

**Health and Benefits
Division**

Transformation of the Personal Capability Assessment

Technical Working Groups' Phase 1
Evaluation Report

Commissioned by the Department for
Work and Pensions

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Executive summary

The Personal Capability Assessment (PCA) was developed in the early 1990s, as an objective and impartial assessment of functional limitation, to identify those people whose level of functional limitation was such that it was unreasonable to expect them to seek work in the open market.

Since its development there have been many changes: in the prevalence of disabling conditions; in advances in medical science resulting in new and more effective medical interventions; and in the workplace environment. A review of the PCA was therefore commissioned, to ensure that it remains a fair, robust and accurate assessment of limited capability for work, in light of the changes that have taken place. The review was carried out by external, independent Technical Working Groups comprising healthcare and other professionals, and working in consultation with stakeholder consultative groups. A number of recommendations were made, for changes to both the physical and mental health elements of the assessment.

The Transformation of the Personal Capability Assessment Report published in September 2006 recommended early evaluation of the revised descriptors for mental and physical function assessments, to test the hypothesis that the revised descriptors will accurately identify those customers who have limited capability for work.

An early and limited evaluation was carried out in October and November by members of the independent Technical Working Groups responsible for the review. Despite the small number of cases studied, and the acknowledged limitations of this early study, the Technical Working Groups identified and were confident to recommend immediate adjustments to some of the descriptors. The adjustments were to:

- avoid overlap between functional activities
- clarify the wording of individual descriptors; and
- add a physical function descriptor

Most of the amendments were to the mental function assessment. This is not surprising, given that the revised mental function assessment is radically different in concept and approach from the current assessment.

It was the intention that this initial study would involve only a small number of cases. No firm conclusions can be drawn from this study regarding changes in the benefit allowance or disallowance rate in comparison to the current test.

A further, more extensive evaluation is under way, using a larger and more representative sample of cases. A full report will be published when this evaluation has been completed. Recommendations on further evaluations required will be made as part of this report.

Summary of recommendations

- Overall, the technical working groups felt that the revised assessment will accurately identify those customers with limited capability for work; but further work is needed to refine the revised descriptors
- Some areas for improvement have been identified
- Some adjustments are needed, particularly to the mental function activities and descriptors, so that the assessment more accurately reflects limited capability for work
- Doctors carrying out the assessment need training and guidance in applying the revised descriptors
- Further evaluation is needed, with a more representative sample of cases, to test the adjustments that have been made to activities and descriptors

I Introduction

1. The review of the Personal Capability Assessment (PCA) was commissioned to ensure that the test, developed in the 1990s, remains relevant to the changing environment. Since the 1990s there have been changes in the prevalence of disabling conditions; in the availability of effective medical interventions; and in the workplace environment. The review was not commissioned with the intention of restricting entitlement to benefit for those who have limited capability for work. It was commissioned to ensure that the PCA remains a fair and accurate assessment of limited capability for work, in light of the changes that have taken place since its introduction, and in light of ten years' experience of administering the assessment.
2. An initial (Phase 1) evaluation of the revised PCA descriptors and scores was carried out in October 2006. This was an early and limited piece of analysis, to test the hypothesis that the revised descriptors and scores will accurately identify those customers who have limited capability for work.
3. The evaluation was carried out by representatives of the independent Technical Working Groups who had developed the revised descriptors and scores, using reports completed by doctors from Atos Origin Medical Services. The Technical Working Groups were asked to evaluate the reports against a number of criteria.
4. This was intentionally a small study, from which no conclusions can be drawn regarding the effect of the revised assessment on benefit allowances or disallowances. Despite the small number of cases studied, and the acknowledged limitations of this early study, the Technical Working Groups identified and were confident to recommend immediate adjustments to some of the descriptors which could then be tested out during the Phase 2 evaluation.
5. Following discussion and agreement of all members of the Technical Working Groups, the evaluation findings, and the recommendations for adjustments to some of the activities and descriptors, were shared with the PCA Consultative Groups. They have since been used to begin drafting regulations governing the assessment of limited capability for work. Further changes to the wording of descriptors have been made in drafting regulations, in consultation with lawyers. Further refinement of the regulations will be made following the Phase 2 evaluation.

II. Methodology

1. During the weeks beginning 16th and 23rd October, Atos Origin Medical Services doctors completed both current and revised assessments on over 100 Incapacity Benefit customers at three medical examination centres. Atos Origin doctors were used to complete the reports as they are the ones with expertise in applying the current PCA. The doctors were asked to complete a report as usual based on the current PCA descriptors; this was then used by decision makers to determine entitlement to Incapacity Benefit. The doctors were asked to gather appropriate information from the customer to enable them to also complete a report based on the revised PCA descriptors as had been recommended by the Technical Working Groups in the September report.
2. Assessments for benefit entitlement using the current PCA were completed in the normal way, electronically using LiMA (Atos Origin's Logic Integrated Medical Assessment information technology software). Reports based on revised descriptors were completed manually, as there is as yet no LiMA programme that reflects the revised assessment.
3. The cases included a mix of customers with physical conditions, mental conditions, and both physical and mental conditions.
4. Evaluation was carried out on 31 October by a subgroup comprising independent technical experts from the two Technical Working Groups, together with doctors from Atos Origin and DWP Health and Benefits Division. The role of the doctors was to advise the Technical Working Group members on technical aspects of Incapacity Benefit reports and legislation governing entitlement to benefit, not to take part in or influence the evaluation itself.
5. Of just over 100 cases collected, 58 were studied in detail. Of these:
 - 30 had a mental health condition
 - 18 had a physical function condition
 - 10 had both physical and mental health conditions
6. Of the remaining 46 cases not studied in detail, 22 had a mental health condition, 21 a physical function condition, and 3 had both physical and mental health conditions.
7. In mental health conditions, anxiety/depression of varying degrees of severity was the predominant diagnosis; but there were also diagnoses of drug/alcohol abuse, schizophrenia, chronic fatigue syndrome with intellectual dysfunction. Physical function cases included a range of upper and lower limb conditions, back pain, cardiorespiratory conditions, and conditions affecting consciousness

(epilepsy) and continence (irritable bowel syndrome). Cases with both physical and mental conditions presented with a similar range of diagnoses.

8. The Technical Working Group members were asked to evaluate each case against the following criteria:
 - Does the revised PCA score accurately reflect limited capability for work [and if not, is the issue one relating to the test, or to its interpretation and application by Atos Origin Medical Services]
 - Is there overlap between activities in the revised PCA
 - Could the wording of descriptors be improved
 - Are the scores allocated to descriptors appropriate [in particular, does a single score of 15 points accurately reflect limited capability for work; and similarly, does a score of three x 6 point descriptors do so]
 - Can we identify and agree the frequency with which an event needs to occur to score

III Results

1. The Technical Working Groups’ discussion and recommendations against each criterion are summarised below.

Criterion 1: Does the revised PCA score accurately reflect limited capability for work [and if not, is the issue one relating to the test, or to its interpretation and application by Medical Services]?

2. This was an initial evaluation to test the hypothesis that the revised PCA is a fair and accurate assessment of limited capability for work. Not surprisingly, issues for improvement were identified; these are addressed later in the report. In general however, the Technical Working Groups felt the hypothesis was confirmed, and the revised PCA, when correctly applied, will provide an accurate assessment of limited capability for work.
3. The benefit entitlement outcomes, comparing the current with the revised PCA, are shown in the tables:

Table 1 – 58 cases studied

| Case types | Numbers | Outcomes | | | |
|---------------------------------------|---------|------------------|---------------------|-----------------------------------|-----------------------------------|
| | | Both tests allow | Both tests disallow | Current disallows, revised allows | Current allows, revised disallows |
| Physical function | 18 | 4 | 4 | 0 | 10 ¹ |
| Mental function | 30 | 18 | 4 | 7 ² | 1 ³ |
| Physical+mental function ⁴ | 10 | 6 | 2 | 1 ⁵ | 1 ⁶ |

Notes:

1. In 3 cases the revised assessment was felt to have under-scored the claimant’s limitation of function as depicted by the evidence on file. In the remaining 7 it was felt to be a more accurate assessment than the current PCA, of the level of limitation of function
2. In 4 cases, the medical adviser had misunderstood and hence misapplied, some of the mental function activities, thus overestimating the level of limitation of function. In the remaining 3 cases the revised assessment accurately identified significant limitations which not been picked up by the current test
3. The medical adviser in this case did not correctly take account of some aspects of mental function
4. None of these were cases to which “combined scoring” would have applied under the current PCA
5. In this case, “panic attacks” were incorrectly interpreted and scored by the medical adviser, resulting in inappropriate allowance under the new test

6. The change reflected a change from “allow” to “disallow” in the physical function component; mental function was “disallow” in both assessments

Table 2 – 46 cases not studied

| Case types | Numbers | Outcomes | | | |
|--------------------------|---------|------------------|---------------------|-----------------------------------|-----------------------------------|
| | | Both tests allow | Both tests disallow | Current disallows, revised allows | Current allows, revised disallows |
| Physical function | 21 | 3 | 17 | 0 | 1 |
| Mental function | 22 | 12 | 10 | 0 | 0 |
| Physical+mental function | 3 | 1 | 2 | 0 | 0 |

4. As mentioned in the introduction, no firm conclusions can be drawn about changes in the benefit allowance or disallowance rate from such a small sample of cases. The test has been revised to ensure it remains a fair and accurate assessment of limited capability for work; it has not been designed with the objective of excluding from entitlement to benefit, people who have functional limitation such that it is not reasonable to expect them to work. Further quantitative as well as qualitative analysis will be carried out on a larger and more representative sample of cases during the next phase of evaluation.
5. One issue identified was with the interpretation and application of the revised test by Atos Origin doctors. This does not reflect a criticism of the doctors or their medical quality standards. It reflects lack of familiarity in applying the revised assessment, and confirms the already recognised need for clear guidance to be developed. Intentionally, for this evaluation, Atos Origin doctors received very little in the way of training or guidance, because one of the aims of the evaluation was to identify the level of guidance that will be needed when the revised assessment is implemented
6. In relation to physical function a gap was identified in the revised descriptors for “Reaching”, which do not reflect the level of functional limitation that arises from inability to put either arm behind the back. This is particularly in the context of maintaining toilet hygiene unaided by another person. The Technical Working Groups recommended adding the following descriptor: *“Cannot put either arm behind back as if to put on a coat or jacket” (15 points).*

Criterion 2: Is there overlap between the activities of the revised PCA, resulting in activities being “double counted”?

7. Potential overlap, leading to “double counting” of scores, was identified between five pairs of mental function activities:

- Initiation of tasks/forward planning
- Initiation of tasks/maintaining hygiene
- Forming relationships/ability to communicate
- Appropriate behaviour/emotional resilience
- Memory and concentration/awareness of hazard

(i) Initiation of tasks/forward planning

8. The consensus view was that these should remain as separate activities, but that “Forward planning” should be renamed “*Getting about*”, and should specifically relate to inability to travel without the support of another person. This activity would apply to people with agoraphobia, or inability to navigate a route (due for example to brain injury or significant learning disability) and not simply to people experiencing a mild degree of anxiety on going out.

9. “Double counting” between these activities resulted from consideration here, as well as in “Initiation of tasks”, of activities needed for reliable timekeeping – the recommendation therefore was that timekeeping should form part of the consideration when deciding whether “Initiation of tasks” scores points, but should not be taken into account in “*Getting about*”.

(ii) Initiation of tasks/maintaining hygiene

10. These areas were felt to overlap, resulting in double counting. The recommendation was that “Maintaining hygiene” should become a subset of “Initiation of tasks” by including appropriate wording in each of the descriptors. The descriptor was also reworded as “*Initiating and sustaining tasks*”

(iii) Forming relationships/ability to communicate

11. These areas were felt to relate to two aspects of the same function of interrelating with other people (“how you come across to other people” and “how other people come across to you”). The recommendation was that the two existing sets of descriptors should sit under a single heading as “*Dealing with other people*”, so that either aspect of the function could score, but not both.

(iv) Appropriate behaviour/emotional resilience

12. The evaluation showed that “Emotional resilience” is being misunderstood, and hence inappropriately applied – this is a training/guidance issue. The recommendation was that the “Emotional resilience” descriptors should sit with the “Appropriate behaviour” descriptors under a single heading of *“Inappropriate behaviour”*. There was some discussion about the negative connotation of this title, and whether therefore “Appropriate behaviour” would be preferable

(v) Memory and concentration/awareness of hazard

13. These activities were felt to relate to separate concepts. Inclusion of the words *“or forgetfulness, or lapses in concentration”* under “Awareness of hazard” was felt to result in “double counting”; and the recommendation was that these words should be removed.

Criterion 3: Could the wording of the descriptors be improved?

14. In relation to the physical function “Picking up and moving” the Group identified that the weight of a two litre jug full of liquid means it may require use of both hands. The recommendation was to change the wording of this descriptor to: *“Cannot pick up and move a two litre plastic jug full of liquid using one or both hands”*
15. In relation to mental function, the word *“Prompting”* was felt to be weak, and difficult to interpret. It was not being interpreted as intended, ie the need for reminding in relation to routine tasks as opposed to “out of the ordinary” ones. The recommendation was to replace the word “Prompting” in the 15 point scoring descriptor and 9 point scoring descriptor for “Forward planning” and “Initiating and sustaining tasks” by *“Help”* and *“Encouragement”* respectively.
16. The Group felt the level of anxiety that was intended in the activity “Coping with social situations” was being misinterpreted, with points being scored for low levels of anxiety reflecting the levels of unease that a normal person could be expected to feel in social situations. The recommendation was to change the 9 point descriptor to *“a very high level of anxiety”* and the 6 point descriptor to *“a high level of anxiety”*.
17. There was discussion as to whether the activity “Execution of tasks” was a good discriminator of limited capability; but recognition that this activity relates specifically to people with learning disability, brain injury, or obsessive compulsive disorder. Further evaluation, to include people with learning disability, will be required before reaching a firm decision. Need for guidance that this activity reflects mental, not physical function was identified. The Group recommended the 15 point descriptor should be changed to *“Takes more than twice as long as would reasonably be expected”*, to create a distinction with the 9 point descriptor (*“Takes up to twice as long...”*)

18. Although not requiring rewording of descriptors, need for guidance was identified for the activity “Ability to communicate”, to reflect that this refers to the communication problems encountered by people with, for example, ASD.
19. Similarly, need for guidance was identified in relation to the activity “Coping with change”, which was being scored for what were felt to be “normal” levels of anxiety about the unknown, rather than the lack of flexibility to cope with changes in routine that may be experienced by people with learning disability, ASD, brain injury, or psychotic illness. The Group recommended guidance should make explicit that this activity reflects “*cannot cope* with change” rather than simply “*dislikes coping* with change”.

Criterion 4: Are the scores allocated to descriptors appropriate?

20. The 15 point descriptors were felt to appropriately reflect the benefit entitlement threshold. With some of the 6 point descriptors, the issue identified was mainly one of misinterpretation by the medical adviser of the level of severity that these represent. These descriptors were being inappropriately applied to lower levels of functional limitation than had been intended. In a minority of cases (4%) this would have resulted in inappropriate entitlement to benefit; but the main outcome has been to create some perhaps artificially high overall scores in the mental function assessment, without affecting overall entitlement.
21. This was seen as a training and guidance issue, to be reviewed following the second evaluation exercise, for which Atos Origin doctors will receive appropriate training and guidance in applying the revised test.

Criterion 5: Frequency with which an event needs to occur in order to score

22. This issue remains to be resolved. The Group identified that different frequencies will be applicable for different activities. They also felt that the current frequencies tend to result in over-scoring, but were unable to progress further in refining these. Further consideration will be given to the issue in drafting regulations.

IV Discussion and next steps

1. This was an early, small scale, review to test the hypothesis that the revised Personal Capability Assessment will accurately identify those customers with limited capability for work. Despite its limitations, sufficient information was available from this study for the Technical Working Groups to recommend some immediate adjustment to some of the activities and descriptors in the revised assessment. Those recommendations have formed the basis for initial drafting of regulations governing the revised test of limited capability for work. Further refinement of regulations will be made when the results of the Phase 2 evaluation are available.
2. The adjustments recommended by the Technical Working Groups are shown in the annex to this report. Since then further revisions have been made to the descriptors in consultation with the Department's lawyers, in drafting regulations. It was always understood that the wording used in regulations would be subject to such legal advice.
3. A further and more detailed evaluation exercise (Phase 2) is currently being planned. It will be carried out in the same way, ie Atos Origin Medical Services doctors will manually complete reports based on the revised PCA descriptors and scores, at the same time as they carry out assessments for entitlement to Incapacity Benefit. The cases will be evaluated by the independent Technical Working Groups
4. The further phase of work being planned will build on the findings of the Phase 1 review. It will:
 - Gather a larger sample of cases – between 200 and 300
 - Ensure the sample is more representative of the disabling conditions that present at medical assessment
 - Include quantitative as well as qualitative analysis, to model likely outcomes in terms of entitlement to benefit
 - Provide Atos Origin doctors carrying out the assessments with guidance on applying the revised descriptors
 - Make every effort to include customers with learning disability. Many such customers are currently exempt from undergoing the full Personal Capability Assessment, therefore they are not asked to attend a medical assessment. If the sample of such customers is inadequate, we will, in consultation with relevant stakeholder groups, find alternative ways of evaluation the revised assessment for those with learning disability.

5. An undertaking has also been given to members of the PCA Consultative group that they will be invited to observe and give their views on the evaluation carried out by the Technical Working Groups.
6. The draft regulations will be reviewed, and if necessary amended, in light of the outcome of the further evaluation exercise

Annex

Revised physical functional assessment [as recommended by the evaluation group; further changes have been made during drafting of regulations]

1. Walking, with a walking stick or other aid if such aid is normally used

| Descriptors | Notes |
|--|--|
| Cannot walk more than 30 metres on level ground without repeatedly stopping or severe discomfort (15) | This activity relates to lower limb function. It is intended to reflect the level of mobility that a person would need to have in order to be able to move reasonably within and around an indoor environment. It is not intended to take into account transport to or from that environment |
| Cannot walk up or down two steps even with the support of a handrail (15) | |
| Cannot walk more than 50 metres on level ground without stopping or severe discomfort (9) | |
| Cannot walk more than 200 metres on level ground without stopping or severe discomfort (6) | |
| None of the above apply (0) | |

2. Standing in one place, unassisted by another person, or sitting in a chair with a high back and arms

| Descriptors | Notes |
|---|---|
| <p>Cannot stand for more than 10 minutes, even if free to move around, before needing to sit down (15)</p> | <p>This activity relates to lower limb and back function. It is intended to reflect the need to be able to remain in one place, either sitting or standing. When standing, a person would not be expected to need to stand absolutely still, but would have freedom to move around or shift position whilst standing. Moving between adjacent seated positions is intended to reflect a wheelchair user who is unable to transfer, without help, from the wheelchair.</p> |
| <p>Cannot sit for more than 10 minutes without having to move from the chair because the degree of discomfort makes it impossible to continue sitting (15)</p> | |
| <p>Cannot rise to standing from sitting in an upright chair without physical assistance from another person (15)</p> | |
| <p>Cannot move between one seated position and another seated position located next to one another without physical assistance from another person (15)</p> | |
| <p>Cannot stand for more than 30 minutes, even if free to move around, before needing to sit down (6)</p> | |
| <p>Cannot sit for more than 30 minutes without having to move from the chair because the degree of discomfort makes it impossible to continue sitting (6)</p> | |
| <p>None of the above apply (0)</p> | |

3. Bending and kneeling

| Descriptors | Notes |
|---|---|
| Cannot bend to touch knees and straighten up again (15) | This activity relates to lower limb and back function. It is intended to reflect ability to reach a low level such as a low shelf, or the floor, using supports such as furniture if needed, but without dependence on another person for support to straighten up again. |
| Cannot bend or kneel, or bend and kneel, or squat, as if to pick a light object from a low shelf 15 cm from the floor), and straighten up again without the help of another person (9) | |
| Cannot bend or kneel, or bend and kneel, or squat, as if to pick a light object off the floor, and straighten up again without the help of another person (6) | |
| None of the above apply (0) | “As if to pick up an object” does not include the ability to manipulate the object or the ability to lift weights (these activities are covered in other areas relating to upper limb function) |

4. Reaching

| Descriptors | Notes |
|--|--|
| Cannot raise either arm as if to put something in the top pocket of a coat or jacket (15) | This activity relates to shoulder and/or elbow function. It is intended to reflect the ability to raise the upper limbs to a level above waist level |
| Cannot put either arm behind back (as if to put on a coat or jacket) (15) | |
| Cannot raise either arm to top of head as if to put on a hat (9) | |
| Neither of the above applies (0) | |

5. Picking up and moving or transferring to a distance of 60 cm. at table-top level

| Descriptors | Notes |
|---|---|
| Cannot pick up and move a one litre plastic jug full of liquid with either hand (15) | This activity relates to upper limb power. It is intended to reflect the ability to pick up and transfer articles at waist level, ie at a level that requires neither bending down and lifting, nor reaching upwards (these activities are covered by other areas). |
| Cannot pick up and move a two litre plastic jug full of liquid using one or both hands (9) | |
| Cannot pick up and move a light but bulky object, such as an empty cardboard box, requiring use of both hands together (6) | It does not include the ability to carry out any activity other than picking up and transferring, ie it does not include ability to pour from a carton or jug |
| None of the above apply (0) | |

6. Manual dexterity

| Descriptors | Notes |
|---|--|
| Cannot turn the pages of a book with either hand (15) | This activity relates to hand function. It is intended to reflect the level of ability to manipulate objects that a person would need in order to carry out work-related tasks. |
| Cannot turn a “star-headed” sink tap with either hand (15) | |
| Cannot pick up a £1 coin or equivalent with either hand (15) | As with the current PCA, ability to use a pen or pencil is intended to reflect the ability to use a pen or pencil in order to make a purposive mark. It does not reflect a person’s level of literacy. The same concept applies to use of a computer keyboard. |
| Cannot use a pen or pencil (9) | |
| Cannot use a conventional keyboard or mouse (9) | |
| Cannot do up/undo small buttons eg shirt or blouse buttons (9) | The use of the term “with either hand” is intended to take account of function in the dominant hand |
| Cannot turn a “star-headed” sink tap with one hand but can with the other (6) | |
| Cannot pick up a £1 coin or equivalent with one hand, but can with the other (6) | |
| Cannot pour from an open 0.5 litre carton of liquid (6) | |
| None of the above apply (0) | |

7. Speech

| Descriptors | Notes |
|---|--|
| Cannot speak or use language effectively to communicate (15) | This activity relates to ability to communicate through speech. It assumes use of the same language as the person with whom communication is being attempted. The intention is that it would include impediment to communication resulting from a severe stammer, but not impediment from speaking with a local or regional accent. It also includes impediment to communication due to expressive dysphasia (inability to express one's thoughts) resulting from brain injury |
| Speech cannot be understood by strangers (15) | |
| Strangers have great difficulty understanding speech (9) | |
| Strangers have some difficulty understanding speech (6) | |
| None of the above apply (0) | |

8. Hearing with a hearing aid or other aid if normally worn

| Descriptors | Notes |
|---|---|
| Cannot hear a TV set or radio with the volume turned up sufficiently clearly to distinguish words (15) | This activity relates to the ability to hear speech sufficiently clearly to be able to follow a conversation. It is not intended to reflect the ability to comprehend speech (this activity is covered by other areas). It is intended to take into account hearing aids if normally worn, but not non-verbal means of communication such as lip reading or use of sign language |
| Cannot hear someone talking in a loud voice in a quiet room, sufficiently clearly to distinguish words (9) | |
| Cannot hear someone talking in a normal voice in a quiet room, sufficiently clearly to distinguish words (6) | |
| None of the above apply (0) | |

9. Vision, including visual acuity and visual fields, in normal daylight or bright electric light, with glasses or other aid to vision if such aid is normally worn

| Descriptors | Notes |
|--|---|
| <p>Cannot see well enough to read 16 point print at a distance of greater than 20 cm (15)</p> | <p>This activity relates to visual acuity (central vision and focus) and to visual fields (peripheral vision). It is intended to reflect the activity of seeing clearly, without taking literacy into account</p> |
| <p>Cannot see hazards when walking, because of significant reduction of visual fields (15)</p> | <p>16 point print is intended to reflect central vision, but should be enough to allow the person to read a reasonable amount of text at a time, not just individual letters. However it does not include ability to sustain concentration while reading, or literacy</p> |
| <p>Cannot see well enough to recognise a friend across a room at a distance of at least 5 metres (9)</p> | <p>“Hazards when walking” may include traffic, obstacles in his path, kerbs</p> |
| <p>Cannot see hazards when walking, because of moderate reduction of visual fields (6)</p> | |
| <p>Cannot see well enough to recognise a friend across the road at a distance of at least 15 metres (6)</p> | |
| <p>None of the above apply (0)</p> | |

10. Continence (other than enuresis)

| Descriptors | Notes |
|---|--|
| Loses control of bowels so that he cannot control the full evacuation of the bowel, at least once a month (15) | This functional area implies total involuntary voiding of bowel or bladder, not just minor leakage as might occur with minor degrees of stress incontinence. It is not intended to include a properly functioning stoma or urine collecting device from which there is no leakage, but would include major leakage from a stoma or urinary collecting device |
| Loses control of bladder so that he cannot control the full voiding of the bladder, at least once a week (15) | |
| Loses control of bowels so that he cannot control the full evacuation of the bowel occasionally (9) | |
| Loses control of bladder so he cannot control the full voiding of the bladder at least once a month (6) | |
| Risks losing control of bowels or bladder if not able to reach a toilet quickly (6) | |
| None of the above apply (0) | |

11. Remaining conscious (without having epileptic or similar seizures)

| Descriptors | Notes |
|---|--|
| <p>Has an involuntary episode of lost or altered consciousness, without warning, resulting in significantly disrupted awareness or concentration and consequent potential danger at least once a week (15)</p> | <p>This functional area is intended to reflect altered consciousness which comes on with no warning, so the individual is unable to take action to avoid potential danger. It is intended to include epileptic and similar seizures, and also disrupted awareness due to conditions such as profound and unpredictable hypoglycaemic (low blood sugar) attacks in people with diabetes</p> |
| <p>Has an involuntary episode of lost or altered consciousness, without warning, resulting in significantly disrupted awareness or concentration and consequent potential danger at least once a month (9)</p> | |
| <p>Has an involuntary episode of lost or altered consciousness, without warning, resulting in significantly disrupted awareness or concentration and consequent potential danger at least twice in the six months immediately preceding the assessment (6)</p> | |
| <p>None of the above apply (0)</p> | |

Revised mental, cognitive, and intellectual function assessment [as recommended by the evaluation group; further changes have been made during drafting of regulations]

1. Learning tasks

| Descriptors | Notes |
|---|---|
| <p>Has great difficulty learning a simple new task, or remembering a simple new task that has been learned (15)</p> <p>Has some difficulty learning a simple new task, or remembering a simple new task that has been learned (9)</p> <p>Has difficulty learning a moderately complex new task, or remembering a moderately complex new task that has been learned (6)</p> <p>None of the above apply (0)</p> | <p>This activity, which reflects ability to learn, is intended to be relevant to learning disability of whatever cause, including the result of acquired brain injury</p> |

2. Understanding instructions

| Descriptors | Notes |
|---|---|
| <p>Frequently has difficulty in understanding and carrying out simple instructions (15)</p> <p>Occasionally has difficulty in understanding and carrying out simple instructions (9)</p> <p>Has difficulty in understanding and carrying out moderately complex instructions without some help from another person (6)</p> <p>None of the above apply (0)</p> | <p>This activity is distinct from “learning” above. “Learning” assesses the ability to learn and retain information; while “understanding” is about comprehension of information. It is intended to reflect learning disability, and also difficulties in understanding language, such as may occur in people with brain injury or other neurological conditions.</p> <p>The term “help from another person” implies a greater level of support than a reasonable employer would be expected to provide to any person in employment</p> |

3. Memory and concentration

| Descriptors | Notes |
|--|--|
| Forgets or loses concentration daily, to a degree that cannot be self-managed (15) | This activity is intended to be relevant to lapses in memory or concentration due to fatigue, anxiety, depression, delusions, hallucinations, memory loss, brain injury or other condition causing neurological impairment. It also reflects difficulties with memory or concentration that result from detrimental effects of medication, such as drowsiness or sedation. |
| Forgets or loses concentration on three or more days a week, but less than daily, to a degree that cannot be self-managed (9) | |
| Forgets or loses concentration, but able to self-manage these lapses with pre-planning (6) | |
| None of the above apply (0) | |

4. Getting about

| Descriptors | Notes |
|---|--|
| Cannot get to a specified place or appointment without daily support from another person (15) | This activity is intended to reflect inability to travel without support from another person, as a result of disorientation; or of agoraphobia causing fear of travelling unaccompanied by another person. It does not reflect lesser degrees of anxiety about going out. Nor does it reflect planning and timekeeping |
| Cannot get to a specified place or appointment without support from another person, more than once a week, but less than daily (9) | |
| Cannot get to a specified place or appointment without some support from another person over a period of time (6) | |
| None of the above apply (0) | |

5. Coping with change

| Descriptors | Notes |
|---|--|
| Cannot cope with even very minor, expected changes in routine (15) | This activity reflects the flexibility needed to cope with changes in normal routine. It is intended to reflect difficulties that may be encountered by people with severe learning disability, autistic spectrum disorder, brain injury, or psychotic illness. It is not intended to reflect simple dislike of changes to routine, but rather, the inability to cope with them. |
| Cannot cope with expected changes in routine (9) | |
| Cannot cope with small, unforeseen changes in routine (6) | |
| None of the above apply (0) | |

6. Execution of tasks

| Descriptors | Notes |
|---|---|
| Takes more than twice as long as would reasonably be expected to perform and accurately complete a task (15) | This activity reflects the ability to carry out a task within a reasonable time. It is intended to reflect difficulties that may be encountered by people with obsessive compulsive disorder, learning disability, or brain injury. It includes the effect on a person of experiencing a panic attack – a specific and overwhelming experience of fear, precluding any form of normal activity. It is also intended to reflect the impact on carrying out a task of psychotic or dissociative states such as experiencing hallucinations or delusions. It may be compounded by the effects of medication. |
| Takes up to twice as long as would reasonably be expected to perform and accurately complete a task (9) | |
| Takes half as long again as would reasonably be expected to perform and accurately complete a task (6) | |
| None of the above apply (0) | |

7. Initiating and sustaining tasks

| Descriptors | Notes |
|---|---|
| <p>Has significant difficulty in initiating and sustaining personal action (planning, or organisation, or problem solving, or prioritising, or switching tasks) without daily help from another person (15)</p> | <p>This activity reflects the ability to initiate or sustain action without need for external prompting. It is intended to reflect difficulties that may be encountered by people with conditions such as depressive illness that result in apathy, or abnormal levels of fatigue, or abnormal levels of anxiety. It is also common in some people with schizophrenia. It may be compounded by the effects of medication. It does not refer to ability to self-care or maintain an acceptable level of personal hygiene</p> |
| <p>Has moderate difficulty in sustaining, personal action (planning, or organisation, or problem solving, or prioritising, or switching tasks) without encouragement from another person on three or more days a week, but less than daily (9)</p> | |
| <p>Has some difficulty in sustaining personal action (planning, or organisation, or problem solving, or prioritising, or switching tasks) without being prompted by another person on one or two days a week (6)</p> | |
| <p>None of the above apply (0)</p> | |

8. Inappropriate behaviour with other people

| Descriptors | Notes |
|---|--|
| <p>Has unpredictable outbursts of irritable, aggressive, disinhibited, or bizarre behaviour either sufficient to cause disruption on a daily basis; or of such severity that, although less frequent, no reasonable person would be expected to tolerate them (15)</p> | <p>This activity is intended to reflect difficulties in social behaviour which might be encountered by people with psychotic or other conditions such as brain injury that result in lack of insight. It is also intended to reflect the difficulties people with autistic spectrum disorder may have in social behaviour.</p> |
| <p>Has a completely disproportionate reaction to minor events or to criticism to the extent that leaves the room, has a violent outburst, or threatens self-harm (15)</p> | <p>It is intended to reflect the effects of episodic relapsing conditions such as some types of psychotic illness, as well as conditions resulting in consistently abnormal behaviour</p> |
| <p>Has unpredictable outbursts of irritable, aggressive, disinhibited, or bizarre behaviour sufficient to cause disruption on three or more days a week, but less than daily (9)</p> | <p>“Reaction to minor events” is intended to reflect difficulties that may be encountered by people with autistic spectrum disorder and other conditions in coping with minor adverse events that would not normally be expected to cause a significant reaction.</p> |
| <p>Has a disproportionate reaction to minor events or criticism, resulting in demonstrable upset and withdrawal (9)</p> | |
| <p>Has unpredictable outbursts of irritable, aggressive, disinhibited, or bizarre behaviour sufficient to cause disruption, on one or two days a week (6)</p> | |
| <p>Shows some disproportionate reaction to minor events or to criticism, but occasional and not extreme (6)</p> | |
| <p>None of the above apply (0)</p> | |

9. Dealing with other people

| Descriptors | Notes |
|---|--|
| <p>Is unaware of impact of, or is unable to control, own behaviour to the extent that has difficulty relating to others even for brief periods; or causes distress to others on a daily basis (15)</p> | <p>This activity is intended to reflect difficulties in social behaviour that may be encountered by people with a variety of conditions, including autistic spectrum disorder, psychotic illness, and brain injury, which affect understanding and applying social norms of communication.</p> <p>The 15 point descriptor also includes any situation where lack of ability for self-care and to maintain personal hygiene is totally unacceptable to other people</p> |
| <p>Misinterprets or is extremely sensitive to verbal or non-verbal communication to the extent of causing significant distress to either party, on a daily basis (15)</p> | |
| <p>Is unaware of impact of, or is unable to control, own behaviour to the extent that has difficulty relating to others for prolonged periods; or causes distress to others on three or more days a week, but less than daily(9)</p> | |
| <p>Misinterprets or is extremely sensitive to verbal or non-verbal communication to the extent of causing significant distress to either party, on three or more days a week, but less than daily (9)</p> | |
| <p>Is unaware of impact of, or is unable to control, own behaviour to the extent that has difficulty relating to others; or causes distress to others on one or two days a week (6)</p> | |
| <p>Misinterprets or is extremely sensitive to verbal or non-verbal communication to the extent of causing significant distress to either party, on one or two days a week (6)</p> | |
| <p>None of the above apply (0)</p> | |

10. Coping with social situations

| Descriptors | Notes |
|---|--|
| Is unable to visit new places, or engage in social contact, or express own views because of overwhelming anxiety or panic (15) | This activity is intended to reflect lack of self- confidence in social situations that is greater in its nature and its functional effects than mere shyness or reticence. It reflects levels of anxiety that are much more severe than fleeting moments of anxiety such as any person might experience from time to time. “Panic” refers to a specific and overwhelming experience of fear, resulting in physical symptoms or a racing pulse, and often in feelings of impending death |
| Avoids visiting new places, or engaging in social contact, or expressing own views because of a very high level of anxiety (9) | |
| Avoids visiting new places, or engaging in social contact, or expressing own views because of a high level of anxiety (6) | |
| None of the above apply (0) | |

11. Awareness of hazard

| Descriptors | Notes |
|--|---|
| Reduced self-awareness has led to daily instances of injury or damage from common hazards (15) | This activity is intended to reflect risks from common hazards that may be encountered by people with reduced awareness of danger through learning difficulties, or conditions affecting concentration, including detrimental effects of medication; or from brain injury or other neurological conditions affecting self-awareness |
| Reduced self-awareness has led to instances of injury or damage from common hazards on three or more days a week, but less than daily (9) | |
| Some risk from common hazards arising from reduced self-awareness, as evidenced by incidents of near-injury or damage (6) | |
| None of the above apply (0) | |