



ESA: an overview

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What is ESA?

Employment and Support Allowance is a working-age benefit which is aimed at supporting people with disabilities and long-term health conditions who cannot work.

There are different types of ESA.

If you make a new claim for ESA, this will be for something called “new style ESA”.

People who already receive ESA may be getting one of two other kinds of the benefit: Contribution-Based ESA (very similar to New-Style ESA) and Income-Related ESA.

New-style ESA is paid to those who are eligible as a result of having paid sufficient National Insurance Contributions. You must have paid sufficient contributions for at least the two tax years prior to your claim.

You can check your National Insurance contributions on the HMRC website (www.gov.uk/check-national-insurance-record) or via the HMRC app (www.tinyurl.com/HMRC-app).

The DWP will also check which type of ESA you should be claiming when you call to initiate your claim.

New-Style ESA is not means-tested. This means that there are no savings limits, and you can claim it based solely on your National Insurance contributions and your needs. It does not take into account if you have a partner, or their income.

You cannot now make a new claim for Income-Related ESA.

Work-Related Activity and Support Groups

Once you have claimed, after an initial assessment phase, you will be put into one of two groups: the Work-Related Activity Group or the Support Group.

If you are put in the Work-Related Activity Group you will be required to undertake some activity to get you ready for looking for work (such as doing training, or updating your CV), although you can't be required to look for or take up work.

If you are put in the Support Group, you are free from requirements to do any kind of “work-related activity” in order to continue to receive the benefit.

You also get an additional amount of money if you are put in the Support Group.

Which group you are put in is determined by the Work Capability Assessment.

The Work Capability Assessment

The Work Capability Assessment forms a key part of ESA. There are three possible outcomes of this assessment:

Which group you are put in is determined by the Work Capability Assessment.

- You are found fit for work (This means you won't qualify for the benefit) OR
- You have “limited capability for work” (This means that you are put in the Work-Related Activity Group) OR
- You have limited capability for work and limited capability for work-related activity” (This means that you will be put in the Support Group).

In this context, the phrases “limited capability for work” and “limited capability for work-related activity” are legal definitions, and don't necessary equate to a real-world test of whether you can manage a particular job.

It is important to understand what the test is, so that you can give the assessor and the DWP all the relevant information they need to make an accurate decision on your claim.

It is also very important to understand the test should you need to challenge the DWP's decision on your claim.

The test is a very formulaic one.

You are assessed on your ability to do 18 activities and are awarded points based on how much you struggle with these activities.

The activities are laid out explicitly in the big ESA50 form, but when you are at the face-to-face appointment you are being assessed against exactly the same activities, even if this is less explicit in that context.

There is also an alternative route to qualifying without scoring the required number of points (see next page).

Having limited capability for work

In relation to each of the 18 activities, the healthcare professional and the DWP look at certain specific phrases (called “descriptors”), and allocate you points based on which descriptor best describes your ability to do that activity.

If you score 15 points or more, you are considered “not fit for work” and will be eligible for the benefit.

The activities and descriptors are set out in Appendix I of this factsheet.

Limited capability for work without 15 points – “exceptional circumstances”

Even if you don’t score 15 points under the activities, you can be treated as not fit for work if exceptional circumstances apply.

The one which will most likely be relevant for a person with ME is the rule around risks to your health (or anyone else’s).

The rules say that you should be treated as having limited capability for work (even without scoring 15 points) if you have a condition which means that there would be “a substantial risk to the physical or mental health of any person” if you were to be found fit for work.

Having limited capability for work-related activity

If one of a list of 16 phrases applies to you, you are considered to also be unfit for work-related activity. These are listed in Appendix II of this factsheet.

If any one of these sentences applies to you, you will be put in the support group.

Limited capability for work-related activity – “exceptional circumstances”

There is an alternative route to having limited capability for work related activity if “exceptional circumstances” apply.

Again, the one that might be most relevant to most people with ME is about risk.

The rules say that you should be treated as having limited capability for work related activity (even without meeting one of the 16 phrases) if there would be “a substantial risk to the mental or physical health of any person” if you were found to be capable of work-related activity.

Fluctuating conditions

Some rules that are relevant to people with fluctuation conditions can be very important for people with ME.

The ESA50 form specifically says that you shouldn't answer "yes" to the question of whether you can do an activity unless you can "do the activity safely, to an acceptable standard, as often as you need to and in a reasonable length of time". Concerning which "descriptor" applies to you, the rules say that a "descriptor applies to a claimant if that descriptor applies to the claimant for the majority of the time or... on the majority of the occasions on which the claimant undertakes or attempts to undertake the activity described by that descriptor".

Therefore, you should make it explicit both on your form and in the face-to-face assessment if you can't do an activity safely, to an acceptable standard, as often as you need to and in a reasonable amount of time" and if you can't do it for the majority of the time.

Making a claim

You can find out how to claim ESA from the government website here:
<https://www.gov.uk/employment-support-allowance/how-to-claim>.

When you first claim, you will get an "assessment phase" amount.

If you subsequently are found to have limited capability for work-related activity you will get an additional amount on top of the basic rate.

If you are not, then you will continue to receive ESA at the initial rate.

As part of the process of claiming ESA, you will be sent a form called ESA50. There will be questions on the form about whether you can do the 18 specific activities.

The form asks if you can do each activity safely, to an acceptable standard, as often as you need to and in a reasonable length of time. It is possible to score 15, 9, 6 or 0 points for each activity.

You should aim to send in medical, and other, evidence with your ESA50.

This can be letters from healthcare professionals, a diary of how your condition affects you, a statement from the person who knows you best on how your condition affects you, a copy of your repeat prescription or your own statement about your condition.

We know that medical evidence from a professional involved in your care is often very helpful for your claim.

We have a separate factsheet on medical evidence for benefit claims.

Filling in the form

When you fill in the form it is best to be honest. Please don't minimise how your condition affects you and the difficulties you have with everyday activities.

Having to think about how your condition affects you can be distressing so if you can, have a friend or relative with you to support you through the process.

We would strongly recommend that in your answer to each question you specifically address whether you can do the "safely, to an acceptable standard, as often as you need to and in a reasonable length of time".

There is a sample answer below to illustrate.

Sample answer

Question 1. Mobilising unaided by another person with or without a walking stick, manual wheelchair or other such aid if such aid is normally or could reasonably be worn or used:

Answer: I find it very difficult to mobilise effectively even with a mobility aid, in my case a walking stick. I cannot mount or descend two steps unaided by another person even with the support of a handrail. I cannot mobilise:

Safely: My mobility is affected by my condition. I cannot mobilise up and down steps safely due to the extreme exhaustion, pain and muscle weakness resulting from my condition. This is also true when I am mobilising on flat ground. I cannot mobilise 50m repeatedly within a reasonable timescale due to severe pain and discomfort.

Reliably: I cannot mount or descend two steps unaided by another person, even with the support of a handrail, as I find it very difficult to lift my feet to climb the steps. I also find descending two steps very difficult as I cannot judge the distance and the action involved increases my pain levels. I also cannot reliably walk 50m in a reasonable amount of time due to severe pain and discomfort.

Repeatedly: I cannot manage this activity repeatedly because I have to rest regularly due to muscle weakness, pain and exhaustion.

In a reasonable amount of time: I cannot manage this activity in a reasonable amount of time. It takes me more than twice as long as a non-disabled person to complete the activity. I can only manage this activity on average three days a week.

See Appendix I of this factsheet for the questions, descriptors and number of points each is awarded.

Remember: You can ask for an extension to collect more evidence, or to obtain advice, at any stage of the process.

It is best to do this the day before your deadline to obtain the maximum extension. This is two weeks.

However, the benefits agency will usually grant longer extensions if there is good reason, e.g. you cannot see a consultant within the time frame to request further medical evidence or you are waiting for an appointment for welfare advice.

The face-to-face assessment

The DWP have contracted with [Health Assessment Advisory Service](#) to provide the Work Capability face to face medical assessments in the UK.

Over the course of the Coronavirus pandemic, face-to-face assessments were suspended. They have [now been reintroduced](#).

What you need to remember about WCA medical assessments:

1. You can ask for a home assessment or a telephone assessment. If you are too ill or concerned you will have a relapse if you have to go to an assessment centre, ask for a home assessment or telephone assessment at the back of the form. You should also provide a supporting doctor's letter if possible.
2. You can ask for a home medical assessment if you will have to travel for 90 minutes or more each way to reach the assessment centre.
3. If at all possible, have a friend at home with you or take someone with you to the assessment centre for support. If the person who is going to accompany you is not from your household, you should contact the assessment company to let them know.

4. Ask for the assessment to be recorded. There are strict rules about types of recording equipment, plus the assessor must agree to be recorded. It is therefore easier to ask the medical assessment provider to record your assessment than ask to record it yourself.

5. At the end of your assessment, ask for a copy of the report. This will then be sent to you when the decision maker is sent their copy. This will allow you to challenge any factual inconsistencies in the report before the decision on your claim is made or in the form of a Mandatory Reconsideration request.

The decision

Once you have received the decision letter you will have two options:

1. You agree with it - do nothing.
2. You don't agree with the decision - ask for a Mandatory Reconsideration.

Mandatory Reconsideration

A Mandatory Reconsideration is the first stage of the appeals process.

It means another decision maker at the DWP will look at your whole claim and decide whether they agree with the original decision or not.

You must ask for a Mandatory Reconsideration by phone or in writing within 30 days of the date on your decision letter.

There is a form called CRMR1 (<https://tinyurl.com/CMRC1form>) you can use to ask for a Mandatory Reconsideration which it might be helpful to use so that you don't forget to include key pieces of personal information.

However, you are likely to want to write more information than there is room for on the form.

You can submit additional sheets of paper with the form, but make sure to write your name and National Insurance number on each additional sheet.

It is always best to ask for a Mandatory Reconsideration in writing if at all possible.

You should write a paragraph about why you disagree with the decision in general.

You should then list each of the activities you disagree with their decision on and explain why you think they made the wrong decision.

If you are appealing which group you have been placed in, you should detail which activity you think you should have been awarded 15 points for and why.

If you are appealing on the basis of the 'Exceptional Circumstances' rule, you should include as much detail as you can as to why having to complete any work-related activities would make your condition worse.

You should also provide any further supporting evidence at that point, if you have it.

Tribunal

If you are still not in agreement with their decision after the Mandatory Reconsideration stage, you have the option to go to tribunal.

If you are still not in agreement with their decision after the Mandatory Reconsideration stage, you have the option to go to tribunal.

To apply for a tribunal hearing, you can download and print form SSCS1 from the HMTCS website at www.tinyurl.com/tribunal-application. Or you can fill in the form online at www.tinyurl.com/tribunal-application-online.

You must attach a copy of your mandatory reconsideration decision to the SSCS1 form. You should ensure your completed SSCS1 reaches Her Majesty's Courts and Tribunals Service within 30 days of the date on your Mandatory Reconsideration notice.

However, you can ask for a tribunal up to 13 months after this date if you have good reason.

Before the hearing, you will receive a 'tribunal pack'. This will include all the information you have submitted as part of your application, your assessment report and any additional evidence or letters you have sent in, as well as your appeal form.

The tribunal panel will also receive this pack but will not be able to review it together until the day of the tribunal.

In some cases, the clerk to the panel may contact you on the day of the hearing, or when you arrive at the hearing, to inform you a decision has been made based on the information provided.

If you have any further evidence, you should send it to Her Majesty's Courts and Tribunals Service, quoting your reference number, at least one week before the date of your hearing.

You can take new evidence with you on the day, but it may not be looked on favourably unless you have a very good reason for leaving it so late.

Again, you must only send evidence that was valid at the time of your initial claim.

You may have to wait between six and 12 months for a tribunal date from the time you put in the SSCS1 request.

At the tribunal, you will be taken into a waiting room when you arrive; from there you will be called into a separate room with the panel. The tribunal panel will consist of a judge, a doctor and a person with a social care background. It is informal (no robes or wigs).

You will sit across from them, and they will ask questions as to how your condition affects you to try to gain more insight into your reasons for applying and then appealing.

You may take a friend with you to support you at the tribunal. However, they will not be allowed to speak unless the panel asks them to give their opinion.

If you have an Official Representative from an organisation such as the Citizen's Advice Bureau, the tribunal panel will speak to, and ask questions of, you both.

Once they are satisfied that they have enough information to make a decision you will be asked to wait in the waiting room again.

The panel will then discuss your appeal, come to a decision and then call you back in. You will receive their decision at that point in person.

Upper tribunal

If you are unhappy with the decision, you may be able to appeal to the upper tribunal.

However, the upper tribunals can only look at the decision if the first-tier tribunal decision is wrong on a point of law.

If you would like to appeal to the upper tribunal, you should take specialist advice.

Appendix I: assesses whether a claimant has limited capability for work

This assesses whether a claimant has limited capability for work. If you score 15 points or more from section one you will be placed in the Work-Related Activity Group.

Activity	Descriptors	Points
1. Mobilising unaided by another person with or without a walking stick, manual wheelchair or other aid if such aid is normally or could reasonably, be worn or used.	(a) Cannot either: (i) mobilise more than 50 metres on level ground without stopping <u>in order to</u> avoid significant discomfort or exhaustion; OR (ii) repeatedly mobilise 50 metres within a reasonable timescale because of significant discomfort or exhaustion.	15
	(b) Cannot mount or descend two steps unaided by another person even with the support of a handrail.	9
	(c) Cannot either: (i) mobilise more than 100 metres on level ground without stopping <u>in order to</u> avoid significant discomfort or exhaustion; OR (ii) repeatedly mobilise 100 metres within a reasonable timescale because of significant discomfort or exhaustion.	9
	(d) Cannot either: (i) mobilise more than 200 metres on level ground without stopping <u>in order to</u> avoid significant discomfort or exhaustion; OR (ii) repeatedly mobilise 200 metres within a reasonable timescale because of significant discomfort or exhaustion.	6

2. Standing and sitting	(a) Cannot move between one seated position and another seated position located next to one another without receiving physical assistance from another person.	15
	<p>(b) Cannot, for <u>the majority of</u> the time, remain at a <u>work station</u>, either:</p> <p>(i) standing unassisted by another person (even if free to move around); OR</p> <p>(ii) sitting (even in an adjustable chair); OR</p> <p>(iii) a combination of (i) and (ii) for more than 30 minutes, before needing to move away <u>in order to avoid significant discomfort or exhaustion</u>.</p>	9
	<p>(c) Cannot, for <u>the majority of</u> the time, remain at a <u>work station</u>, either:</p> <p>(i) standing unassisted by another person (even if free to move around); OR</p> <p>(ii) sitting (even in an adjustable chair) OR</p> <p>(iii) a combination of (i) and (ii) for more than an hour before needing to move away <u>in order to avoid significant discomfort or exhaustion</u>.</p>	6
	(d) None of the above apply	0
	3. Reaching	(a) Cannot raise either arm as if to put something in the top pocket of a coat or jacket.
	(b) Cannot raise either arm to top of head as if to put on a hat.	9
	(c) Cannot raise either arm above head height as if to reach for something.	6
	(d) None of the above apply.	0

4. Picking up and moving or transferring by the use of the upper body and arms	(a) Cannot pick up and move a 0.5 litre carton full of liquid.	15
	(b) Cannot pick up and move a one litre carton full of liquid.	9
	(c) Cannot transfer a light but bulky object such as an empty cardboard box.	6
	(d) None of the above apply.	0
5. Manual dexterity	(a) Cannot either: (i) press a button, such as a telephone keypad; OR (ii) turn the pages of a book with either hand.	15
	(b) Cannot pick up a £1 coin or equivalent with either hand.	15
	(c) Cannot use a pen or pencil to make a meaningful mark.	9
	(d) Cannot single-handedly use a suitable keyboard or mouse.	9
	(e) None of the above apply.	0
6. Making yourself understood through speaking, writing, typing, or other means which are normally or could reasonably be used, unaided by another person.	(a) Cannot convey a simple message, such as the presence of a hazard.	15
	(b) Has significant difficulty conveying a simple message to strangers.	15
	(c) Has some difficulty conveying a simple message to strangers.	6
	(d) None of the above apply.	0

7. Understanding communication by (i) verbal means (such as hearing or lip reading) alone OR (ii) non-verbal means (such as reading <u>16 point print</u> or Braille) alone OR (iii) using any aid that is normally or could reasonably be used unaided by another person	(a) Cannot understand a simple message due to sensory impairment, such as the location of a fire escape.	15
	(b) Has significant difficulty understanding a simple message from a stranger due to sensory impairment.	15
	(c) Has some difficulty understanding a simple message from a stranger due to sensory impairment.	6
	(d) None of the above apply.	0
8. Navigation and maintaining safety, using a guide dog or other aid if either or both are normally or could reasonably be used	(a) Unable to navigate around familiar surroundings, without being accompanied by another person, due to sensory impairment.	15
	(b) Cannot safely complete a potentially hazardous task such as crossing the road, without being accompanied by another person, due to sensory impairment.	15
	(c) Unable to navigate around unfamiliar surroundings, without being accompanied by another person, due to sensory impairment.	9
	(d) None of the above apply.	0

9. Absence or loss of control whilst conscious leading to extensive evacuation of the bowel and/or bladder, other than enuresis (bed-wetting) despite the wearing or use of any aids or adaptations which are normally or could reasonably be worn or used.	(a) At least once a month experiences: (i) loss of control leading to extensive evacuation of the bowel and/or voiding of the bladder; OR (ii) substantial leakage of the contents of a collecting device sufficient to require cleaning and a change in clothing.	15
	(b) The majority of the time is at risk of loss of control leading to extensive evacuation of the bowel and/or voiding of the bladder, sufficient to require cleaning and a change in clothing, if not able to reach a toilet quickly.	6
	(c) None of the above apply.	0
10. Consciousness during waking moments	(a) At least once a week, has an involuntary episode of lost or altered consciousness resulting in significantly disrupted awareness or concentration.	15
	(b) At least once a month, has an involuntary episode of lost or altered consciousness resulting	6
	in significantly disrupted awareness or concentration.	
	(c) None of the above apply.	0
11. Learning tasks	(a) Cannot learn how to complete a simple task, such as setting an alarm clock.	15
	(b) Cannot learn anything beyond a simple task, such as setting an alarm clock.	9
	(c) Cannot learn anything beyond a moderately complex task, such as the steps involved in operating a washing machine to clean clothes.	6
	(d) None of the above apply.	0

12. Awareness of everyday hazards (such as boiling water or sharp objects)	(a) Reduced awareness of everyday hazards leads to a significant risk of: (i) injury to self or others; OR (ii) damage to property or possessions such that they require supervision for <u>the majority of</u> the time to maintain safety.	15
	(b) Reduced awareness of everyday hazards leads to a significant risk of: (i) injury to self or others; OR (ii) damage to property or possessions such that they frequently require supervision to maintain safety.	9
	(c) Reduced awareness of everyday hazards leads to a significant risk of: (i) injury to self or others; OR (ii) damage to property or possessions such that they occasionally require supervision to maintain safety.	6
	(d) None of the above apply.	0
13. Initiating and completing personal action (which means planning, organisation, problem solving, prioritising or switching tasks)	(a) Cannot, due to impaired mental function, reliably initiate or complete at least two sequential personal actions.	15
	(b) Cannot, due to impaired mental function, reliably initiate or complete at least two personal actions for <u>the majority of</u> the time.	9
	13(c) Frequently cannot, due to impaired mental function, reliably initiate or complete at least two personal actions.	6
	(d) None of the above apply.	0

14. Coping with change	(a) Cannot cope with any change to the extent that day to day life cannot be managed.	15
	(b) Cannot cope with minor planned change (such as a pre-arranged change to the routine time scheduled for a lunch break), to the extent that overall day to day life is made significantly more difficult.	9
	(c) Cannot cope with minor unplanned change (such as the timing of an appointment on the day it is due to occur), to the extent that overall, day to day life is made significantly more difficult.	6
	(d) None of the above apply.	0
15. Getting about	(a) Cannot get to any place outside the claimant's home with which the claimant is familiar.	15
	(b) Is unable to get to a specified place with which the claimant is familiar, without being accompanied by another person.	9
	(c) Is unable to get to a specified place with which the claimant is unfamiliar without being accompanied by another person.	6
	(d) None of the above apply.	0
16. Coping with social engagement due to cognitive impairment or mental disorder	(a) Engagement in social contact is always precluded due to difficulty relating to others or significant distress experienced by the individual.	15
	(b) Engagement in social contact with someone unfamiliar to the claimant is always precluded due to difficulty relating to others or significant distress experienced by the individual.	9
	(c) Engagement in social contact with someone unfamiliar to the claimant is not possible for <u>the majority of</u> the time due to difficulty relating to others or significant distress experienced by the individual.	6
	(d) None of the above apply.	0

17. Appropriateness of behaviour with other people, due to cognitive impairment or mental disorder	(a) Has, <u>on a daily basis</u> , uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace.	15
	(b) Frequently has uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace.	15
	(c) Occasionally has uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace.	9
	(d) None of the above apply.	0

Appendix II: assesses whether a claimant has limited capability for work-related activity

This assesses whether a claimant has limited capability for work-related activity. If one or more of the descriptors there applies to you and this is accepted, you may qualify for entry into the Support Group.

Activity	Descriptors
1. Mobilising unaided by another person with or without a walking stick, manual wheelchair or other aid if such aid can reasonably be used.	Cannot either: (a) mobilise more than 50 metres on level ground without <u>stopping in order to</u> avoid significant discomfort or exhaustion; OR (b) repeatedly mobilise 50 metres within a reasonable timescale because of significant discomfort or exhaustion.
2. Transferring from one seated position to another.	Cannot move between one seated position and another seated position located next to one another without receiving physical assistance from another person.
3. Reaching	Cannot raise either arm as if to put something in the top pocket of a coat or jacket.
4. Picking up and moving or transferring <u>by the use of</u> the upper body and arms (excluding standing, sitting, bending or kneeling and all other activities specified in this schedule).	Cannot pick up and move a 0.5 litre carton full of liquid.
5. Manual dexterity.	Cannot either: (a) press a button, such as a telephone keypad; OR (b) turn the pages of a book with either hand.

6. Making self-understood through speaking, writing, typing, or other means normally used.	Cannot convey a simple message, such as the presence of a hazard.
7. Understanding communication by hearing, lip reading, reading 16-point print or using any aid if reasonably used.	Cannot understand a simple message due to sensory impairment, such as the location of a fire escape.
8. Absence or loss of control over extensive evacuation of the bowel and/or voiding of the bladder, other than enuresis (bed-wetting), despite the presence of any aids or adaptations normally used.	<p>At least once a week experiences:</p> <p>(a) loss of control leading to extensive evacuation of the bowel and/or voiding of the bladder; OR</p> <p>(b) substantial leakage of the contents of a collecting device sufficient to require the individual to clean themselves and change clothing.</p>
9. Learning tasks.	Cannot learn how to complete a simple task, such as setting an alarm clock, due to cognitive impairment or mental disorder.
10. Awareness of hazard.	<p>Reduced awareness of everyday hazards, due to cognitive impairment or mental disorder, leads to a significant risk of:</p> <p>(a) injury to self or others; OR</p> <p>(b) damage to property or possessions such that they require supervision for the majority of the time to maintain safety.</p>
11. Initiating and completing personal action (which means planning, organisation, problem solving, prioritising or switching tasks).	Cannot, due to impaired mental function, reliably initiate or complete at least two sequential personal actions.

12. Coping with change.	Cannot cope with any change, due to cognitive impairment or mental disorder, to the extent that day to day life cannot be managed.
13. Coping with social engagement, due to cognitive impairment or mental disorder.	Engagement in social contact is always precluded due to difficulty relating to others or significant distress experienced by the individual.
14. Appropriateness of behaviour with other people, due to cognitive impairment or mental disorder.	Has, <u>on a daily basis</u> , uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace.
15. Conveying food or drink to the mouth.	<p>(a) Cannot convey food or drink to the claimant's own mouth without receiving physical assistance from someone else; OR</p> <p>(b) Cannot convey food or drink to the claimant's own mouth without repeatedly stopping, experiencing breathlessness or severe discomfort; OR</p> <p>(c) Cannot convey food or drink to the claimant's own mouth without receiving regular prompting given by someone else in the claimant's physical presence; <u>OR</u></p> <p>(d) Owing to a severe disorder of mood or behaviour, fails to convey food or drink to the claimant's own mouth without receiving: (i) physical assistance from someone else; or (ii) regular prompting given by someone else in the claimant's presence.</p> <p><u>(continues on next page)</u></p>

<p>16. Chewing or swallowing food or drink.</p>	<p>(a) Cannot chew or swallow food or drink; OR</p> <p>(b) Cannot chew or swallow food or drink without repeatedly stopping, experiencing breathlessness or severe discomfort; OR</p> <p>(c) Cannot chew or swallow food or drink without repeatedly receiving regular prompting given by someone else in the claimant's presence; OR</p> <p>(d) Owing to a severe disorder of mood or behaviour, fails to:</p> <ul style="list-style-type: none"> (i) chew or swallow food or drink; or (ii) chew or swallow food or drink without regular prompting given by someone else in the claimant's presence."
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Useful contacts

Action for ME

Information and Support Service

Tel: 0117 927 9551 (Monday to Friday 10am to 4.30pm)

Email: infosupport@actionforme.org.uk

Website: www.actionforme.org.uk

Citizens Advice Bureau

Offers advice on a range of issues and may complete a benefits check for you

www.citizensadvice.org.uk

Civil Legal Advice

Help with some benefit appeals for eligible people.

www.gov.uk/civil-legal-advice

Disability Rights UK

Factsheets on benefits, tax credits and independent living

www.disabilityrightsuk.org

Local councils

Some local councils employ welfare rights workers and/or may also have information about other services in your area.

www.gov.uk/find-your-local-council



Registered office:

Action for ME
Unit 2.2 Streamline
436-441 Paintworks
Bristol, BS4 3AS




Telephone: 0117 927 9551

Info & Support: infosupport@actionforme.org.uk

Fundraising: fundraising@actionforme.org.uk

If you have found this resource useful, please consider making a donation to help us reach even more people affected by ME.

www.actionforme.org.uk/donate/

 [@actionform.e](https://www.instagram.com/actionform.e)  [@actionforme](https://www.facebook.com/actionforme)  [@actionforme](https://www.linkedin.com/company/actionforme)

Registered charity in England and Wales no. 1036419
Registered in Scotland no. SC040452
Company registered by guarantee in England no. 2906840

