

**Citizens
Advice &
Rights
Fife**



Independent advice for our community

Self Help Guide to Completing a UC50

**If you need help call us as soon as possible on 0345 140 0095
or Text Service for the Deaf Community 0787 2677 904,
Monday to Friday, 10 am – 3 pm**

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Introduction

Limited Capability for Work on Universal Credit

If you have difficulty working because you are sick or disabled, you might get more Universal Credit (UC) and not have to look for work.

You will have to explain how your condition affects you and initially provide a fit note from your GP advising that you are not able to work presently due to your condition. This will usually result in UC issuing you with a Work Capability Form (also known as a UC50) to complete. The Department for Work and Pensions (DWP) may then decide you have either 'limited capability for work-related activity' (LCWRA) or 'limited capability for work' (LCW)

If UC say you have LCW, you won't have to work but you might have to do some regular tasks to get ready for work - like training or writing a CV.

If they decide you have LCWRA, you won't have to work or do anything to prepare for work and you will receive an extra £354.28 a month on your UC payment.

Some people may automatically have LCW or LCWRA when they apply for UC.

Examples of this include:

- If you are in receipt of Employment and Support Allowance (ESA) – you will automatically have LCWRA if you are in the support group of ESA at the time of claiming UC. If you already have LCW or LCWRA on your ESA claim, you will not need to fill in a form for UC or provide a fit note from the GP to confirm this. This should automatically transfer to your UC claim as long as there are no breaks in entitlement between your ESA and UC claim.
- If you are part of a mixed age couple (one over pension age) and are getting either Attendance Allowance, Personal Independent Payment (PIP) enhanced daily living component, Adult Disability Payment enhanced rate of the daily living component, or Disability Living Allowance (DLA) high rate care component, then you will automatically have LCWRA on UC.
- You will have LCW if you are getting PIP but not the enhanced rate of the daily living component, Adult Disability Payment but not the enhanced rate of the daily living component, or DLA but not the highest rate of the care component.
- If you are pregnant and it makes it hard for you to work you should be awarded LCWRA if working would be a risk to the health of you and your baby. You will need to report this to your work coach and provide a fit note. You may still be asked to complete a Work Capability Form (a UC50).

- If you are in hospital or drug or alcohol rehabilitation for at least 24 hours, you should report this to UC on your journal or via the UC helpline on 0800 328 5644, as you will have LCW. This is also the case if a Doctor has advised you not to work due to having an infectious disease.
- If you have a serious illness, you may be treated as automatically having LCW or LCWRA. You will usually be awarded LCWRA status if you are receiving chemotherapy or radiotherapy or are recovering from this treatment, or are likely to receive this treatment in the next 6 months. You may still be asked to provide a fit note and fill in a UC50 form to confirm this. If you have been diagnosed with a terminal illness and may not live for more than a year (and have been issued with a DS1500 from a medical professional), you will automatically be awarded LCWRA and should not have to fill in a UC50 form.

Completing a UC50 Form

If you report that you are unable to work on your UC claim and provide a fit note (and you don't have LCW or LCWRA automatically), you will be sent the Work Capability Form (UC50). You might also need to go to a medical assessment either in person or over the phone. Based on your form and assessment, the DWP will decide if you have LCW or LCWRA.

The decision is based on what you can do on a typical day, not on what you can do on good or bad days. If your condition varies from day to day it's worth keeping a diary to show the DWP how it affects you and your ability to do things.

Whether you have LCW or LCWRA depends on what activities you find difficult. For LCW, you get points for each descriptor that applies to you and you need a total of at least 15 points from the table of LCW descriptors. Please see the website below for the full list of descriptors:

<https://www.legislation.gov.uk/ukxi/2013/376/schedule/6#text%3Ddescriptor>

There are no points for LCWRA. Instead, you have LCWRA if at least one of the table of LCWRA descriptors applies to you.

<https://www.legislation.gov.uk/ukxi/2013/376/schedule/7#text%253Ddescriptor>

You will have 4 weeks to complete and return the form, along with any supporting evidence you have (i.e. letter from specialists, appointment letters, etc.). You may want to send

copies of the supporting evidence, just in case the original is misplaced. You should also mention in the form any support/assistance that you will need if you have to attend a medical assessment (i.e. interpreter, wheelchair access, etc.).

Pages in the UC50 FORM

Pages 2/3

This section is your personal information and includes a section to give details if you are returning the form late.

Page 4

In this section, you should input your GP details. You can also, if you wish, give details of another healthcare professional or specialist, carer, friend or relative who knows the most about your health condition and how it affects you on a daily basis.

Page 5

This only needs to be completed if you are suffering from cancer. You may be asked to have page 24 completed by a healthcare professional who is aware of your cancer treatment. This could be a GP, specialist Doctor or a cancer nurse.

Page 6

Use this section to list your illness(es) and the date they started, the effect the condition has on you, your current medication, any aids or appliances you need to use due to the condition, and any other relevant information such as clinic appointments, treatments and therapies, etc.

For example:

Arthritis in my knees 2018.

Experience pain on a daily basis. The pain can make me feel dizzy. Trip and stumble often. I do not venture out unless I have to.

Current medication – name and dosage.

Use the aid of a stick/zimmer when walking.

Attend pain management clinic twice a year.

Page 7

The first part of this section asks for the names of any medications or inhalers you are taking and any side effects these cause. You may want to check your most recent prescription to find these details.

The second part of this section is where you can tell them about any hospital/clinic treatment you are having or are waiting to have. Examples of this could be attending hospital to receive dialysis, attending the pain clinic, psychologist appointments, or regular physio sessions. Remember to say how often you have the treatment and when it started/will start.

This page also includes sections about whether you are waiting to go for treatment anywhere overnight – such as in hospital for an operation/treatment or for residential rehabilitation.

Part 1 – Physical Functions

This section is generally about how health conditions that you have affect you physically.

Page 8 – Q1 Moving around and using steps

This section asks how you can do these tasks safely and to a reasonable standard as often as you need to and in a reasonable amount of time. If you can move around and use steps without any difficulty, tick the first box and move on to the next question. Otherwise, move on to the next part of this question. In the blank space, remember to **go over** what your conditions are and how they affect your ability to walk, why you might have to stop, and any aids that you need to use.

For example:

Due to my arthritis, I can only walk **xxxx** metres without experiencing pain/breathlessness/fatigue/balance issues.

I **use/need** the aid of a walking stick/crutches/wheelchair.

When moving around I rely on the support of someone else.

I do not venture out by myself.

When walking I must stop every **xxxx** minutes to take a break/sit down. I normally take a rest for **xxxx** minutes.

I often trip/stumble/fall/lose my balance – give an example of when this has happened if this is the case.

Think about the affect a journey or activity has on you – are you tired or in pain after it?

The second part of this question relates to whether you can go up or down two steps without help from another person if there is a rail to hold on to. If you answer no or it varies, provide further information in the box. Again, include details

of your condition, if you need a lift/ramp, if you can go up or down steps using a rail (but it causes you difficulty and discomfort). If you have fallen or stumbled when using steps, mention this here and give an example of when this has happened. If you need help from another person when using stairs, then mention it here.

Page 9 – Q2 Standing and sitting

This question is about whether you can stand and sit without difficulty. If you can do this safely and as often as you need to, in a reasonable period of time, then tick the first box to say that you can and move on to question 3. If you cannot, go on to the next parts of this question. If you then answer no or it varies, use the box to tell them about why sitting and standing might be difficult for you.

For example:

Due to my arthritis, I find it difficult to move from one seat to another as it causes me pain/dizziness/breathlessness.

I am prone to stumbling/falling when moving around the house.

I find sitting in the one position for more than **xxxx** minutes causes me pain.

I find standing for more than **xxxxx** minutes causes me pain

I require the support of another person to get out off/into a chair

I rely on the support of walking stick/support frame to stand up.

Page 9 – Q3 Reaching

This question relates to whether you can reach up with either of your arms without any difficulty. If you can do this, tick the

first box and move on to question 4. If you cannot, answer the next parts of the question and provide further details in the box provided.

For example:

I can reach my jacket top pocket, however find this activity painful during doing this and after.

Due to my condition (insert name of condition), I cannot lift my arms above my head. This activity causes me pain.

Page 10 – Q4 Picking up and moving things – using your upper body and either arm

If you can pick things up and move them without any difficulty, as often as you need to and in a reasonable amount of time, then tick the first box and move on to question 5. If you would be unable to or would have difficulty doing this, then answer the next parts of this question and provide further information in the box provided.

For example:

Due to my arthritis, I have little or no upper body strength and need my partner to lift things for me.

I have no/little grip in my hands and regularly drop items – give examples of this.

Page 10 – Q5 Manual dexterity (using your hands)

If you can use your hands without difficulty, tick the first box and move onto question 6. The questions relate to whether you can use either hand to press a button, turn the pages of a book, pick up a £1 coin, use a pen, or use a keyboard/mouse. If you cannot do all of these things with one of your hands, provide further details in the box of what your condition is and

how it affects your ability to do these things and whether it would cause you pain to attempt them.

Page 11 – Q6 Communicating – speaking, writing and typing and Q7 Communicating – hearing and reading

These questions are generally for visually impaired people, those with hearing loss, speech issues, or learning difficulties. However, other conditions may mean that you are unable to do all of these things.

For example:

Someone with arthritis may only be able to communicate via speech if the loss of grip in their hands means they can no longer type or write with a pen/pencil.

Or, someone with mental health issues or autism may find it difficult to communicate verbally with others as they get very anxious and this makes them panic and not comprehend what someone is saying.

Page 12 – Q8 Getting around safely

This mainly relates to those that are visually impaired when crossing the road and not those that struggle to cross due to issues with moving. However, some other conditions may cause you issues with crossing the road safely in this situation.

For example:

Due to someone's depressions/anxiety they may be sensitive to bright lights and may feel anxious when they see them.

Page 12 – Q9 Controlling your bowels and bladder and using a collecting device

This relates solely to whether you have issues controlling your bowels or bladder. If you do have issues with this, include details of your condition, how often you have accidents, how often you need to change clothes/bedding due to this, whether you wear incontinence pads and how often, does this condition affect your ability to go out and if so how.

Page 13 – Q10 Staying conscious when awake

This question does not relate to falling asleep or suffering from chronic fatigue, but to people suffering from blackouts or seizures. If you do suffer from these, advise how often this happens, do you have any warning before, how do you feel after (i.e. tired, confused) and does it affect your ability to go out alone.

Part 2 – Mental, Cognitive and intellectual capabilities

This part of the form relates to how your mental health, cognitive or intellectual difficulties affect your ability to do things on a daily basis. Examples of the types of illnesses they mean includes Schizophrenia, depression, anxiety, autism, learning difficulties, brain/neurological conditions.

Page 14 – Q11 Learning how to do tasks

In this section, it may be helpful to think about how you would learn new tasks in a workplace. So for example, a simple task might be opening mail, logging in to a computer system and a

more complex task might be transferring calls on a switchboard, undertaking paperwork or following detailed instructions. When answering the question think about how your condition affects your ability to follow instructions and your ability to retain information.

For example:

Someone with chronic pain may struggle to concentrate or take in instructions due to the level of pain they are in or due to lack of sleep due to pain.

Alternatively, someone with anxiety or depression may panic when given new instructions and be unable to take in what they are told. They may feel nervous of making mistakes or their mental health may mean that they have no motivation to learn new tasks.

Page 15 – Q12 Awareness of Hazards and Danger

This question relates to whether you are safe when doing everyday tasks such as boiling water and using sharp objects. If you are not safe being left to do this alone, give details in the box why.

For example:

Due to my depression I regularly experience suicidal thoughts or self-harm– give examples and details of anyone that checks in on you and how often they do this. In this scenario, some physical illnesses may make staying safe in this situation difficult.

Someone with arthritis may find it difficult to lift a pan of boiling water or a kettle due to weakness in their arms or someone with Parkinson's may struggle to hold and cut vegetables with a sharp knife.

Page 15 – Q13 Starting and finishing tasks

In this question, it may be useful to think about this from a workplace perspective.

For example:

If you had to call clients, book appointments, and then record it on a computer system, would you be able to do this?

How does doing a new task make you feel, do you need assistance from someone else to organise and complete tasks?

Does pain cause you to stop in the middle of a task?

Page 16 – Q14 Coping with changes

This question relates to how you cope with changes to your daily routine.

For example:

If you have anxiety/autism/Asperger's you may stick to a strict routine as any changes make you feel anxious and cause a panic attack.

How do you feel if a change is made that you cannot plan for – you may want to give an example?

Or someone with bowel or bladder issues may need to plan ahead to make sure that they have adequate toilet facilities

Page 16 & 17 – Q15 Going out and Q16 Coping with social situations

These questions relate to whether your mental or emotional health means that you cannot go out alone and require support to do so and whether you can cope with meeting new people. You may want to give examples of how you feel when doing particular tasks.

For example:

I need to take someone with me if I go out, as I am too anxious to use public transport and I have no self-confidence.

I only go to essential appointments, but try to get a telephone appointment rather than an in person one.

I do not socialise and feel very anxious with people I do not know.

Page 17 – Q17 Behaving Appropriately

This relates to whether your disability or condition results in behaviour from you that upsets other people.

For example:

My anxiety can make me seem rude and unapproachable.

My brain injury causes me to lose my temper and I can seem aggressive due to me not always fully understanding what other people are telling me.

Part 3: Eating or drinking

Page 18 – Q18 Eating and drinking

This can relate to both, whether you are physically able to get food or drink to your mouth without help – for example someone with arthritis may have lost grip in their hands, cannot hold a knife or fork, and needs assistance to eat.

However, it could also relate to someone with depression who would not eat without someone prompting them to do so, due to low mood.

This is the end of the questions about your condition. The form then goes on to explain that you may be asked to attend a face-to-face assessment with a qualified healthcare professional. This is your opportunity to tell them about any special requirements, you may have for a face-to-face assessment, such as, if you cannot walk up stairs or if you do not leave the house due to your condition and require a home visit. You could also mention in this section if there are any dates that you are unavailable for the assessment to be carried out.

Page 21 Further Information

This page allows you to add any further information that you think is relevant to your claim, or to continue answering any questions that you could not fully answer in the form. A carer, friend or family member could also complete this section if they want to add any other information they have about your disability and how it helps you on a daily basis. However, you do not have to fill this page in if you have nothing more to add to the form.

Page 22 Declaration

Please remember to complete and sign the declaration on before returning the form.

Page 23 What happens next

Please post your completed form to the Health Assessment Advisory Service in the envelope enclosed.

The Health Assessment Advisory Service may contact you to arrange a face-to-face appointment for you with a Healthcare Professional.