metres without stopping or severe discomfort	15
d Cannot walk more than 200 metres without stopping or severe discomfort	7
e Cannot walk more than 400 metres without stopping or severe discomfort	3



f Cannot walk more than 800 metres without stopping or severe discomfort	0
g No problem with walking	0

### **Walking up and down stairs**

<b>Descriptor</b>	<b>Points</b>
a Cannot walk up and down one stair	15
b Cannot walk up and down a flight of 12 stairs	15
c Cannot walk up and down a flight of 12 stairs without holding on and taking a rest	7
d Cannot walk up and down a flight of 12 stairs without holding on	3
e Can only walk up and down a flight of 12 stairs if going sideways or one step at a time	3
f No problem with walking up and down stairs	0

### **Manual dexterity**

<b>Descriptor</b>	<b>Points</b>
a Cannot turn the pages of a book with either hand	15
b Cannot turn a sink tap or the control knobs on a cooker with either hand	15
c Cannot pick up a coin which is 2.5 centimeters or less in diameter with either hand	15
d Cannot use a pen or pencil	15
e Cannot tie a bow in laces or string	10
f Cannot turn a sink tap or the control knobs on a cooker with one hand but can with the other	6
g Cannot pick up a coin which is 2.5 centimetres or less in diameter with one hand but can with the other	6
h No problem with manual dexterity	0

### **Reaching**

<b>Descriptor</b>	<b>Points</b>
a Cannot raise either arm as if to put something in the top pocket of a coat or jacket	15
b Cannot raise either arm to their head as if to put on a hat	15
c Cannot put either arm behind their back as if to put on a coat or jacket	15
d Cannot raise either arm above their head as if to reach for something	15
e Cannot raise one arm to their head as if to put on a hat but can with the other	6
f Cannot raise one arm to their head as if to reach for something but can with the other	0
g No problem with reaching	0

**Lifting and carrying by use of upper body and arms**

<b>Descriptor</b>	<b>Points</b>
a Cannot pick up a paperback book with either hand	15
b Cannot pick up and carry a 0.5 litre carton of milk with either hand	15
c Cannot pick up and pour from a full saucepan or kettle of 1.7 litre capacity with either hand	15
d Cannot pick up and carry a 2.5 kilogramme bag of potatoes with either hand	8
e Cannot pick up and carry a 0.5 litre carton of milk with one hand but can with the other	6
f Cannot pick up and carry a 2.5 kilogramme bag of potatoes with one hand but can with the other	0
g No problem with lifting and carrying	0

**Vision in normal daylight with glasses**

<b>Descriptor</b>	<b>Points</b>
a Cannot tell light from dark	15
b Cannot see the shape of furniture in the room	15
c Cannot see well enough to read 16 point print at a distance greater than 20 centimetres	15
d Cannot see well enough to recognise a friend across the room at a distance of at least 5 metres	12
e Cannot see well enough to recognise a friend across the room at a distance of at least 15 metres	8
f No problem with vision	0

**Speech**

<b>Descriptor</b>	<b>Points</b>
a Cannot speak	15
b Speech cannot be understood by family or friends	15
c Speech cannot be understood by strangers	15
d Strangers have great difficulty understanding speech	10
e Strangers have some difficulty understanding speech	8
f No problem with speech	0

**Hearing with a hearing aid if used**

<b>Descriptor</b>	<b>Points</b>
a Cannot hear sounds at all	15
b Cannot hear well enough to follow a television programme with the volume turned up	15
c Cannot hear well enough to understand someone talking in a loud voice in a quiet room	15
d Cannot hear well enough to understand someone talking in a normal voice in a quiet room	10
e Cannot hear well enough to understand someone talking in a normal voice on a busy street	8
f No problem with hearing	0

## **Remaining conscious without having epileptic or similar seizures during waking moments**

<b>Descriptor</b>	<b>Points</b>
a Has an involuntary episode of lost or altered consciousness at least once a day	15
b Has (as above) at least once a week	15
c Has (as above) at least once a month	15
d Has had (as above) at least twice in the six months before the test is applied	12
e Has had (as above) once in the six months before the test is applied	8
f Has had (as above) once in the three years before the test is applied	0
g Has no problems with consciousness	0

## **Continence (other than enuresis – bed wetting)**

<b>Descriptor</b>	<b>Points</b>
a No voluntary control over bowels	15
b No voluntary control over bladder	15
c Loses control of bowels at least once a week	15
d Loses control of bowels at least once a month	15
e Loses control of bowels occasionally	9
f Loses control of bladder at least once a month	3
g Loses control of bladder occasionally	0
h No problem with continence	0

## **Mental health descriptors**

### **Completion of tasks**

<b>Descriptor</b>	<b>Points</b>
a Cannot answer the telephone and reliably take a message	2
b Often sits for hours doing nothing	2
c Cannot concentrate to read a magazine article or follow a radio or television programme	1
d Cannot use a telephone book or other directory to find a number	1
e Mental condition prevents them from undertaking leisure activities previously enjoyed	1
f Overlooks or forgets the risk posed by domestic appliances or other common hazards due to poor concentration	1
g Agitation, confusion or forgetfulness has resulted in potentially dangerous accidents in the three months before the test is applied	1
h Concentration can only be sustained by prompting	1

## Daily living

Descriptor	Points
a Needs encouragement to get up and dress	2
b Needs alcohol before midday	2
c Is frequently distressed at some time of the day due to fluctuation of mood	1
d Does not care about appearance and living conditions	1
e Sleep problems interfere with daytime activities	1

## Coping with pressure

Descriptor	Points
a Mental stress was a factor in making them stop work	2
b Frequently feels scared or panicky for no apparent reason	2
c Avoids carrying out routine activities because convinced they will prove too tiring or stressful	1
d Is unable to cope with changes in daily routine	1
e Frequently finds there are so many things to do that they give up because of fatigue, apathy or disinterest	1
f Is scared or anxious that work would bring back or worsen their illness	1

## Interaction with other people

Descriptor	Points
a Cannot look after themselves without help from others	2
b Gets upset by ordinary events and it results in disruptive behavioural problems	2
c Mental problems impair ability to communicate with other people	2
d Gets irritated by things that would not have bothered them before they became ill	1
e Prefers to be left alone for six hours or more each day	1
f Is too frightened to go out alone	1

## Further information

If you have any problems to do with Incapacity Benefit get in touch with Jobcentre Plus. You will find the phone number in the business pages of the phone book.

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Remember that this leaflet is a guide only. It is not meant to say exactly what your legal rights are. While we have tried to make sure that the information in this leaflet is correct at the date shown on the cover, it is possible that there may be incorrect information or some items may be oversimplified. Also, please remember that the information in this leaflet is likely to become less accurate over time, for example because of changes to the law.

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