



Department  
for Work &  
Pensions

# Work Capability Assessment:

Activities and Descriptors Consultation  
Consultation Paper

CP 930





# **Work Capability Assessment:**

## **Activities and Descriptors Consultation Consultation Paper**

Presented to Parliament  
by the Secretary of State for Work and Pensions  
by Command of His Majesty

September 2023

CP 930



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ISBN 978-1-5286-4420-4

E02966301 09/23

Printed on paper containing 40% recycled fibre content minimum

Printed in the UK by HH Associates Ltd on behalf of the Controller of His Majesty's Stationery Office.

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# Executive Summary

1. We are determined to have a welfare system that encourages and supports people into work, while providing a vital safety net for those who need it most.
2. We know that being in suitable work is good for people's physical and mental health, wellbeing, and financial security. However, too many disabled people and people with health conditions are stuck on incapacity benefits, without the support they need to access work. One in five people who are not expected to engage in work preparation would like to work at some point in the future if the right job and support were available. Transforming Support, our recent White Paper, announced measures that reform the disability benefits system and address the barriers and work disincentives within it. We have also increased our support offer to help those who can work to move towards and into employment. This includes investing in supported employment programmes, including Universal Support and the Workwell pilot programme. This is alongside £150m of funding announced by the Department for Health and Social Care in January 2023 to increase mental health support<sup>1</sup>. But we need to go further to facilitate work opportunities for

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1 <https://www.gov.uk/government/news/mental-health-services-boosted-by-150-million-government-funding>

those who are able, and not exclude people from the support they are entitled to.

3. The world of work has transformed over recent years. More people today can benefit from the advantages and opportunities of flexible and home working. Working at home brings new opportunities for disabled people to manage their conditions in a more familiar and accessible environment. Employers better understand the accessibility needs of their staff and are doing more to help disabled people and people with health conditions at work. The improved understanding of mental health conditions and neurodiversity helps employers to identify opportunities to adapt their work environments for people with health conditions.
4. While working practices that support disabled people have changed significantly, the Work Capability Assessment (WCA) has not. The WCA is how we assess people's capability to work and the support they receive. The WCA activities and descriptors were last comprehensively reviewed in 2011. We regularly review whether we can make service improvements to the assessment with our supplier. However, the risk is that the descriptors and the activities that were relevant over 10 years ago no longer reflect the work that people can do. People with mobility problems, or who suffer anxiety within the workplace, have better access to employment opportunities due to the rise in flexible and home working.



5. The proportion of Limited Capability for Work and Work-related Activity (LCWRA) outcomes at WCA has risen significantly since the activities and descriptors were last reviewed, from 21% in 2011 to 65% in 2022. Where people are assessed as LCWRA they are not expected to undertake any work preparation activity and receive an additional amount of benefit. An assessment as having LCWRA should be for severe functional limitation, but its application has gone beyond this. There are 2.4 million claimants in either the Universal Credit LCWRA or ESA Support Group, compared with 450,000 claimants within the Universal Credit Limited Capability for Work (LCW) or ESA Work-Related Activity Group.
6. People assessed as LCW have tailored employment support to prepare for work. They do not undertake intensive work search, but have tailored work coach support, to build confidence or wellbeing, learn skills, or gain help from local provision. People assessed as LCWRA do not have any requirements to engage with this tailored work coach support. It is not right that so many people are left without support, and we must not hold people back from opportunity.
7. We published Transforming Support: The Health and Disability White Paper in March 2023, which set out our planned reforms. We want to change the benefits system to focus on what people can do, rather than what they cannot, and remove barriers

to work. Those reforms will ensure that people on benefits due to long-term sickness or disability are not excluded from employment support. They will give people the confidence to try work where they can. We have said we will remove the WCA and that the Personal Independence Payment (PIP) assessment will be the only health and disability functional assessment in the future.

8. Ahead of this change, we need to take steps now so that the WCA delivers the right outcomes while it still exists. This includes targeting financial support and employment support fairly and effectively. There are also differences between the WCA and how we assess PIP. This includes different mobility requirements between the two assessments. We are considering these differences as we move towards PIP as the single assessment.
9. Another difference between the assessments is the substantial risk criteria, which exists in the WCA but not in PIP. Substantial risk was intended to provide a safety net for claimants. It was designed to be used where it could cause harm to the mental or physical health of claimants or others if that claimant were found not to have either LCW or LCWRA. LCWRA substantial risk was intended to apply to a small group of claimants but has grown as a proportion of WCA outcomes. 15% of new claims awarded LCWRA or ESA Support Group (SG) are now under substantial risk. This has the effect of reducing the support provided through jobcentres to those

individuals. We know that periods of inactivity can be detrimental for people, particularly young people, affecting their overall mental health. We recognise that claimants who are assessed as LCWRA for substantial risk could be vulnerable or struggling with their mental health. We need to ensure that tailored support can be provided that recognises this.

10. Through this consultation, we are seeking views on:
  - Amending the activities and descriptors in the Work Capability Assessment so that assessments reflect greater flexibility and availability of reasonable adjustments in work, particularly home working. This includes whether some of the activities and descriptors can be removed or amended, or whether the points for some LCW activities can be reduced.
  - The application of Risk to Self or Others under the Universal Credit (UC) and Employment and Support Allowance (ESA) circumstances in which a claimant is to be treated as having LCWRA. This is to ensure that people with the greatest need for help are receiving the right support.
11. The majority of the WCA assessment and activities and descriptors would remain unaffected by the changes proposed in this consultation. Those changes under consideration will therefore only impact a proportion of the overall ESA and UC health caseload. For example, those who were

awarded LCWRA due to physical or mental health risk make up 14.6% of those awarded LCWRA or ESA SG outcomes in the most recent quarter for which we have data.<sup>2</sup> The Severe functional disability group comprised 69.5% of LCWRA or SG outcomes in the same period. The activities consulted on in this document account for less than a quarter of the functional activities in the WCA assessment, so represent a smaller subset. We are also not proposing any changes to any of the other non-functional criteria, beyond substantial risk.

12. We have already stepped up the help available for disabled people to start, stay, and succeed in work, which underpins these changes. At the Spring Budget 2023, we announced wide-reaching new investment that builds on our existing package of support. We will continue to work with employers, to help them utilise the talents of disabled people by using flexibility and reasonable adjustments in jobs, including through Access to Work and Disability Confident.

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2 Oct to Dec 2022 inclusive. Outcomes for Work Capability Assessments across both Employment and Support Allowance and Universal Credit

# Previous Changes to the Work Capability Assessment

13. There was an internal review in 2011, which resulted in major changes to the descriptors. Minor changes followed at two points in 2013. There have been no changes to the functional descriptors since then.
14. The non-functional activities were also reviewed in 2011 and 2014. There was a change to the LCW substantial risk rules in 2011. This was to account for reasonable adjustments when assessing risk in the workplace. In 2013, the assessment of claimants receiving treatment for cancer changed to include more kinds of treatment.
15. While there have been some operational changes, like using more telephone-based assessments, there has been no substantive change to the activities and descriptors in the last decade. It is right that we periodically review the WCA to make sure that it continues to target support fairly and effectively and delivers the right outcomes for those most in need.

# Background

16. The Work Capability Assessment was designed to assess what people can do, not what they cannot, and to support more disabled people and people with health conditions to find work or to move closer to the labour market. As we set out in Transforming Support: The Health and Disability White Paper, this is not happening in practice and the system needs to improve.
17. An increasing proportion of claimants are being found to have LCWRA. Around 740,000 people had a WCA decision recorded in the calendar year 2022, with almost two in every three claimants who had a WCA being found to have LCWRA.<sup>3</sup> Claimants found to have LCWRA have no requirements to undertake any work-related activity to progress into or towards work. As a result, they miss out on the valuable support available through work coaches in jobcentres and employment provision. The Government is committed to ensuring that everyone has the best possible support to start, stay and succeed in work.
18. Claimants who are found LCWRA are being held back from the financial security, the ability to live independently and the benefits to wellbeing that

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3 [ESA and UC Work Capability Assessments volumes are available on Stat-Xplore: https://stat-xplore.dwp.gov.uk](https://stat-xplore.dwp.gov.uk)

work can bring. There is also strong evidence showing that work is good for physical and mental health and wellbeing. Working can help promote recovery, lead to better health outcomes, reduce long-term incapacity, and promote participation in society.<sup>4</sup>

19. The number of people who are out of work and not looking for a job, or who are ‘economically inactive,’ due to illness and long-term health conditions is 2.6 million in 2023. This has risen since the pandemic.<sup>5</sup> There are currently over 1 million employer vacancies in the labour market, which is holding back economic growth.<sup>6</sup>
20. The Office for Budget Responsibility (OBR) has reported that the approval rate for incapacity benefits has risen over time. In 2016-17, 55% of new claims for incapacity benefits were approved. In 2022-23, 82% of new claims were approved. Had the rate remained at 2016-17 levels, there

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4 *Is work Good for your Health and Well-being?*, Waddell and Burton 2006, [4047 IS WORK cov Vn1\\_0 \(publishing.service.gov.uk\)](#)

5 [Labour market overview, UK – Office for National Statistics \(ons.gov.uk\)](#)

6 [Vacancies and jobs in the UK – Office for National Statistics \(ons.gov.uk\)](#)

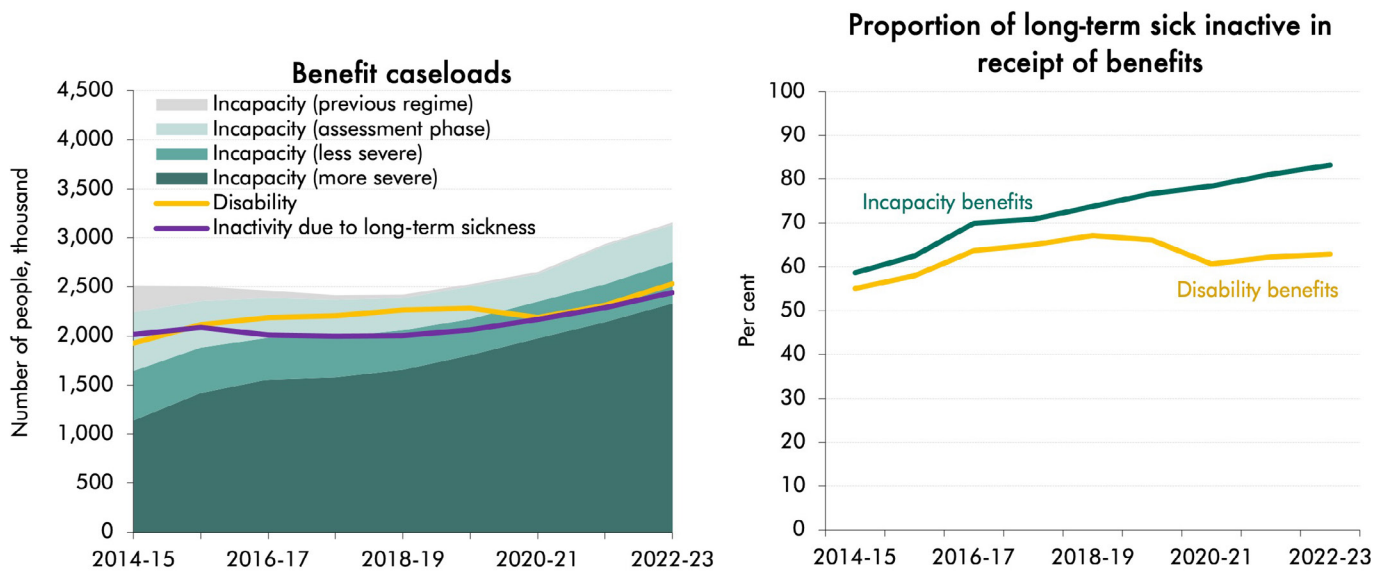
would have been 670,000 fewer approved claims between 2017 and 2022.<sup>7</sup>

21. Referrals for the WCA have also risen dramatically. OBR figures show that referrals per quarter increased from 160,000 in 2019-20 to 220,000 in 2022-23. Figure 1 shows the growth in numbers of people claiming incapacity benefits over time and the increasing proportion of long-term sick claiming these benefits. In Figure 1, “Disability” and “Disability Benefits” refers to people receiving benefits that contribute towards the additional costs from having a disability or health condition such as PIP and DLA. “Incapacity benefits” refers to benefit paid because someone is unable to work, which is mainly ESA and the UC Health Component. “Incapacity (More Severe)” refers to people found to have LCWRA. “Incapacity (Less Severe)” refers to people found to have LCW.

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<sup>7</sup> <https://obr.uk/frs/fiscal-risks-and-sustainability-july-2023/#chapter-1>





Note: Prior to 2019-20, the incapacity series use internal DWP data to split out the UC health caseload into its different groups. There may also be some small overestimation of the incapacity series due to people being counted as claiming both ESA and UC. The share of the long-term sick inactive population on benefits is estimated using LFS data, which is scaled to total caseloads (as measured in DWP’s administrative data) to account for some under-recording of benefit receipt in the LFS.

Source: DWP, ONS, OBR analysis of unpublished LFS microdata

### Figure 1

22. The Health and Disability White Paper explained our plans to legislate for the removal of the Work Capability Assessment. In future there will only be one health and disability functional assessment – the Personal Independence Payment (PIP) assessment. This remains our intention. However,

with around 740,000 WCAs taking place in 2022, and with this demand expected to continue, we cannot wait until these reforms roll out. We are consulting on making changes ahead of the White Paper reforms. Given the PIP assessment will be the only assessment used, we are also considering where the WCA can be changed to mirror the PIP assessment criteria.

23. Any potential changes will be subject to decisions reached and informed by the responses to this consultation. Any changes taken forward would need legislative change. As a result, they would not be implemented until 2025 at the earliest.

# Functional Descriptors – Background

24. Since the introduction of the WCA, the world of work has changed significantly. New opportunities are now available for disabled people and people with health conditions. The coronavirus pandemic accelerated the need for many employers to offer flexibility through home working. Businesses have kept and embedded these changes through hybrid and home working, but the WCA has not adapted to reflect this new way of working.
25. Data from the ONS (Office for National Statistics) says that 44% of working adults worked from home exclusively or at least some of the time each week between September 2022 and January 2023. This includes 16% of working adults working exclusively from home over a seven-day period.<sup>8</sup> While comparable data from before the pandemic is not available, the ONS indicate that around 12% of workers spent some or all of their working time at home in 2019. While this not directly comparable

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8 [Characteristics of homeworkers, Great Britain: September 2022 to January 2023](https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/characteristicsofhomeworkersgreatbritain/september2022tojanuary2023) <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/characteristicsofhomeworkersgreatbritain/september2022tojanuary2023>

with the 44% estimate above, it does show the significant growth in hybrid and remote working.<sup>9</sup>

26. Many employers have embraced these changes and are using this flexibility to attract the talents and skills of disabled people. In April 2022, 23% of businesses said they were using or intending to use homeworking as a permanent business model. This varied significantly by industry. 54% of businesses in the information and communication industry reported using, or intending to use, increased homeworking.<sup>10</sup> Getting the most from the benefits of home and hybrid working flexibility for employers and their staff is still an emerging trend, with some employers leading the way to put this at the heart of their recruitment and retention strategies. Alongside this, employers have a better understanding of the accessibility needs of their staff, thanks in part to Government support and raising awareness.

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9 Characteristics of homeworkers, Great Britain: September 2022 to January 2023 <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/characteristicsofhomeworkersgreatbritain/september2022tojanuary2023>

10 Is hybrid working here to stay?, ONS, <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/ishybridworkingheretostay/latest>

## **Case Study: Disability Confident Leaders**

Employers across Great Britain have seen the benefits of employing a diverse workforce and becoming Disability Confident employers. They are striving to make their workplaces more accessible for disabled people. Employers submitted nominations for the recent Disability Confident awards that showcased these changes.

Some nominations highlighted mental health awareness and neurodiversity training. Employers showed how they are using employee assistance programmes, occupational health services, and mental health first aiders to improve employee support. These tools are creating inclusive workplaces, where mental health and wellbeing can be supported without stigma.

Health Adjustment Passports and Access to Work are helping people to agree and record their reasonable adjustments. Disability Leaders outlined how they use remote working to support those adjustments. Hybrid and flexible working allow workers to better manage their health conditions. For example, starting later because of their medication.

Disability Confident employers are working with their supply chains and partners to promote best practice. This will embed these practices into services for customers and ways of working for employees.

27. The increase in home working is enabling disabled people and people with health conditions to manage their conditions in their own more familiar and accessible environment. There are many potential benefits, for example, avoiding or reducing the financial and practical barriers of travelling to work, particularly where people have restricted mobility or anxiety. It creates new opportunities for our work coaches and specialist Disability Employment Advisors to help people move towards and into work.

### **Case Study: DEA Success Story**

Kaitlyn was referred to a Disability Employment Adviser in August 2022. She has many health conditions that were making it difficult for her to work. These included several neurodiverse conditions as well as depression. She was also waiting for a formal assessment for autism. Kaitlyn has always wanted to work but had not felt comfortable enough to discuss her conditions with her employers. Finding a suitable role had become a major challenge. Kaitlyn began working in an administrative post through the DWP Kickstart scheme. She managed to finish the placement but found the tasks difficult. She had periods of sickness absence. After receiving support from her Disability Employment Adviser, Kaitlyn learned how to overcome setbacks and realised that there could be an opportunity to work remotely.

Kaitlyn joined a DWP-funded course for jobseekers with ADHD/Autism Spectrum Disorder. This helped her to understand how her ADHD might affect her in work and the strengths it could bring. It also got her thinking about reasonable adjustments. She was then referred to an organisation called Into Work. They specialise in supporting people with neurodiverse conditions. With their support, Kaitlyn has secured a full-time job. Her employer fully supports a remote working pattern with occasional travel to the office. Kaitlyn has built great relationships with her colleagues and started socialising after work. She has had no further sickness absences because of the benefits of home working.

28. Government is keen to play its part in helping people start, stay, and succeed in work. Access to Work, for example, covers a wide range of interventions to overcome work-related barriers resulting from disability. This includes grants to help pay for practical support with work and tailored support to manage mental health at work. Disability Confident encourages employers to think differently about disability and take action to improve how they recruit, retain, and develop disabled people. Legislation we supported earlier this year will make it easier to request flexible working. In parallel, we have committed to introduce regulations so employees will have the right to request flexible working from day one of a new job. We intend for

this package to come into force in 2024. Greater use of flexibilities will benefit all workers and enhance the existing protections for disabled workers and workers with health conditions. Employers are already required to make reasonable adjustments to make sure disabled workers, or those with physical or mental health conditions are not disadvantaged when doing their jobs.

29. We have also increased work coach support in jobcentres for disabled people and people with health conditions receiving Universal Credit or Employment Support Allowance. Disability Employment Advisers in jobcentres offer advice and expertise on how to help disabled people and people with health conditions into work, including practical support with managing mental health at work. This will help people find appropriate work that meets their needs and conditions and enables them to undertake work in a manageable way. We will continue to work with employers, to help them utilise the talents of disabled people by using flexibility and reasonable adjustments in jobs, including through Access to Work and Disability Confident.



# Consultation Questions – Functional Activities and Descriptors

30. We are seeking views on whether we should make changes to specific activities and descriptors in the WCA.
31. In particular, we are considering changes to the Mobilising, Contenance, Social Engagement and Getting About functional activities and descriptors. This is because these are the activities and descriptors most likely to be affected by new opportunities for flexible and home working, and improved support. The LCW and LCWRA activities and descriptors are set out in Annex C. **Mobilising**
32. We are considering three options for change:
- remove the Mobilising activity entirely (both LCW and LCWRA).
  - amend the LCWRA Mobilising descriptor to bring it in line with the equivalent descriptor in PIP – replacing 50 metres with 20 metres for both descriptors within the LCWRA activity.
  - reduce the points awarded for the LCW Mobilising descriptors.

**Q1.** What are your views on the three Mobilising options?

**Absence or loss of bowel/bladder control (Continence)**

33. We are considering three options for change:
- remove the Absence or loss of bowel/bladder control (Continence) activity entirely (both LCW and LCWRA).
  - amend the LCWRA Absence or loss of bowel/bladder control (Continence) descriptor so that claimants are required to experience symptoms 'daily' rather than 'weekly'.
  - Reduce the points awarded for the LCW Absence or loss of bowel/bladder control (Continence) descriptors.

**Q2.** What are your views on the three Absence or loss of bowel/bladder control (Continence) options?

**Coping with Social Engagement due to cognitive impairment or mental disorder**

34. We are considering two options for change:
- Remove the Coping with Social Engagement activity entirely (both LCW and LCWRA).
  - Reduce the points awarded for LCW descriptors for Coping with Social Engagement.

**Q3.** What are your views on the two Coping with Social Engagement options?

**Getting About (LCW only)**

35. We are considering two options for change:
- Remove the Getting About activity entirely.
  - Reduce the points awarded for LCW descriptors for Getting About.

**Q4.** What are your views on the two Getting About options?

**Q5.** In addition to the above options for change, are there any other WCA activities or descriptors that you think we should be considering changes to and why?

# Non-functional (*Substantial Risk*) – Background

36. Evidence shows that, with the right support, good work can be beneficial to someone's health and act as an enabler to recovery. One in five people who are not expected to engage in work preparation would like to work at some point in the future if the right job and support were available.<sup>11</sup> The substantial risk criteria was intended to provide a safety net when there is evidence that there would be a substantial risk to mental or physical health if a claimant were found not to have LCW or LCWRA. The original policy intent for substantial risk was for it to be advised only in exceptional circumstances.
37. However, the application of LCWRA risk has gone beyond the original intent.<sup>12</sup> 14.6% of new claims awarded LCWRA are now under substantial risk.<sup>13</sup> This has excluded significant numbers of people from receiving appropriate labour market support to help them to move closer to work. We recognise that

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11 <https://www.gov.uk/government/publications/work-aspirations-and-support-needs-of-claimants-in-the-esa-support-group-and-universal-credit-equivalent>

12 [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/407750/wca-fifth-independent-review-response.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/407750/wca-fifth-independent-review-response.pdf) p.13-14

13 [See Annex d](#)

individuals who are found to have LCWRA based on substantial risk could need mental health support and we wish to provide employment support that is tailored to reflect this. There is increasing evidence to show that work can be good for mental health and wellbeing. Encouraging and supporting individuals to remain in or return to work can help promote recovery, lead to better health outcomes, reduce the risk of long-term incapacity, promote participation in society and improve quality of life and wellbeing.<sup>14</sup>

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14 Is work Good for your Health and Well-being?

Waddell and Burton 2006, [4047 IS WORK cov Vn1\\_0](#)  
([publishing.service.gov.uk](http://publishing.service.gov.uk))

# Consultation Questions

## – Non-Functional (*Substantial Risk*)

38. We are seeking views on whether we should make changes to the LCWRA substantial risk regulations as they are no longer meeting the original intent to be applied only in exceptional circumstances, and whether this has unintended consequences for supporting claimants in their recovery, mental health, and wellbeing.
39. We are considering two options for change:
- Firstly, we are considering **whether to amend the LCWRA substantial risk definition** to reflect that this would not apply where a person could take part in tailored or a minimal level of work preparation activity and/or where reasonable adjustments could be put in place to enable that person to engage with work preparation. This change would represent an opportunity to better support claimants with challenging barriers to ensure they are helped and signposted to access provision relevant to their personal circumstances.
40. The intention of this change is not to bring people with risk into mandatory activity, nor to sanction them if they do not comply. Work coaches would offer appropriate and tailored support. They would

support a claimant on work preparation activities. For example, activities to build confidence or wellbeing, learn skills, or gain a greater understanding of different sectors, local provision, or support.

41. Where it would be unreasonable to expect a claimant to complete any work preparation activities or attend appointments, they would be placed in the LCWRA group and not participate in work preparation. Where a claimant could engage in tailored activity, suitable work preparation activities would be set in discussion with the claimant. Work coaches already have the discretion to set these as voluntary activities and appointments can be undertaken from home, by phone, or face-to-face, to suit the claimant's needs.

**Q6.** What are your views on how the LCWRA Substantial Risk regulations could be amended with the emphasis on what work preparation activity an individual is able to safely undertake?

**Q7.** What do you think would be the impact of these changes?

**Q8.** What could constitute tailored or a minimum level of work preparation activity?

42. Secondly, we are also considering whether we **remove the LCWRA risk criteria entirely**, so

that anyone who would meet the current threshold would instead be placed in LCW. They would then receive appropriate support and tailored work-related activity so that they would not be at risk to themselves or others.

43. As set out above, we would not expect claimants in LCW risk to engage in work preparation activity if it were not appropriate or tailored.

**Q9.** What are your views on whether we should remove the LCWRA risk group and place the people in this group in LCW risk instead?

**Q10.** How can this group be safely supported within the LCW risk group?



# Summary of Consultation Questions

## Question 1

What are your views on the three Mobilising options?

## Question 2

What are your views on the three Absence or loss of bowel/bladder control (Continence) options?

## Question 3

What are your views on the two Coping with Social Engagement options?

## Question 4

What are your views on the two Getting About options?

## Question 5

In addition to the above options for change, are there any other WCA activities or descriptors that you think we should be considering changes to and why?

## Question 6

What are your views on how the LCWRA Substantial Risk regulations could be amended with the emphasis on what

work preparation activity an individual is able to safely undertake?

## **Question 7**

What do you think would be the impact of these changes?

## **Question 8**

What could constitute tailored or a minimum level of work preparation activity?

## **Question 9**

What are your views on whether we should remove the LCWRA risk group and place the people in this group in LCW risk instead?

## **Question 10**

How can this group be safely supported within the LCW risk group?

# How to respond to the consultation

## How to respond

We encourage you to respond online via <https://www.gov.uk/government/consultations/work-capability-assessment-activities-and-descriptors> if possible.

Please read the consultation document.

Then submit your responses online.

Please email [wcaactivitiesanddescriptors.consultation@dwp.gov.uk](mailto:wcaactivitiesanddescriptors.consultation@dwp.gov.uk) if:

- you would like to respond via email
- you have any other enquiries specifically relating to this consultation

If you would like to respond by post, please mark your correspondence *Work Capability Assessment: Activities and Descriptors Consultation* and send to:

Disability and Health Support Directorate  
Department for Work and Pensions  
Level 2  
Caxton House  
Tothill Street  
London  
SW1H 9NA

# Extra copies and alternative formats

Please contact us for paper copies or alternative formats of this consultation document.

Email: [wcaactivitiesanddescriptors.consultation@dwp.gov.uk](mailto:wcaactivitiesanddescriptors.consultation@dwp.gov.uk)

Disability and Health Support Directorate  
Department for Work and Pensions  
Level 2  
Caxton House  
Tothill Street,  
London  
SW1H 9NA

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Your data, including any personal data, will also be shared with a third-party provider who will carry out analysis and summarisation of responses for us. An anonymised version of your response may be published in a list of responses, in a summary of responses received, and in any subsequent review reports and may be sent to colleagues in other government departments or organisations. We may also share your personal data where required to by law, for example in relation to a request made under the Freedom of Information Act 2000. We will remove information which could identify you, such as email addresses and telephone numbers from these responses, but apart from this we may publish

them in full. You can leave out personal information from your response entirely if you would prefer to do so.

For more information about what we do with personal data, you can read DWP's [Personal Information Charter](#).

# Annex A: List of previous WCA reviews

Reviews		
Title	Year	Link
Internal Review of the Work Capability Assessment	2009	<a href="http://nationalarchives.gov.uk">Department for Work and Pensions report (nationalarchives.gov.uk)</a>
WCA Internal Review-Addendum	2011	<a href="http://nationalarchives.gov.uk">Work capability assessment addendum (nationalarchives.gov.uk)</a>
Independent Reviews of the Work Capability Assessment	2010	<a href="http://www.gov.uk">Work Capability Assessment independent review – year 1 – GOV.UK (www.gov.uk)</a>
	2011	<a href="http://www.gov.uk">Work Capability Assessment independent review – year 2 – GOV.UK (www.gov.uk)</a>
	2012	<a href="http://www.gov.uk">Work Capability Assessment independent review – year 3 – GOV.UK (www.gov.uk)</a>
	2013	<a href="http://www.gov.uk">Work Capability Assessment independent review – year 4 – GOV.UK (www.gov.uk)</a>
	2014	<a href="http://www.gov.uk">Work Capability Assessment independent review – year 5 – GOV.UK (www.gov.uk)</a>
Work Capability Assessment Evidence Based Review	2013	<a href="http://www.gov.uk">Work Capability Assessment: evidence based review – GOV.UK (www.gov.uk)</a>

# Annex B: WCA Functional and Non-Functional criteria

1. The Work Capability Assessment (WCA) assesses whether someone who claims Universal Credit (UC) and reports a health condition that affects their ability to work, or claims Employment and Support Allowance (ESA), is capable of working. WCAs are carried out by fully qualified health care professionals who are contracted on behalf of the DWP. The health care professional makes a recommendation to a DWP decision maker. The decision maker then makes the final decision on an individual's claim.
2. The WCA has 3 possible outcomes:
  - a. **Fit for work (FFW)**: which means no entitlement to ESA or the health-related amount of UC. The claimant might have to look for work.
  - b. **Limited Capability for Work (LCW)**: which means a claimant may not be able to look for work now but is given support to help prepare them for work in the future.
  - c. **Limited Capability for Work and Work-Related Activity (LCWRA)**: which means a claimant will not have to look for work, or to prepare for work. This also results in a higher rate of benefit on both UC and ESA.

3. To help a decision maker decide whether the claimant has Limited Capability for Work, the assessment looks at the effects of any health condition or disability on the claimant's ability to carry out a range of everyday activities. This involves:
  - **activities** – for example mobilising, standing and sitting, learning tasks and awareness of hazard which are relevant to work
  - **descriptors** – lists a range of actions within each activity, which claimants may be able to perform. Where more than one descriptor for any activity applies, only the highest score will count
  - **a score, or set of scores** – each descriptor that is relevant to a claimant's health condition or disability has a points weighting, called a 'score'
  - **non-functional descriptors** – Circumstances where someone could carry out the functional activities in the WCA but would still be treated as having either limited capability for work, or limited capability for work and work-related activity.
4. Within each activity, the descriptors cover a range of ability. Many people may suffer with more than one disability or health condition. The assessment therefore includes a means of assessing the combined effects of different disabilities or health conditions.



5. If a claimant scores 15 points or more, they have limited capability for work.
6. The list of activities is available here: <https://www.legislation.gov.uk/ukxi/2013/376/schedule/6>

### Limited Capability for Work-Related Activity (functional descriptors)

7. There are sixteen activities which determine if a claimant has limited capability for work **and** limited capability for work-related activity. If at least one is satisfied, the claimant has limited capability for work-related activity. The full list is available here: <https://www.legislation.gov.uk/ukxi/2013/376/schedule/7>

### Circumstances in which a claimant is to be treated as having LCW or LCWRA

8. There are circumstances where the claimant could carry out all the activities in the assessment but would be treated as if they had LCW or LCWRA. These reflect situations not covered by the functional descriptors. For example, requiring treatment for cancer, or having an uncontrolled health condition, which may prevent someone from either working or doing work-related activities. One of these situations is where there would be a substantial risk to any person if the claimant had to work or do work related activities.
9. The current list of non-functional LCW criteria is available here: <https://www.legislation.gov.uk/ukxi/2013/376/schedule/8>

10. The current list of non-functional LCWRA criteria is available here:

<https://www.legislation.gov.uk/ukxi/2013/376/schedule/9>

### Setting a review period

11. After WCA, if a claimant is given either LCW or LCWRA, a review period is set. After this period, the claimant should be reassessed. Review periods are usually set between 6 and 36 months, based on whether there might be a change in the claimant's condition. After this time, there would be a repeat assessment.

# Annex C: Activities we are consulting on

## Mobilising- LCW [from Universal Credit Regulations 2013, Schedule 6]

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.	1(a) Cannot, unaided by another person, either: (i) mobilise more than 50 metres on level ground without stopping in order to avoid significant discomfort or exhaustion; or (ii) repeatedly mobilise 50 metres within a reasonable timescale because of significant discomfort or exhaustion.	15
	(b) Cannot, unaided by another person, mount or descend two steps even with the support of a handrail.	9
	(c) Cannot, unaided by another person, either: (i) mobilise more than 100 metres on level ground without stopping in order to avoid significant discomfort or exhaustion; or (ii) repeatedly mobilise 100 metres within a reasonable timescale because of significant discomfort or exhaustion.	9
	(d) Cannot, unaided by another person, either: (i) mobilise more than 200 metres on level ground without stopping in order to avoid significant discomfort or exhaustion; or (ii) repeatedly mobilise 200 metres within a reasonable timescale because of significant discomfort or exhaustion.	6
	(e) None of the above applies.	0

# Mobilising- LCWRA- [from Universal Credit Regulations 2013, Schedule 7]

<p>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.</p>	<p>1 Cannot either:            (a) mobilise more than 50 metres on level ground without stopping in order to avoid significant discomfort or exhaustion; or            (b) repeatedly mobilise 50 metres within a reasonable timescale because of significant discomfort or exhaustion.</p>
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# Absence or loss of bowel/bladder control (Continence)LCW- [from Universal Credit Regulations 2013, Schedule 6]

<p>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.</p>	<p>9(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.</p>	<p>15</p>
	<p>(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.</p>	<p>6</p>
	<p>(c) Neither of the above applies.</p>	<p>0</p>

# Absence or loss of bowel/bladder control (Continence)- LCWRA- [from Universal Credit Regulations 2013, Schedule 7]

<p>8. Absence or loss of control whilst conscious leading to extensive evacuation of the bowel and/or voiding of the 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.</p>	<p>8 At least once a week experiences:            (a) loss of control leading to extensive evacuation of the bowel and/or voiding of the bladder; or            (b) substantial leakage of the contents of a collecting device sufficient to require the individual to clean themselves and change clothing.</p>
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# Getting About LCW- [from Universal Credit Regulations 2013, Schedule 6] (There is no LCWRA descriptor for this activity)

<p>15. Getting About.</p>	<p>15(a) Cannot get to any place outside the claimant's home with which the claimant is familiar.</p>	<p>15</p>
	<p>(b) Is unable to get to a specified place with which the claimant is familiar, without being accompanied by another person.</p>	<p>9</p>
	<p>(c) Is unable to get to a specified place with which the claimant is unfamiliar without being accompanied by another person.</p>	<p>6</p>
	<p>(d) None of the above applies.</p>	<p>0</p>

## Coping with Social Engagement- LCW- [from Universal Credit Regulations 2013, Schedule 6]

16. Coping with social engagement due to cognitive impairment or mental disorder.	16(a) Engagement in social contact is always precluded due to difficulty relating to others or significant distress experienced by the claimant.	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 claimant.	9
	(c) Engagement in social contact with someone unfamiliar to the claimant is not possible for the majority of the time due to difficulty relating to others or significant distress experienced by the claimant.	6
	(d) None of the above applies.	0

## Coping with Social Engagement- LCWRA- [from Universal Credit Regulations 2013, Schedule 7]

13. Coping with social engagement, due to cognitive impairment or mental disorder.	13 Engagement in social contact is always precluded due to difficulty relating to others or significant distress experienced by the claimant.
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# **Substantial Risk- LCW- [from Universal Credit Regulations 2013, Schedule 8]**

## **Risk to self or others**

**4.** (1) The claimant is suffering from a specific illness, disease or disablement by reason of which there would be a substantial risk to the physical or mental health of any person were the claimant found not to have limited capability for work.

(2) This paragraph does not apply where the risk could be reduced by a significant amount by—

(a) reasonable adjustments being made in the claimant's workplace; or

(b) the claimant taking medication to manage their condition where such medication has been prescribed for the claimant by a registered medical practitioner treating the claimant.

# **Substantial Risk- LCWRA- [from Universal Credit Regulations 2013, Schedule 9]**

## **Risk to self or others**

**4.** The claimant is suffering from a specific illness, disease or disablement by reason of which there would be a substantial risk to the physical or mental health of

any person were the claimant found not to have limited capability for work and work-related activity.



# Annex D: Benefit Rates

## ESA

1. ESA is paid at different rates depending on when the claim started, an individual's circumstances and the stage of the claim process.
2. Assessment Phase: £84.80 per week (paid before claimant is assessed and decision is made on claim) (£67.20 for a single person under 25).
3. Work-Related Activity Group (LCW): £84.80 per week if claimed after 3 April 2017; £118.50 if claimed before 3 April 2017.
4. Support Group (LCWRA): £129.50 per week.

## UC

5. In addition to the UC Standard Allowance of:
  - a. Single person: £368.74 per month (if under 25 = £292.11)
  - b. Couple: £578.82 per month (if both under 25 = £458.51)
6. A UC claimant who has LCW receives no extra money if their claim was made on or after 3 April 2017; but receives a monthly rate of £146.31 if they claimed UC before 3 April 2017 (also applies to those claiming ESA with the LCW addition since that date, who have naturally migrated to UC).

7. A UC claimant who has LCWRA receives a monthly rate of £390.06.

# Annex E: Statistical Table

**Table 1. UC and ESA Claimants assigned LCWRA or Support Group at Initial WCA by Reason (October – December 2022)**

	Number of Claimants	Proportion of All LCWRA/Support Group Decisions
Chemotherapy/ Radiotherapy	5,200	4.4%
Physical or Mental Health Risk	17,000	14.6%
Pregnancy Risk	400	0.3%
Severe Functional Disability	81,000	69.5%
Terminally Ill <sup>[1]</sup>	300	0.2%
Other/Unknown	12,700	10.9%
<b>Total</b>	<b>116,500</b>	<b>100%</b>

**Source: DWP Administrative Data**

[1] Under Universal Credit, claimants who claim under the Special Rules End of Life criteria are awarded LCWRA from day 1 of their claim without having to attend a Work Capability Assessment. Some individuals may be identified during their Work Capability Assessment and the award will be backdated to Day 1.









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Work and Pensions  
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ISBN 978-1-5286-4420-4  
E02966301