



Department
for Work &
Pensions

Government Response to the Work Capability Assessment:

Activities and Descriptors Consultation



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Activities and Descriptors Consultation

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

November 2023

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Background and 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. In the future, we will remove the Work Capability Assessment (WCA) and introduce a new personalised, tailored approach to employment support, with the aim of helping disabled people and people with health conditions reach their full potential. We set this out in “Transforming Support: The Health and Disability White Paper” in March 2023 and it continues to be our future direction. It is still important, however, to ensure that the assessment is delivering the right outcomes ahead of these future changes. We consulted on changes to the WCA for this purpose.

What we consulted on:

3. We launched a consultation on 5 September 2023 on the WCA activities and descriptors. The WCA is how we assess people’s capability to work and the support they receive for Employment and Support Allowance (ESA) and the health-related element of Universal Credit (UC). The WCA has 3 possible outcomes:
 - 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.
 - 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.
 - 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.
4. We consulted on proposals to amend some of the functional activities and descriptors in the WCA, so that the assessment reflects greater flexibility and availability of reasonable adjustments in work, particularly home working. The WCA activities have not been comprehensively reviewed since 2011. It is right to make sure the assessment continues to target support fairly and effectively, as well as delivering the right outcomes for those most in need. We asked for views on removing or changing the following activities and descriptors, as they are the most likely to be affected by new opportunities for flexible and home working:
 - Mobilising;
 - Absence or loss of bowel/bladder control (Continence);
 - Coping with Social Engagement due to cognitive impairment or mental disorder (Social Engagement); and,
 - Getting About.

5. We also consulted on proposals to amend or remove the LCWRA Substantial Risk criteria. This is meant to provide a safety net where there would be a substantial risk to health if a claimant were found not to have LCWRA. The original policy intent for substantial risk was for it to be advised only in exceptional circumstances. However, the application of LCWRA Substantial Risk has gone beyond the original intent. We asked for views on removing or amending the Substantial Risk rules and how this group could be safely supported if the proposed changes were introduced.

The response to the consultation:

6. We received 1,348 written consultation responses. These included responses from disabled people and people with health conditions, as well as the organisations that represent and support them. Through our public consultation events, disabled people and people with health conditions, support organisations and charities told us their views on the proposed changes. They highlighted the challenges experienced by disabled people and people with health conditions in accessing work, and the often profound impact that health conditions have on people's ability to work. We also engaged directly with clinical experts, employer groups and disability organisations on the consultation proposals.
7. All the consultation responses and feedback from the public events and engagement have been reviewed and carefully considered. The responses express concern about the consultation proposals and some respondents also highlighted the potential for difficulties from the financial loss that could be experienced if people lost the LCWRA health additions in Employment and Support Allowance (ESA) and Universal Credit (UC). Respondents also highlighted that while there have been changes to the world of work, there are limitations in how much this has changed disabled people's ability to work, or access jobs. Concerns were raised over people's fears of being brought into a benefit regime with conditionality and the possibility of benefit sanctions. We have listened to these concerns, and they have influenced how we intend to take forward changes to the WCA.

The changes we will take forward:

A new offer for existing claimants assessed with LCWRA, to give them the confidence to try work:

8. We want claimants who have already been assessed as having LCWRA to be able to engage with support to move towards work without the fear of reassessment. As such, we will **bring forward a new offer** - a Chance to Work Guarantee for existing claimants on UC and ESA with LCWRA. This change will be effective from 2025, at the same time as WCA changes are introduced. This change will in effect abolish the WCA for the vast majority of this group, bringing forward a key element of our White Paper proposals and giving people the confidence to try work.

9. These changes will mean that almost all people who are currently assessed as having LCWRA will never face a WCA reassessment again. Reassessments will only take place under very limited circumstances, which are:
- When a claimant reports a change of circumstances in their health condition;
 - If a claimant has been awarded LCWRA for pregnancy risk, or cancer treatment where the prognosis for recovery is expected to be short-term;
 - If a claimant has been declared as having LCWRA under the new risk provisions; and
 - In cases of suspected fraud.
10. For the overwhelming majority of existing UC claimants, this is a guarantee that they will not be reassessed if they try work, and it does not work out. ESA claimants undertaking permitted work will also not be reassessed. Therefore, for both groups, we will remove the barrier that trying work may mean they lose their LCWRA entitlement.
11. Research highlights why we need to tackle this: 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. More than half of those who felt they could work within the next two years cited the fear of not being able to return to benefits as a barrier to trying work.¹ By removing this barrier, we are determined to give people the confidence to try work and realise their ambitions.
12. We will support these claimants to start, stay, and succeed in work. UC claimants who have been assessed as having LCWRA and who try work will benefit from the existing Work Allowance. This enables them to earn a minimum of £379 per month before the Universal Credit earnings taper applies.
13. In line with existing UC rules, those who stay in work and earn enough to no longer receive Universal Credit will have their Universal Credit automatically reinstated if their job does not work out within 6 months, provided their income is not too high. This allows a claimant with a LCW or LCWRA determination to try work and then return to that group without an assessment, as long as their health condition has not changed.
14. Linking rules in new style ESA (or contributory ESA) allow claimants coming off the benefit to reclaim within 12 weeks without needing to undergo a new WCA, provided they tell the Department and there are no other change of circumstances. Those who are on income related ESA who work 16 hours or more a week will leave the benefit. While they cannot return to income related ESA they can claim UC if they are eligible. For ESA claimants who go on to claim UC following a change of circumstances their previous WCA decision is carried over provided there is no gap between the ESA claim ending and a claim for UC being made.

¹ Work aspirations and support needs of claimants in the ESA support group and Universal Credit equivalent - GOV.UK (www.gov.uk)

15. Voluntary programmes, such as our new and expanded Universal Support programme, the WorkWell Partnerships Programme, NHS Talking Therapies and the Individual Placement and Support in Primary Care (IPSPC) programme, will provide integrated and tailored support to disabled people and people with health conditions to support them and help move claimants closer to work.
16. This support offer will build on our existing broad package of support available through work coaches and disability employment advisors in jobcentres as well as through our partners. It will help people to prepare for and to find work, based on the evidence of what works to support those disabled people and people with health conditions who are furthest from the labour market.
17. Recognising that we want to take all steps to not hold people back from work, we will change how we describe our health benefit groups in future. We will no longer refer to people's limitations and will instead focus on what they can do. From 2025, we will begin to use terms 'Work Preparation' instead of 'Limited Capability for Work', and 'Health Group' will replace 'Limited Capability for Work and Work-Related Activity'.

Changes we will make to the WCA:

18. We have listened to concerns raised in the consultation, however, for the reasons we outline it remains our view that there has been a change in the labour market since the WCA activities were last comprehensively reviewed, as evidenced by the increase in the availability of hybrid and home working jobs.
19. The Office for National Statistics (ONS) report 'Characteristics of Homeworkers' shows that there has been a large increase in homeworking: 40% of people reported working from home at some point in the previous week in the period between 25 January and the 5 of February 2023. 44% reported home or hybrid working at some point in the week between September 2022 and January 2023, compared with around 12% working from home in 2019. Disabled workers reported similar levels of homeworking-only (18%) compared with those without a disability (16%).² Consultation responses questioned the availability of these jobs. However, of around 8 million jobs advertised through Adzuna online over the past 6 months (Apr-Oct 2023), just over 20% were either remote or flexible, compared to less than 4% over the same time period in 2016.³ Consultation responses highlighted the challenges for disabled people and benefit recipients in accessing these jobs, particularly outlining skills, sectors, and geographical location as barriers.
20. We know that flexibility is critical for disabled people accessing work opportunities. Chartered Institute of Personnel and Development (CIPD) research shows that over half of all workers have access to flexible working, with flexi time and home working in

² Characteristics of homeworkers, Great Britain - Office for National Statistics (ons.gov.uk)

³ Using data from Adzuna the 8,137,838 jobs advertised online over the past 6 months (Apr-Oct), 20.4% were either remote or flexible, compared to 3.4% over the same time period in 2016.

particular increasing since 2011.⁴ Additionally, from 2024, millions of workers will gain the right to request flexible working from day one (by removing the existing 26-week qualifying period) of a new job, which gives disabled people more options to manage their health conditions.

21. We set out in the consultation how the proportion of LCWRA outcomes at WCA has risen significantly since the activities and descriptors were last comprehensively reviewed, from 21% in 2011 to 65% in 2022. While demographic change and the increase in State Pension age will have contributed to this increase, the change is much greater than can be accounted for by these factors alone. Since 2018, the UC health journey and ESA caseload has risen by almost 600,000, with only around 115,000 of these being aged 65 and therefore attributable to rises in state pension age.⁵ Broader trends in health, particularly since the pandemic, will also have led to an increased number of claimants going through a WCA. However, this is insufficient to explain the increase in people receiving a LCWRA outcome.
22. We know that good work is beneficial for people's physical and mental health, wellbeing, and financial security, and we want to ensure we are taking all necessary steps to support people into work.
23. At the same time, we recognise that for some claimants with the most severe health conditions even undertaking work preparation activities could lead to a deterioration in their physical or mental health. Where we intend to amend the WCA, we will also ensure that those people with the most severe limitations will remain protected.
24. **From 2025 onwards, we will make the following changes to WCA activities and descriptors:**
 - **Amending the LCWRA Substantial Risk regulations** to realign Substantial Risk with its original intention of only applying in exceptional circumstances. We will specify the circumstances, and physical and mental health conditions, for which LCWRA Substantial Risk should apply. This will include protecting and safeguarding the most vulnerable, including people in crisis and those with active psychotic illness. We will work with clinicians to define the criteria and what medical evidence is required from claimants and people involved in their care, to ensure the process is safe, fair, and clear.
 - **Remove the LCWRA Mobilising activity** because new flexibilities in the labour market mean that many people with mobilising limitations can undertake some form of tailored and personalised work-related activity with the right support. To ensure those with the most significant mobilising needs are protected we will retain the current LCWRA Substantial Risk regulations for physical health. This means that where work preparation would lead to a deterioration in a claimant's physical health, they would still meet the eligibility for LCWRA. We will not change the LCW Mobilising activity or descriptors.

⁴ <https://www.cipd.org/uk/knowledge/reports/flexible-working-trends/>

⁵ ESA and UC Work Capability Assessments volumes are available on Stat-Xplore: <https://stat-xplore.dwp.gov.uk>

- **Reduce the points awarded for the LCW Getting About descriptors**, because new flexibilities in the labour market mean that there is less need to get to a place of work, and so limitations in getting about are less of a barrier to being able to work for some people. We will retain the highest scoring descriptor, to protect those claimants who have the most significant limitations under the getting about LCW activity.

25. These changes reflect the improvements in the modern workplace that have happened since the WCA activities and descriptors were last fully reviewed in 2011. Also, evidence shows supporting people to move towards and into work can be good for their health, wellbeing, and financial security.

26. **We will not make changes to the following WCA activities and descriptors:**

- **No changes will be made to LCWRA or LCW Continence**, recognising the consultation responses and feedback which emphasised how incontinence seriously affects people's dignity and mental wellbeing. Flexibilities in the workplace are insufficient to manage the unexpected nature of continence issues. Continence issues can be sudden and unanticipated, which can make management in either work or home environments difficult.
- **No changes will be made to LCWRA or LCW Social Engagement**, recognising the consultation responses and feedback which suggested that almost all work requires engaging with people. As such, the significant limitations in capability for work that people scoring on this activity experience are less likely to be overcome by changes in the modern workplace or the greater flexibility of work.

27. These changes to the WCA will apply to new claims for ESA and to UC claimants who report a health condition and require an assessment. Changes to the WCA activities and descriptors will be implemented nationally no earlier than 2025.

WCA Background & How We Consulted

WCA Background

28. 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.
29. 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.⁶ Of those, almost 1 in 7 are awarded LCWRA based on Substantial Risk when the policy intent is for it to only be applied in exceptional circumstances. Claimants found to have LCWRA have no requirements to undertake any work-related activity, to help them progress into or towards work. As a result, they miss out on the valuable support available through work coaches in jobcentres and employment provision.
30. 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.⁷ There are just under one million employer vacancies in the labour market, which is holding back economic growth.⁸
31. 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 would have been 670,000 fewer approved claims between 2017 and 2022.⁹ 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 2022-23.¹⁰
32. The Health and Disability White Paper sets out our plans to legislate for the removal of the WCA. In future there will be a single health and disability functional assessment – the Personal Independence Payment (PIP) assessment. This remains our intention.

⁶ ESA and UC Work Capability Assessments volumes are available on Stat-Xplore: <https://stat-xplore.dwp.gov.uk>

⁷ Labour market overview, UK - Office for National Statistics (ons.gov.uk)

⁸ Labour market overview, UK - Office for National Statistics (ons.gov.uk)

⁹ <https://obr.uk/frs/fiscal-risks-and-sustainability-july-2023/#chapter-1>

¹⁰ <https://obr.uk/frs/fiscal-risks-and-sustainability-july-2023/#chapter-1>

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.

How We Consulted

33. The Government published the *Work Capability Assessment: Activities and Descriptors Consultation* on 5 September 2023. The consultation closed on 30 October 2023.
34. We wanted to ensure as many people as possible had the chance to contribute their views. We published the consultation on GOV.UK and reached out to many disabled people's charities and organisations directly to encourage them to contribute.
35. The consultation documents were published in a variety of accessible formats. Standard print, Easy Read, Audio, British Sign Language, Welsh language, and large print documents were available on GOV.UK. We offered hard copies of the standard print, Easy Read, braille, and large print versions. Hard copy Audio and BSL files were available on CD. The online versions are available here: [Work Capability Assessment: activities and descriptors - GOV.UK \(www.gov.uk\)](https://www.gov.uk/work-capability-assessment-activities-and-descriptors)
36. Respondents had the opportunity to write to us, email, or complete a form which was available online.
37. We held six face-to-face public events during the consultation period, in Birmingham, Leeds, Edinburgh, Cardiff, as well as two events in London. We also held eight virtual public events and supported an event in Belfast, arranged by the Northern Ireland Department for Communities. We knew it was important to provide as many people as possible the opportunity to engage with the consultation and to hear their views on the proposed changes.
38. We ensured disabled people's charities and other organisations were invited to the events we put on. This helped those groups to raise issues and give feedback from disabled people and DWP customers. We are grateful for the insight and experience that these groups shared at the events.
39. It was important to gather doctors' and other clinicians' insight into our proposals. To obtain this, we discussed the consultation at our DWP General Practitioner forum. We also discussed the proposals with other clinical groups and with Health Assessment providers.
40. Employers are crucial to our ambition of seeing more disabled people in work. To understand their perspectives on our proposals, we ran five sessions with employer groups and forums.
41. Over the course of the consultation, we received 1,348 responses through the online form and in writing from organisations and individuals. We reviewed and analysed these responses as they were received. All written responses were carefully considered alongside contributions from attendees at all our virtual and face-to-face public events.

42. We read and analysed every response to understand people's opinions, preferred options, and suggestions. We thank everyone who contributed, for helping us develop our proposals. We will continue to work with disabled people and people with health conditions as we refine and take forward changes.

What you told us and the changes we will make

43. This section sets out what we were told during the consultation, the changes we intend to take forward, and why.

Main Themes

44. We have considered the responses we have received to the consultation. Most responses opposed any changes to the WCA. You told us:

- That disabled people still face considerable barriers to starting work. Responses said that for many people with health conditions, the changes in the world of work are insufficient to make changes to assessing capability for work.
- That the proposed changes would increase the number of people under conditionality, and at risk of sanctions. This caused some respondents to show some distrust in the proposed changes.
- That good quality, tailored, voluntary employment support would be the most effective way to support disabled people and people with health conditions in improving their employment prospects.
- Opportunities for solely home working jobs are limited, and there are differences between sectors and skills levels needed to access these jobs, to the sectors and jobs that are most frequently accessed by benefit claimants. There are also geographical differences in availability.
- That if a remote job is secured, it is unlikely to be completely remote and would require an element of travelling, for example to training, team meetings, and interviews.
- Delays and shortages in DWP systems slow or prevent disabled people from moving towards work.
- Making changes to the WCA would reduce financial support for disabled people, which risks bringing people into poverty.
- There are concerns about changing the WCA now when “Transforming Support: The Health and Disability White Paper” has announced that the WCA will be abolished.

Changes to WCA Activities

45. The consultation responses outlined the issues faced by disabled people and benefit recipients in accessing hybrid and homeworking jobs. The responses particularly cited the fact that these jobs are often concentrated in higher income jobs and sectors that can be less accessible or suitable for disabled people who move from benefits into work.

46. We have considered all responses and the concerns raised. However, we also recognise that the world of work has changed compared to 2011 when the WCA activities and descriptors were last comprehensively reviewed. While we acknowledge that not all jobs offer hybrid or home working, there is evidence that the opportunities for hybrid and flexible work are better than when the WCA activities and descriptors were last reviewed.

- The ONS report 'Characteristics of Homeworkers', for example, shows that there has been a large increase in homeworking: 40% of people reported working from home at some point in the previous week in the period between 25 January and the 5 of February 2023.
- The same study highlights that disabled workers reported similar levels of homeworking only compared with those without a disability (18% disabled workers compared with 16% without a disability).
- The ONS also reports that 44% of working adults worked from home exclusively or at least some of the time each week between September 2022 and January 2023, compared with just 12% working from home throughout 2019.
- 18% of workers who had a long-term condition for 12 months or more reported homeworking only, compared with 15% for those without a long-term condition.¹¹
- Of around 8 million jobs advertised online over the past 6 months (Apr-Oct 2023), just over 20% were either remote or flexible, compared to less than 4% over the same time period in 2016.¹²
- We know that flexibility is critical in disabled people accessing work opportunities. CIPD research¹³ shows that over half of all workers have access to flexible working, with flexi time and home working in particular increasing since 2011. Alongside this, there are nearly 570,000 more part-time workers compared with 2011 and we know that disabled people are more likely to be working part-time.
- Consultation responses highlighted that challenges remain in accessing flexible jobs and that some employers do not offer reasonable adjustments. We are taking steps to make flexible working more accessible in law. From 2024, millions of workers will gain the right to request flexible working from day one (by removing the existing 26-week qualifying period) of a new job. We want to support disabled people to take up these new opportunities.
- While respondents challenged the availability of suitable jobs, around 170,000 jobs listed on the Adzuna UK website in November 2023 referred to working from home. Around 67,000 of these were listed as part-time. This includes jobs in administration, customer services or data entry that could be suitable for those who may have limited work experience.

47. In addition to this evidence, we have also increased our support offer to help those who can work, to move towards and eventually into employment. At the Spring Budget we announced significant investment in employment programmes, including Universal Support and the Workwell Partnerships Programme. This came on top of £150m of funding announced by the Department of Health and Social Care in January 2023 to

¹¹ [Characteristics of homeworkers, Great Britain - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/people-in-work/characteristics-of-homeworkers)

¹² Using data from Adzuna the 8,137,838 jobs advertised online over the past 6 months (Apr-Oct), 20.4% were either remote or flexible, compared to 3.4% over the same time period in 2016.

¹³ <https://www.cipd.org/uk/knowledge/reports/flexible-working-trends/>

increase mental health support. At the Autumn Statement the Government is going further. NHS talking therapies will be expanded so that an additional 384,000 people will benefit over the next five years. Individual Placement and Support will be expanded to help an additional 100,000 people with severe mental illness to find and keep jobs in that same period. Universal Support in England and Wales will match 100,000 people per year with existing vacancies and support them in their new role.

48. These changes reflect the significant progress that has taken place since the WCA activities and descriptors were last fully reviewed in 2011. It is right that the WCA reflects these shifts so that people are not unnecessarily excluded from the support that is available to them, and the wider benefits work brings in terms of financial security and physical and mental health and wellbeing.

Mobilising

49. We asked you to consider:

- Whether the (LCWRA and LCW) Mobilising activity should be removed entirely
- Whether the LCWRA Mobilising descriptor should be reduced to 20 metres from 50 metres
- Whether the points awarded for LCW Mobilising descriptors should be reduced

50. You told us:

- That all work requires some mobilising to some extent, which can cause discomfort or fatigue and, if made to work, this can increase stress or worsen a person's condition.
- People's ability to mobilise can fluctuate day-to-day, and even within the same day in some cases, which increases their care needs, such as requiring the help of a carer.
- Remote or hybrid working are not widely available to claimants with mobilising difficulties and that typically, employers are not inclusive towards people with mobilising issues, making work within the workplace more challenging.
- There was some recognition that there are adjustments that can be made in the workplace to support claimants with mobilising limitations. However, this is limited and more needs to be done by employers.
- The Mobilising activity should not be removed from the assessment and forms a crucial part of the WCA.
- Points should not be reduced for this activity as doing so would undermine the struggle people face who have mobilising disabilities and health conditions.
- Changing the distance for Mobilising to 20 metres from 50 metres was preferred to the other options, though this proposal was only supported by a small proportion of people. The responses that agreed with this saw bringing the WCA in line with PIP as a positive change towards a single assessment in the coming years, as set out in the Health and Disability White Paper.
- Other respondents felt that since the DWP has already committed to abolishing the WCA, that any change now to align with PIP would be unwelcome.

51. We will remove the LCWRA mobilising activity because new flexibilities in the labour market mean that many people with mobilising limitations can undertake some form of tailored and personalised work-related activity with the right support. We recognise that responses highlighted changes have been limited. However, there have still been improvements in the modern workplace which mean the barriers that existed when the WCA activities were last comprehensively reviewed in 2011 are no longer insurmountable. It is right that we should update the WCA to reflect that shift so more disabled people can access support to move closer to employment and the benefits that brings in terms of financial security and physical and mental wellbeing.
52. We recognise that not everyone who has mobilising limitations will be able to undertake work, and that remote or flexible working will not always overcome the barriers for claimants with more severe conditions. To ensure those with the most significant mobilising limitations are still protected we will retain the LCWRA Substantial Risk regulations for physical health. This means that where work preparation would lead to a deterioration in a claimant's physical health they would still be assessed as having LCWRA and receive the additional financial top up. For this group any work preparation activity that is undertaken would be on a voluntary basis.
53. We will retain the LCW Mobilising activity and not make any changes to the points or descriptors within it. By retaining the points awarded for the LCW Mobilising descriptors, claimants meeting the top descriptor (15 points), and who are not at risk of a deterioration in their physical health, will be found to have LCW. They will not be expected to look for work but will be supported in undertaking appropriate work preparation activity by a work coach who will work with the claimant to identify what they are able to do safely and gradually to move towards work. They will not receive the additional LCWRA benefit entitlement that claimants who are assessed as having LCWRA currently receive.
54. We want to ensure that the WCA focuses on what people can do, and targets employment support effectively. New opportunities to work from home, rights to request flexible working and better employer understanding of the accessibility needs of disabled people means that more people with mobilising limitations may benefit from some form of tailored and personalised work-related activity, with the right support.

Absence or loss of bowel/bladder control (Continence)

55. We asked you to consider:

- Whether the (LCWRA and LCW) Continence activity should be removed.
- Whether the LCWRA Continence descriptor should be changed from 'weekly' incontinence to 'daily' incontinence.
- Whether the points awarded for LCW Continence descriptors should be reduced.

56. You told us:

- Most responses said there should be no change to the activity and that doing so would increase the stress or worsen the condition of people with these conditions.
- Respondents said that continence problems cause indignity, embarrassment, and mental health impacts making any work challenging for people with these difficulties.

- Responses highlighted that people would need time to clean/change during the working day which led respondents to believe that employers would not be able to offer the reasonable adjustments that these people require.
- They said working from home does not reduce the impact of continence conditions, and their effects are often unpredictable. Respondents suggested that the problem would be hidden, but still present.
- A small number were in favour of changing the Continence descriptor from 'weekly' to 'daily.' Reasons for this included the belief that these conditions, with the right support, can be managed.
- However, a small number emphasised that changing the Continence descriptor from 'weekly' to 'daily' would make no difference as the psychological impacts of being incontinent are always present, regardless of the frequency with which it occurs.

Our Response:

57. We accept the responses we have received regarding the proposed changes to this activity. We accept the comments that we have received, which have emphasised how incontinence seriously affects people's dignity and mental wellbeing. We have taken account of feedback which tells us that the unpredictable nature of continence issues are difficult to manage, even with the option of flexible or hybrid working. Therefore, we are not making any changes to the LCWRA or LCW activity or descriptors for Continence.

Coping with Social Engagement due to cognitive impairment or mental disorder (Social Engagement)

58. We asked you to consider:

- Whether the (LCWRA and LCW) Social Engagement activity should be removed.
- Whether the points awarded for LCW Social Engagement descriptors should be reduced.

59. You told us:

- Most responses said there should be no change to this activity and that the impact of doing so would lead to stress and would worsen a person's condition.
- All work, even remote work, involves social engagement to some extent, such as video calls and telephone conversations.
- Making changes to the Social Engagement activity would affect vulnerable people and risk worsening mental health conditions and could lead to increased pressure on a person's care network such as their family.

Our Response:

60. We recognise that difficulties with social engagement may represent a significant barrier to engaging with work or work-related activities. We have listened to feedback that working from home and hybrid working may not overcome these barriers. Most work requires people to engage with others. Therefore, we are not making any changes to the LCWRA or LCW Social Engagement activity or descriptors.

Getting About

61. We asked you to consider:

- Whether the Getting About activity should be removed.
- Whether the points awarded for LCW Getting About descriptors should be reduced.

62. You told us:

- Most responses said there should be no change to this activity and that if changes are made, this could lead to increased stress and a worsened condition.
- All work involves getting about to some extent, such as for training sessions, interviews, or team meetings.
- Remote work is typically aligned with highly qualified, highly paid, jobs and not aligned with the entry-level and lower paid positions that benefit claimants typically look for.
- There is a lack of support for people who need help getting about within the DWP's current support offer, with public transport challenges and difficulties with Access to Work highlighted. Respondents highlighted that, if changes went ahead, this would increase the reliance on carers.
- However, there are more ways for employers to potentially support people in this area, although not all employers are able to do so.
- A small number of responses suggested that a change to this descriptor could lead to increased flexibility and wellbeing for the claimants impacted by the changes.

Our Response:

63. We acknowledge the challenges that difficulties getting about pose for engaging with work. We are maintaining the highest-scoring descriptor so those with the most severe limitations continue to be found to have LCW while being supported with appropriate work preparation activity that will move them closer to work in future.
64. However, we do not agree that this activity should remain unchanged. The work environment has changed since the WCA activities and descriptors were last comprehensively reviewed in 2011. Increased flexibilities in the workplace mean that some people with limitations in getting about, can now undertake appropriate work, with the right support. There is evidence that flexible working is much more readily available today and whilst we acknowledge that not every role might be suitable, there is evidence there are roles that could be undertaken.
65. Employers also have a better understanding of the accessibility needs of disabled people, and people with health conditions, than has been the case previously. In addition, there has been a strengthening of rights for employees and of the obligations on employers.
66. The change in the types of roles that are available means there will be less need for an individual to get to a specific place, whether familiar or unfamiliar. This means there is less of a barrier to being able to work for some people. We are therefore changing the points for the remaining LCW descriptors. This is to reflect the impact of greater

opportunities to work from home, rights to request flexible working and better employer understanding of accessibility needs of disabled people and people with health conditions.

Substantial Risk for LCWRA

67. We asked you to consider:

- Whether the definition of Substantial Risk for the LCWRA criteria should be changed to reflect that Substantial Risk would not apply where someone could take part in tailored work preparation activity. This might involve defining a minimum level of work preparation activity and taking account of potential reasonable adjustments.
- Whether the Substantial Risk for LCWRA cases should be removed.

68. You told us:

- LCWRA Substantial Risk is a vital safety net for vulnerable people and removing it would increase the chances of serious harm or death by suicide.
- That removing Substantial Risk would negatively affect claimant mental health and risk exposure to sanctions. This would result in discrimination and poverty.
- That negative impacts on people in this group would cause further strain on NHS mental health services and jobcentres.
- Additional support could help people who meet Substantial Risk, but it needs to be tailored to the individual and be voluntary. Responses strongly steered away from a 'one size fits all' model.
- Many responses suggested that this group will likely never be able to work and exposing them to conditionality would not see more people in employment.

Our Response:

69. On LCWRA Substantial Risk, consultation responses expressed deep concern about the risks of harm and potentially an increased risk of death by suicide if the safety net of LCWRA Substantial Risk is removed. We have listened to these concerns and agree that LCWRA risk should be preserved for the most vulnerable. However, we maintain that changes still need to be made to ensure that LCWRA Substantial Risk is applied appropriately, so claimants are not excluded unnecessarily from support that is available to them. We do not think it is right that so many people are being placed in the LCWRA group and therefore receive no help from DWP. We know that most people with severe and enduring mental health conditions want to work, and that with the right support many can. We want to ensure that those who are safely able to engage receive all of the support that they are entitled to so they can move towards work if they are able.

70. The Substantial Risk criteria were 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. However, with almost 1 in 7 new claims awarded LCWRA under Substantial Risk in 2022, this has gone beyond that threshold.

71. We will be taking forward changes which keep LCWRA Substantial Risk as a safety net for those with the most severe mental or physical health conditions, but sets out clearly when this should apply. In the consultation document, we explored defining a minimum level of work-related activity to support this group. Having considered consultation feedback carefully, we have chosen instead to emphasise protecting the most vulnerable claimants affected by these changes while ensuring those who can safely engage in meaningful activity can move towards work with the right support.
72. This change will include amending regulations to specify the circumstances and the serious mental health conditions for which LCWRA risk should apply. This will include safeguarding the most vulnerable, such as people in crisis under home treatment teams and those with an active psychotic illness. We will work alongside clinicians to define the criteria and the medical evidence needed from claimants and people involved in their care, to ensure the process is safe, fair, and clear.
73. Claimants who are no longer found to have LCWRA under Substantial Risk following the changes will instead be found LCW under the Substantial Risk provisions. These provisions will recognise there would be a risk if the claimant were to work, but that they would be able to undertake some work preparation activities safely. This will mean they do not need to look for work but will be supported to undertake appropriate work preparation activity that helps them move closer to work in the future. Those impacted by the change will receive tailored, personalised support to ensure any work preparation activity is aligned to their needs, so they are able to effectively manage their condition. We know that for large numbers of people meaningful activity can be beneficial to their overall health and wellbeing.
74. We will assess eligibility for Substantial Risk without claimants having to participate in an assessment with a healthcare professional, and therefore avoiding some of the stress and anxiety for vulnerable claimants in the assessment process. People found to have LCWRA through the new Substantial Risk rules will have their position re-assessed at the appropriate time to see if their condition has changed.

How we can provide the right support towards and into work

75. Responses suggested a number of ways to improve support for disabled people in moving towards work.
- Some felt voluntary, claimant-led work-related activities would lead to more positive outcomes, and that DWP should create a system to enthuse claimants.
 - Some respondents wanted more jobcentre training to help people develop skills to work from home, to help people move into jobs that do offer remote work. Responses suggested a range of support such as educational courses and confidence building sessions.
 - Improved training for work coaches, to enable higher quality support for disabled people and people with health conditions.
 - Increased connections with a claimant's medical team to ensure the DWP are offering timely and appropriate work preparation activities.

- Improving how the DWP Find a Job service works, including a better search function to allow people to more easily find work that is remote or flexible.
- Others wanted to see more employers promote reasonable adjustments and to enable conversations about disability.
- Through conversations with employers, it is clear that individuals need to be offered the right support to succeed in work.

Employment and Health Support Offer

76. The Government already has an extensive range of initiatives to support disabled people and people with health conditions to start, stay and succeed in work. There is support available through jobcentres as well as through partners to help people prepare for and find work. We also have support available when someone starts work, such as Access to Work grants helping towards the extra costs of working beyond standard reasonable adjustments.
77. Crucially, this offer includes work to further join up employment and health systems such as Employment Advice in NHS talking therapies, which combines psychological treatment and employment support for people with mental health conditions and the IPSPC programme, a Supported Employment model (place, train and maintain) delivered in health settings, aimed at people with physical or common mental health conditions to support them to access paid jobs in the open labour market.
78. At the Spring Budget, we announced that we will be piloting the locally-led WorkWell Partnerships Programme to deliver integrated work and health support to disabled people and people with health conditions. We also announced that we will be introducing Universal Support, a new supported employment programme for disabled people and people with long-term health conditions in England and Wales, matching participants with open market jobs and funding support and training – building on IPSPC.
79. At the Autumn Statement the Government is going further. NHS talking therapies will be expanded so that an additional 384,000 people will benefit over the next five years. The Individual Placement and Support model of supported employment embedded within community mental health teams will be expanded to help an additional 100,000 over this period. Universal Support in England and Wales will match 100,000 people per year with existing vacancies and support them in their new role.
80. We will build on the existing support offer and use our evidence base to ensure we are offering the right type of support to those affected by these changes who are now being asked to take steps to prepare for work. We will therefore continue to test the Employment and Health Discussion, which we have recently expanded to 13 sites across England and Wales.

How we intend to implement these changes

81. Changes to the WCA activities and descriptors will be implemented nationally, no earlier than 2025.

82. We want claimants who have already been assessed as having LCWRA to be able to engage with support to move towards work without the fear of reassessment. We have committed to ensuring no one currently assessed as having LCWRA will face a WCA reassessment, save in some exceptional circumstances. This will in effect abolish the WCA for this group, bringing forward a key element of our Health and Disability White Paper proposals and give people the confidence to try work.

83. Following the implementation of these changes, reassessments for people who have LCWRA will only take place under very limited circumstances which are:

- When a claimant reports a change of circumstances in their health condition;
- If a claimant has been awarded LCWRA for pregnancy risk, or cancer treatment where the prognosis for recovery is expected to be short-term;
- If a claimant has been declared as having LCWRA under the new risk provisions; and
- In the case of suspected fraud.

84. **We will introduce the Chance to Work Guarantee, a new offer for existing LCWRA claimants to help support them into work. This guarantee will:**

- **Make a commitment not to re-assess this group.** This will remove the financial risk that many claimants have told us is a barrier to them trying work.
- **Remove one of the main barriers to trying work.** This will give people the confidence to take advantage of the generous financial incentives in Universal Credit, the Work Allowance, taper and six month reclaiming rules, and the permitted work rules in ESA.
- **Provide a significant new package of employment and health support.** This includes our WorkWell Partnerships Programme that will deliver integrated work and health support to disabled people and people with health conditions, and Universal Support which is a new supported employment programme for disabled people and people with long-term health conditions in England and Wales.

85. From 2025, we will begin to use the terms 'Work Preparation' instead of 'LCW', and 'Health Group' will replace 'LCWRA'. Telling someone they have Limited Capability for Work (LCW) or are in the Limited Capability for Work-Related Activity (LCWRA) group focuses on what a person cannot do and does not support claimants to engage with work or work-related activity.

86. The White Paper set out our long-term proposals to remove the WCA and introduce a new UC health element, using the PIP assessment as a single health and disability functional assessment. Those reforms will require primary legislation, which is why we have set out these proposals today to bring forward changes that can be delivered more quickly. We know the WCA acts as a financial disincentive for disabled people and people with health conditions who want to try work. People fear if they try work and it doesn't work out, they risk losing their additional financial support upon reassessment. The commitment that no one with an existing LCWRA decision today will be reassessed, except in a few limited circumstances, means that they can try work without fear of losing their LCWRA financial support.

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