

Research Briefing

29 September 2023

By Steven Kennedy,
Frank Hobson,
Andrew Mackley

Proposals to abolish the Work Capability Assessment



*job
centre
plus*

Summary

- 1 Background
- 2 Commentary on reform proposals
- 3 What other proposals for benefits assessment reform are in the white paper?

Contributing Authors

Rachael Harker, Social and General Statistics

Image Credits

Job Centre Plus by Richard McKeever. Licensed under CC BY 2.0 / image cropped.

Disclaimer

The Commons Library does not intend the information in our research publications and briefings to address the specific circumstances of any particular individual. We have published it to support the work of MPs. You should not rely upon it as legal or professional advice, or as a substitute for it. We do not accept any liability whatsoever for any errors, omissions or misstatements contained herein. You should consult a suitably qualified professional if you require specific advice or information. Read our briefing [‘Legal help: where to go and how to pay’](#) for further information about sources of legal advice and help. This information is provided subject to the conditions of the Open Parliament Licence.

Sources and subscriptions for MPs and staff

We try to use sources in our research that everyone can access, but sometimes only information that exists behind a paywall or via a subscription is available. We provide access to many online subscriptions to MPs and parliamentary staff, please contact hoclibraryonline@parliament.uk or visit commonslibrary.parliament.uk/resources for more information.

Feedback

Every effort is made to ensure that the information contained in these publicly available briefings is correct at the time of publication. Readers should be aware however that briefings are not necessarily updated to reflect subsequent changes.

If you have any comments on our briefings please email papers@parliament.uk. Please note that authors are not always able to engage in discussions with members of the public who express opinions about the content of our research, although we will carefully consider and correct any factual errors.

You can read our feedback and complaints policy and our editorial policy at commonslibrary.parliament.uk. If you have general questions about the work of the House of Commons email hcenquiries@parliament.uk.

Contents

Summary	5
1 Background	9
1.1 What is the Work Capability Assessment?	9
Assessment criteria	10
WCA process	11
Work Capability Assessment outcomes	12
Decisions and appeals	13
Repeat assessments	14
Health Transformation Programme	14
Autumn 2023 consultation on WCA activities and descriptors	16
1.2 Why has the WCA been controversial?	18
2018 Work and Pensions Committee inquiry	18
2023 Work and Pensions Committee report	19
1.3 What is the Government proposing?	20
Further Reading	21
1.4 Why is the Government proposing to abolish the WCA?	21
1.5 How would extra amounts in Universal Credit be affected by the removal of the WCA?	22
1.6 How will eligibility for work allowances be determined?	23
1.7 What about Employment and Support Allowance?	23
Contributory New Style ESA	24
Income-related ESA	24
1.8 What would happen to people who would have been found to have a limited capability for work, but don't qualify for PIP?	25
Some groups of claimants might receive less support	25
Transitional protection	27
How many people might lose and how many might gain?	27
1.9 How will conditionality requirements be determined?	30

1.10	When and how will the changes be introduced?	31
1.11	How will the system work in Scotland and Northern Ireland?	32
	Scotland	32
	Northern Ireland	32
1.12	Will the new system cost more or less money?	33
2	Commentary on reform proposals	34
2.1	Disabled people's organisations	34
2.2	Other commentators	36
	Child Poverty Action Group (CPAG)	36
	Z2K	36
	Benefits and Work	37
	Nicholas Timmins	37
	Work and Pensions Committee	38
2.3	Further reading	38
3	What other proposals for benefits assessment reform are in the white paper?	40
3.1	Improving claims and assessment processes	40
3.2	Specialist assessors	41
3.3	An integrated Health Assessment service	42
3.4	Introducing a Severe Disability Group	43

Summary

What is the Work Capability Assessment?

The [Work Capability Assessment \(WCA\)](#) was introduced in 2008 to determine entitlement to benefits that help cover day-to-day living costs for people whose capability for work is limited by a disability or health condition. It assesses whether a claimant is [fit for work, has limited capability for work \(LCW\), or limited capability for work-related activity \(LCWRA\)](#). These outcomes determine:

- entitlement to Employment and Support Allowance (ESA),
- entitlement of Universal Credit (UC) claimants to an additional '[limited capability for work and work-related activity](#)' (LCWRA) amount for ill health or disability,
- whether UC claimants without children are allowed to earn a certain amount each month (the [work allowance](#)) before their UC payment is affected, and
- what, if any, [work-related conditions](#) claimants are required to meet.

The WCA does not determine entitlement to Personal Independence Payment (PIP), which is a different kind of benefit from either ESA or UC. PIP is intended to help with the extra costs arising from ill health or disability, rather than replacing the income of those with limited capability for work, and has a separate assessment process.

On 5 September 2023, the Department for Work and Pensions (DWP) launched a [consultation on proposed changes to the WCA](#) as it applies to people with conditions that affect mobilising, continence, social engagement, and getting about. The DWP is also proposing changes to the rule under which a person can be treated as having LCWRA where otherwise they or another person would face a 'substantial risk'. If taken forward, changes would be implemented in advance of the Government's longer-term ambition to abolish the WCA entirely (see below).

Criticism of the WCA

The WCA has been controversial since it was introduced. A [Work and Pensions Committee report in 2018](#) said that failings in the assessment and decision-making processes for both ESA and PIP had resulted in the "pervasive lack of

trust” that risked undermining the operation of both benefits. This report made a series of recommendations covering, amongst other things, recording assessments, the supply and use of evidence, clarity of communications, guidance in relation to home assessments, and the role of companions at assessments.

In its subsequent report, [Health assessments for benefits](#) published in April 2023, the Work and Pensions Committee found that, despite some improvements, many of the problems highlighted in its 2018 report remained. It found that important changes to improve trust and transparency had not been made.

What is the Government proposing?

In section 4 of [Transforming Support: The Health and Disability White Paper](#) published in March 2023, the Government proposed abolishing the WCA.

As part of this proposal, the additional LCWRA element in UC, which is currently worth £390.06 a month, would be replaced by a new “health element”. This would be set at the same level, but instead of depending on a decision following a WCA, it would be available to UC claimants who also get [Personal Independence Payment \(PIP\)](#), a benefit for people with extra costs of care or mobility resulting from disabilities and long-term health conditions. People undergoing cancer treatment, or with a terminal illness or pregnancy-related risk, would continue to have automatic access to additional support, even if they are not receiving PIP.

Work-related requirements would no longer be assigned automatically following a WCA outcome. The white paper proposed a new “personalised health conditionality approach” which would allow individual Jobcentre Plus Work Coaches to determine what, if any, work-related requirements should apply to claimants.

The Government says this would reduce the anxiety claimants currently have that they might lose their benefits if they enter work, allow Jobcentre Plus Work Coaches to build relationships with claimants, and reduce the number of assessments people need to go through to access benefits.

How might this affect how much claimants receive?

Various think tanks and campaigning organisations have expressed concerns about the proposal. One of their main concerns is that people who currently meet the threshold for an additional amount for ill health or disability

following a WCA, but who do not currently receive any PIP, may be entitled to less financial support after the change.

There are also people who get PIP, but do not currently get an additional amount following a WCA, who would receive more support after the change.

On 20 July 2023, the DWP provided an ad hoc data publication, [Health and Disability benefits based on data from 2019 to 2022](#), exploring the overlap between disability benefit claimant cohorts in England and Wales. This found that in November 2022, 1,289,600 of the 1,805,700 claimants (71%) on Universal Credit with LCWRA, or in the income-related ESA support group, were also in receipt of either PIP or DLA. 516,100 (29%) were not also in receipt of PIP or DLA, so might risk losing a UC health entitlement under the reform proposals.

In addition, of the 350,600 with limited capability for work in November 2022, 213,500 (61%) were not receiving PIP or DLA, so would potentially face changes to their work-related conditionality.

379,300 claimants on Universal Credit or income-related ESA were in receipt of PIP or DLA but did not have LCWRA in November 2022. Of these, 183,000 were not on the Universal Credit ‘health journey’, and 137,100 had LCW, so may gain from a new health element dependent on receipt of PIP. The remaining 59,200 were awaiting a WCA.

The numbers of people who ultimately will receive more or less support will, however, depend on a number of factors. These includes the proportion of UC claimants not getting PIP who do ultimately qualify for it, any changes to PIP accompanying the reforms, and whether further groups will get access to the UC health element as the proposals are developed.

The Transforming Support white paper commits to ‘transitional protection’, so that at the point of transfer to the reformed system, those whose circumstances have not changed do not lose out in cash terms. Some people would also be protected through provisions for pregnancy risk and cancer.

When might changes be introduced?

The Transforming Support white paper states that primary legislation would be introduced in a new Parliament (after the next general election) “when parliamentary time allows”.

After that, the changes would be introduced for new claims only, on a staged, geographical basis. This would begin no earlier than 2026/27, and roll-out would take at least three years. From 2029 at the earliest, existing UC LCWRA claimants would then move on to the new system.

Questions unanswered or under consideration

The white paper left several questions unanswered or under consideration as the policy is developed, including:

- Whether the Government expects to make savings from the reforms.
- How [eligibility for work allowances](#) would be determined. Work allowances enable UC claimants to earn a certain amount each month before their award is affected and are currently available to households with children and those assessed as having limited capability for work following a WCA.
- How [contributory “New Style” ESA](#), eligibility for which depends on the WCA, would be incorporated within the reforms.
- How the reforms would work in Scotland, where PIP is being replaced by the [Adult Disability Payment](#).

1 Background

1.1 What is the Work Capability Assessment?

The [Work Capability Assessment \(WCA\)](#) was introduced in October 2008 to assess entitlement to Employment and Support Allowance (ESA). The WCA now also determines whether Universal Credit (UC) claimants are eligible for an additional amount for ill health or disability; this limited capability for work-related activity (LCWRA) element is currently worth £360.09 a month. The WCA also determines what, if any, work-related requirements apply to UC claimants, and for those without children, whether they can earn a certain amount each month (a [work allowance](#)) before their UC payment is affected.

The “Health Assessment Advisory Service” has a key role in this process. It is operated by Maximus, which since 2015 has held the contract to undertake WCAs for the Department for Work and Pensions (DWP).

The WCA is a functional assessment. This means that, rather than focusing on an individual's health condition, the WCA looks at their ability to undertake a range of activities related to physical, mental, cognitive, and intellectual functions. Guidance for Healthcare Professionals undertaking assessments on behalf of the DWP states that the main aims of the WCA are to:

- Ensure that those who currently have limited capability for work or work-related activity are identified.
- Accurately identify those who, despite their condition, are fit to continue to work.
- Provide a fairer, more accurate and more robust assessment of the level of a person's functional ability in relation to capability for work in the modern workplace.¹

The WCA does not have any role in determining whether a person is entitled to Personal Independence Payment (PIP), which helps with the extra costs people face because of disability. Eligibility for PIP is determined by an entirely separate assessment. While the PIP assessment is also a functional assessment, it looks at how a person's ability to live independently, rather than their ability to work, is affected by health conditions and disabilities.

¹ DWP, [Revised WCA Handbook](#), 20 December 2022, section 1.3

Assessment criteria

Limited capability for work

For each activity (there are 17 in total in the assessment), there is a list of “descriptors” that describe the extent to which the person can undertake the activity, each with an associated points score (ranging from 0 to 15, where 15 reflects the greatest difficulty). The highest-scoring descriptor that applies to the individual determines how many points they score for that activity.

A person with a top score of 15 in any one activity automatically meets the threshold for “limited capability for work” (LCW). People scoring less than 15 in any activity can add up the score they have for other activities (physical, or mental, cognitive, and intellectual) to reach the threshold. The assessment should take into account whether the person can carry out the activity reliably, repeatedly, and safely.

Limited capability for work-related activity

Where a person meets the threshold for “limited capability for work”, the assessment looks at whether the person’s functional capabilities are so limited that they should not be expected to undertake “work-related activity”. Again, this is done by looking at the individual’s ability to undertake different activities (16 in total). A person scoring in any of the activities automatically meets the criteria for “limited capability for work-related activity” (LCWRA).

Information on the WCA activities and descriptors, on the key concepts underpinning the assessment, and on the case law around how the effects of different medical conditions should be considered, is available at the [wcainfo website](#) run by the organisation Rightsnet, which supports welfare rights advice providers.

Terminal illness and other exceptional circumstances

A person can in certain circumstances be treated as having a LCW without having to undergo an assessment, for example, if they are terminally ill or undergoing certain cancer treatments. Terminally ill claimants and those undergoing cancer treatments can also be treated as having LCWRA.

There are also provisions under which people not scoring sufficient points can nevertheless be treated as having a LCW or LCWRA, if “exceptional circumstances” apply. This includes where the person has a severe and life-threatening disease that cannot be controlled by a therapeutic procedure (such people can be treated as having LCW), or where there would be a “substantial risk” to the mental or physical health of any person were they found not to have LCW or LCWRA.

At August 2022, 1,573,464 ESA claims were in payment.² Of those:

² [DWP Stat-Xplore](#)

- 24,500 had been placed in the LCW group on “substantial risk” grounds following a recommendation by a Maximus Healthcare Professional.
- 253,199 in the LCWRA group following a substantial risk recommendation.

These figures do not include awards made on substantial risk grounds by a DWP Decision Maker, after reconsideration or after appeal, where this was not recommended by the Healthcare Professional. The DWP says data on such cases is held but could only be provided at “disproportionate cost”.³

WCA process

Questionnaire

Claimants are sent a capability for work questionnaire ([ESA50](#) or [UC50](#), depending on the benefit) by Maximus unless they are terminally-ill, in which case their claim may be fast-tracked.

The questionnaire asks about the claimant's disabilities and health conditions, and how they affect what they can do. The completed form must be returned within a specified time.

The returned questionnaire is considered by a Healthcare Professional employed by Maximus. The Healthcare Professional can decide at this stage that they have enough information to recommend an award of benefit, but most claimants are required to attend an assessment.

Assessment

Before the Covid-19 pandemic, most assessments took place face-to-face at assessment centres.⁴ During the pandemic, following an initial pause in assessment activity, assessments were mainly conducted remotely, and this has continued even with the resumption of face-to-face assessments.

Of the 628,000 WCAs conducted by Maximus between February 2022 and January 2023:⁵

- 79,000 (13%) were paper-based
- 90,000 (14%) were face-to-face
- 414,000 (66%) were by telephone
- 45,000 (7%) were by video

³ [PQ 174376 \[on Employment and Support Allowance\], 4 April 2023.](#)

⁴ Maximus could agree to an assessment in the claimant's home, if they could not travel to an assessment centre because of their medical condition. This is still possible.

⁵ [PQ 162178 \[on Work Capability Assessment\], 14 March 2023](#)

Report

The Maximus Healthcare Professional produces a report for the DWP, which will make one of three recommendations:

- The claimant is “fit for work”: they do not meet the threshold for limited capability for work.
- The claimant has limited capability for work (LCW) but does not have limited capability for work-related activity (LCWRA).
- The claimant has both LCW and LCWRA.

Decision

The decision on whether to award benefit and/or which group the claimant should be placed in is, however, made by a DWP Decision Maker. The Decision Maker should consider all the available evidence, including:

- the questionnaire
- any accompanying evidence provided by the claimant
- and any additional evidence provided by a third party, such as a doctor, consultant, specialist nurse, social worker, support worker, carer, relative or anyone else familiar with the person’s condition
- the Healthcare Professional’s report.

The Decision Maker does not have to follow the Healthcare Professional’s recommendation.

The assessment process is explained in more detail at the [Health Assessment Advisory Service website](#).

Work Capability Assessment outcomes

At the end of the WCA process claimants are found to:

- be fit for work,
- have limited capability for work, or
- have limited capability for work and limited capability for work-related activity.

The outcome currently determines, among other things, a claimant’s benefit entitlement, any extra amount included in the award, and what any work-related conditions they have to meet. The table below shows how the outcome of a WCA affects Universal Credit and Employment and Support allowance awards, as well as the conditionality requirements.

Work Capability Assessment outcomes			
WCA outcome	UC award	ESA award	Work-related conditionality requirements
Fit for work	<ul style="list-style-type: none"> No extra amount for ill health or disability Unless household has children, no work allowance – UC payment reduced from first £1 of earnings 	<ul style="list-style-type: none"> Not entitled to ESA, but may claim New Style Jobseeker’s Allowance (JSA) and/or UC No extra amount in JSA/UC for ill health/disability 	<ul style="list-style-type: none"> For JSA or UC, all work-related requirements normally apply – including being available and searching for work, and applying for jobs Requirements relaxed for some groups, such as carers
LCW	<ul style="list-style-type: none"> No extra amount for ill health or disability Eligible for the work allowance – household can earn a certain amount each month before UC payment affected 	<ul style="list-style-type: none"> Basic amount only, at same rate as New Style JSA In 2023-24, £67.20 a week if aged 18-24, £84.80 if 25 or over Payable for up to one year only 	<ul style="list-style-type: none"> Not required to be available for and start work Must attend Work Focused Interviews (WFIs) May have to undertake Work Preparation activities (such as a skills assessment or training)
LCW + LCWRA	<ul style="list-style-type: none"> Eligible for LCWRA element (£390.06 a month) Eligible for the work allowance 	<ul style="list-style-type: none"> Basic amount (see above) + ESA Support Component (£44.70 a week in 2023-24) Not time-limited 	<ul style="list-style-type: none"> Not required to be available for and start work No other work-related requirements

Table assumes LCW only claimants have not had LCW continuously since before 3 April 2017, when the extra amount for LCW was removed for new claims and ESA was time limited for those in the with LCW in the work-related activity group.

Decisions and appeals

If an ESA or UC claimant disagrees with a DWP Decision Maker’s decision following a WCA, they can challenge the decision. They must first request the DWP to undertake a “Mandatory Reconsideration” (MR) of the decision, and if

the decision is not changed, they can then appeal to an independent First-tier Tribunal.⁶

The DWP has not published statistics on MRs or appeals of WCAs for UC, nor do tribunals statistics separately identify UC appeals relating to WCAs. The DWP first published statistics for WCA outcomes for UC claimants in June 2023, and plans to publish statistics on MRs and appeals relating to WCAs for UC claimants in the future.⁷

Statistics on ESA Mandatory Reconsiderations and appeals are published.⁸ For the 3.3 million complete initial and repeat WCAs for ESA claims in Great Britain with a start date between October 2013 and September 2022, 410,000 Mandatory Reconsiderations were registered. Of the Mandatory Reconsiderations completed, 340,000 (83%) did not result in the original decision being revised. Of the 100,000 appeals completed, 34% had the DWP decision upheld at hearing while the remaining 66% were ruled in favour of the claimant.

Repeat assessments

If the Maximus Healthcare Professional recommends that the claimant is not fit for work, their report will also state when it might be appropriate for them to be reassessed. In October 2016 the Government announced that it intended to exempt some ESA claimants with the most severe health conditions and disabilities from future reassessments. In September 2017, the DWP announced the criteria for "switching off" reassessments.

Further information can be found in Commons Library research briefing, [ESA and PIP reassessments](#), and in section 3.10 of the DWP's [Work Capability Assessment handbook: for healthcare professionals](#).

Health Transformation Programme

In March 2019 the DWP launched a "Health Transformation Programme" to develop "a new integrated Health Assessment Service", supported by a single digital system, for both PIP assessments and WCAs.⁹ The department's ambition in launching this programme was to make the assessment process "simpler, more user-friendly, easier to navigate and more joined-up for claimants, whilst delivering better value for money for taxpayers".¹⁰

⁶ For further information see the Commons Library constituency casework page [Challenging benefits decisions](#)

⁷ DWP, [Universal Credit Work Capability Assessment statistics: release strategy](#), 8 June 2023

⁸ DWP, [ESA: outcomes of Work Capability Assessments including mandatory reconsiderations and appeals: June 2023](#), 8 June 2023

⁹ [HCWS1376 5 March 2019](#)

¹⁰ Department for Work and Pensions, [Written evidence for the Work and Pensions Committee Health Assessments for Benefits inquiry](#), HAB0079, November 2021, p1

The DWP began developing the new service, on a small scale initially, in a location called the “Health Transformation Area”. It explained:

[The Health Transformation Area] will enable us to test, adapt and learn from new ideas and processes. This approach will allow us to continually improve the new service and systems in a controlled way. We then plan to roll out improvements gradually at a greater scale.¹¹

The first Health Transformation Area, in North London, was launched on 21 April 2021. A second Health Transformation Area was subsequently opened in parts of Birmingham, and the DWP plans to expand to other parts of the country in the future.

Ideas the DWP is seeking to explore in the Health Transformation Area, and as part of the wider Health Transformation Programme, include:

- Different ways of conducting assessments, including the scope for “triaging” claims so that people only have face-to-face assessments where absolutely necessary.
- Lessons from “forced changes” to assessment processes during the coronavirus pandemic, including the greater use of telephone and video assessments.
- How to make it easier for claimants to understand the evidence they need to provide, and why.
- Where people give consent, reusing medical evidence the department already holds on them, to provide a more “joined up” claimant experience and reduce the burden of having to provide the same information multiple times.
- How to make claimants aware of the range of support available to them both from the DWP and more widely.¹²

The department expects the programme to run until at least 2028.¹³

Further updates on the Health Transformation Programme were given in the March 2023 health and disability white paper (see section 3 below).

A DWP written answer on 30 January 2023 said that, as part of the Health Transformation Programme, procurement of new “Functional Assessment Service contracts” was underway. The expectation was that contracts would be signed “shortly” and that, following a transition period, the new service would begin from March 2024. The new contracts were to bring together

¹¹ As above, p7

¹² Department for Work and Pensions, [Written evidence for the Work and Pensions Committee Health Assessments for Benefits inquiry](#), HAB0079, November 2021, pp8-9. See also Department for Work and Pensions, [Shaping Future Support: The Health and Disability Green Paper](#), CP 470, 20 July 2021, chapter 3

¹³ National Audit Office, [The Health Transformation Programme](#), 2022

current WCA and PIP assessments under single geographic contracts, to form a building block for the new integrated Health Assessment Service.¹⁴

In a 25 May 2023 written statement, Minister for Disabled People, Health and Work, Tom Pursglove, announced the successful bidders for contracts in most areas across Great Britain for the period 2024-29.¹⁵

On 23 June 2023, the National Audit Office (NAO) published a report on the DWP's Health Transformation Programme.¹⁶ NAO said the programme was "ambitious", and represented an opportunity to substantially improve the cost, timeliness and accuracy of health assessments while improving the experience for claimants and increasing trust in the system. However, is also noted that transformation of this scale and complexity is "inherently at high risk of time and cost overruns and not achieving all the intended benefits".

The NAO noted there had already been delays to the programme, both from the Covid-19 pandemic and the department's evolving commercial approach. It said there were gaps in the DWP's approach that the department still needed to fill, in particular "how it will integrate the service between providers, build an interim model that enables sufficient testing, and evaluate whether the programme is on track to deliver the planned benefits". The NAO also said the DWP did not yet know how further reforms announced in the Transforming Support white paper would affect the programme's detailed costs, costs, benefits and timetable.

Overall, the NAO concluded that there remained risks to value for money and that these would need to be carefully managed for the Health Transformation Programme to realise the full intended benefits.

Autumn 2023 consultation on WCA activities and descriptors

On 5 September 2023, the Government announced it would consult on making changes to the Work Capability Assessment, in advance of its long-term ambition to abolish it entirely. The Government proposed changes to the activities and descriptors used as part of the WCA, as well as to the substantial risk criteria.¹⁷

The proposals include changes to four activities considered in the assessment: mobilising, continence, social engagement, and getting about. The Government is considering either removing these from the WCA entirely or reducing the number of points awarded for them. It is also proposing changes to the rule whereby claimants who do not satisfy the usual criteria for LCWRA can nevertheless be treated as having LCWRA, where there would otherwise be a 'substantial risk' to their health, or to the health of another person (see

¹⁴ PQ 131273 [[Personal Independence Payment and Work Capability Assessments](#)], 30 January 2023

¹⁵ [HCWS807, 25 May 2023](#)

¹⁶ National Audit Office, [Transforming health assessments for disability benefits](#), HC 1512 2022-23

¹⁷ DWP, [Work Capability Assessment: activities and descriptors](#), 5 September 2023

section 1.8 below). It is proposing either removing this entirely, or amending it so that it does not apply when a person could take part in some work preparation activity. Any changes would only impact new claims or claims which are re-assessed.¹⁸

The consultation closes on 30 October 2023.

Announcing this consultation in the House of Commons on 5 September, the Secretary of State for Work and Pensions, Mel Stride, said he was proposing these changes for the following reasons:¹⁹

- There are over 2.5 million people who are inactive because of a long-term disability or health condition, but one in five people on disability benefits who are not currently expected to prepare for work do want to work in the future if the right job and support are available.
- The proportion of people assessed by the WCA as having LCWRA has risen from 21% in 2011 to 65% in 2022. The consultation paper notes that, while an assessment as having LCWRA should be for severe functional limitation, its application has gone beyond this.²⁰
- There has been a “huge shift in the world of work”, including working flexibly and from home, which has “accelerated since the pandemic”. This “has opened up more opportunities” for people with disabilities or health conditions to work. The consultation, therefore, is designed to ensure the WCA “keeps up with the way people work today”.

Mr Stride also said that, if the proposals are taken forward, the earliest they could be implemented would be from 2025, to give time to make regulations and provide training for health assessors.²¹

The Resolution Foundation said that it was understandable that the Government wished to support more people into work, given the rising incidence of ill health and disability.

It noted, however, that these proposals would mean lower-income adults were at risk of losing support. While changes were proposed for only four WCA activities, a majority (87%) of claimants in receipt of means-tested health-related benefits would be at risk of being affected by them. The Resolution Foundation also said “it is not obvious that this wider availability of remote working has transformed the labour market opportunities afforded to adults with disabilities.” It argued that the Government should focus instead on improving healthcare provision and provide better support to help claimants who are able to work.²²

¹⁸ DWP, [Work Capability Assessment: activities and descriptors](#), 5 September 2023

¹⁹ [HC Deb 5 September 2023 c213-215](#)

²⁰ DWP, [Work Capability Assessment: activities and descriptors](#), 5 September 2023, para. 5

²¹ [HC Deb 5 September 2023 c213-215](#)

²² Resolution Foundation, [Reassessing the Work Capability Assessment](#), 6 September 2023

The Institute for Fiscal Studies noted that, given the proposed reforms would only be implemented by 2025 and affect new claims and reassessments, they would at most deliver “a short-run saving before becoming irrelevant”.²³

1.2

Why has the WCA been controversial?

The Work Capability Assessment (WCA) has been controversial from the outset. Despite changes made to the WCA following internal reviews, and the [five annual independent WCA reviews](#) (the first three by Professor Malcolm Harrington, and the last two by Dr Paul Litchfield), the WCA still attracts strong criticism. These criticisms have been summarised in recent Work and Pensions Committee reports.

2018 Work and Pensions Committee inquiry

In 2017 the Work and Pensions Committee launched an inquiry examining the effectiveness of both the WCA and the PIP assessment. The Committee’s report, together with a separate report detailing claimant experiences of PIP and ESA assessments, was published in February 2018.²⁴ In evidence to Committee, claimants, disability bodies, welfare rights groups, and others flagged up various issues:

- The activities and descriptors used in the WCA and in the PIP assessment were not “fit for purpose”, being weighted towards physical health conditions and disabilities, and discriminating against those with mental health conditions.
- The structure and content of assessments (both written and face-to-face) did not always allow claimants to express accurately the impact their condition had on them.
- Neither assessment appropriately captured fluctuating conditions.
- Some people found the whole claims, assessment, and appeals process difficult, stressful, confusing and/or threatening, with in some cases detrimental effects on their health.
- There were instances where it was claimed the assessment process had led to people being hospitalised, having their medication increased, or attempting to take their own lives.
- Claimants reported that their concerns were not taken seriously by assessors, or that their statements were ignored.

²³ IFS, [IFS responses to changes to DWP work capability assessments](#), 5 September 2023

²⁴ Work and Pensions Committee, [PIP and ESA assessments](#), HC 829 2017-19, 14 February 2018; Work and Pensions Committee, [PIP and ESA assessments: claimant experiences](#), HC 355 2017-19, 9 February 2018

- There were concerns that assessors often did not have sufficient knowledge or expertise to assess the impact of certain conditions, such as mental health problems.
- Written reports did not always accurately reflect the claimant's recollection of what happened at the assessment.
- There was dissatisfaction with the Mandatory Reconsideration process, which many claimants viewed as a tool to dissuade people from going to appeal.
- Some claimants did not challenge a decision through appeal because of the distress the process had already caused them up to that point, and/or because they were overwhelmed at the thought of going through the appeals process.
- Although some people expressed dissatisfaction with the appeals process, the most common view was that the appeals stage was the first time when the full range of information presented as part of the assessment process had been properly considered.

The Committee said that failings in the assessment and decision-making processes for both ESA and PIP had resulted in the “pervasive lack of trust” that risked undermining the entire operation of both benefits.

2023 Work and Pensions Committee report

In its subsequent report [Health assessments for benefits](#) published on 14 April 2023, the Work and Pensions Committee found that, despite some improvements since 2018, many of the problems highlighted in the previous inquiry remained, and that important changes to improve trust and transparency had not been made.²⁵

The Committee carried out a survey of people who had been through the WCA and/or PIP assessment process, or who had supported friends, family or clients through them. Key themes emerging from more than 8,500 responses to the survey included:

- Factual errors in reports;
- Difficulty completing forms, in particular the stress and anxiety caused;
- Lack of knowledge of conditions from assessors;
- The effectiveness and impact on claimant of the Mandatory Reconsideration and appeal processes;
- Inconsistent support and access arrangements at all stages;

²⁵ [HC 128 2022-23](#)

- Poor communication from DWP at all stages, including issuing communications in formats which people cannot use;
- Delays and consequent financial and health impacts; and
- Over-frequent requirements to re-apply, particularly in circumstances where no improvement in the claimant's condition may reasonably be expected.²⁶

The Committee noted the Government's longer-term plans to abolish the WCA, but said retaining the status quo in the meantime was not an option. It called on the Government to introduce a series of "quick and easy wins to improve trust, drive down the high rate of decisions reversed on appeal and reduce waiting times", including:

- allowing claimants to choose between remote or in-person assessments;
- recording assessments by default, with claimants able to opt out;
- extending deadlines for returning forms;
- introducing targets to reduce assessment waiting times, and payments to people forced to wait beyond the new targets; and
- sending claimants their assessment reports.

The Committee also recommended that, before making any long-term changes to the assessment process, including abolishing the WCA, there should be an external assessment of the potential physical and mental health effects of these changes on claimants.²⁷

1.3

What is the Government proposing?

The Government proposes to abolish the Work Capability Assessment in the 2023 [Transforming Support white paper](#).

The UC element for limited capacity for work-related activity (LCWRA) would be replaced by a new "health element". This would be set at the same level as the LCWRA element, but instead of depending on a decision following a WCA, it would be available to UC claimants who also get Personal Independence Payment (PIP).²⁸

People who are treated as having LCWRA in the existing system due to pregnancy risk²⁹ or who are being treated for, or recovering from, cancer

²⁶ As above, Annex 1, para 5

²⁷ As above, para 28

²⁸ DWP, [Transforming Support: The Health and Disability White Paper](#), CP 807, 16 March 2023, para 144-150

²⁹ Risks to pregnant women and unborn children that could result from work or work-related activity.

would also be entitled to the health element. Special provision would also remain for those nearing the end of life.³⁰

The policy is still being developed, including the final eligibility criteria for the new health element. The white paper says the government will consider whether people who have LCWRA but do not get PIP might qualify for PIP, and suggests other options might be considered to provide financial support to those who need it:

For this group, we will carefully consider whether they meet the PIP assessment and eligibility criteria. As we develop our reform proposals, we will consider how disabled people and people with health conditions who need additional financial support may receive it.³¹

What, if any, work-related requirements apply would be determined on a case-by-case basis through a “new personalised health conditionality approach”,³² with DWP Work Coaches given more discretion to decide what is appropriate for the individual.

Further Reading

- DWP, [Transforming Support: The Health and Disability White Paper](#), CP 807, 16 March 2023, Chapter 4
- HM Treasury, [Spring Budget 2023 factsheet – Disability White Paper](#), 15 March 2023

1.4

Why is the Government proposing to abolish the WCA?

The main objectives of the proposals are to remove barriers to work for disabled people and to reduce the number of assessments people need to go through to access benefits.

People on Universal Credit currently need to be assessed through the WCA to access additional support. The central case for change made in the White Paper is that many claimants want to work, but fear doing so may result in them no longer being considered as having limited capacity for work or for work-related activity (LCW or LCWRA) and losing their entitlement to benefit following reassessment.

³⁰ DWP, [Transforming Support: The Health and Disability White Paper](#), CP 807, 16 March 2023, para 152 and 154

³¹ DWP, [Transforming Support: The Health and Disability White Paper](#), CP 807, 16 March 2023, para 152

³² DWP, [Transforming Support: The Health and Disability White Paper](#), CP 807, 16 March 2023, para 159

The reforms would mean that claimants who require a health assessment for PIP and a WCA to access the extra amount in Universal Credit would only need to be assessed for PIP.

The Government argues barriers to entering work will be reduced because:

- There will no longer be a need to be found to have LCWRA to get extra amounts in UC. Instead, the PIP assessment³³ will be used, “reducing the worry claimants currently experience that they will lose their benefits following a reassessment”.³⁴
- Work-related conditionality will no longer be determined automatically following the WCA. Instead a personalised approach will “allow Work Coaches to build a relationship with an individual and determine what, if any, work-related activities an individual can participate in”.³⁵

In addition, the Government has noted that repeat assessments can cause anxiety and distress, and that there is “unnecessary duplication” between PIP assessments and WCAs.³⁶

1.5

How would extra amounts in Universal Credit be affected by the removal of the WCA?

At present, Universal Credit claimants found to have both a limited capability for work and a limited capability for work-related activity following a Work Capability Assessment get the [limited capability for work-related activity \(LCWRA\) element of UC](#). This extra amount is currently worth £390.06 a month.

Under the proposals in the Transforming Support white paper, the new “health element” in UC would be set “at the same level as is currently awarded to those people who have LCWRA”.³⁷ The health element would be awarded to UC claimants receiving any component of PIP at any level. Claimants who are currently treated as having LCWRA due to pregnancy risk³⁸ or because they are about to receive, receiving, or recovering from treatment

³³ The PIP assessment is not explicitly tied to work capability, although some commentators have argued that people also worry about losing PIP when they enter work since the ability to do the tasks involved in working may be taken into account in PIP assessments. See, for example, Benefits and Work, [Why are people so worried about the abolition of the WCA?](#) 27 March 2023; and Carri Swan, [Briefing: The future of the work capability assessment](#), CPAG, March 2023

³⁴ HM Treasury, [Spring Budget 2023 factsheet – Disability White Paper](#), 15 March 2023

³⁵ HM Treasury, [Spring Budget 2023 factsheet – Disability White Paper](#), 15 March 2023

³⁶ DWP, [Transforming Support: The Health and Disability White Paper](#), CP 807, 16 March 2023, paras 134-141

³⁷ DWP, [Transforming Support: The Health and Disability White Paper](#), CP 807, 16 March 2023, para 149

³⁸ Risks to pregnant women and unborn children that could result from work or work-related activity.

from cancer by way of chemotherapy or radiotherapy would, however, be able to access the health element even if they do not receive PIP.³⁹

LCWRA recipients not getting PIP when they move to the new system and whose circumstances haven't changed will be eligible for "transitional protection" so that they do not lose out in cash terms at the point of transfer. This cash protection will, however, erode over time as it will not be increased as other UC elements increase (for example, because of inflation), and it might also stop because of changes in circumstances.⁴⁰

1.6 How will eligibility for work allowances be determined?

[Households receiving Universal Credit are eligible for a work allowance](#) if the claimant or their partner is responsible for a child, or has limited capability for work (with or without limited capability for work-related activity). The work allowance is the amount they can earn before their maximum UC award starts to reduce. For eligible households, the work allowance is currently £379 a month if they are getting help with housing costs as part of their UC award, or £631 a month if they're not getting housing support.

The Transforming Support white paper does not say how eligibility for work allowances would be determined under the reformed system. It says the Government is "considering how best to ensure that the positive work incentives already in place in UC, including the work allowance, are integrated most effectively into an improved health and disability system."⁴¹

1.7 What about Employment and Support Allowance?

[Contributory 'New Style' Employment and Support Allowance](#) is a benefit for those whose capability for work is affected by a disability or ill-health. Entitlement depends on having made sufficient National Insurance contributions in the last two to three years. People can still make new claims.

Income-related ESA is an equivalent means-tested benefit for those in households with low levels of income or savings. It is being replaced by Universal Credit and new claims have not been possible since 2018.

³⁹ As above, para 153

⁴⁰ As above, para 157

⁴¹ As above, para 149

Contributory New Style ESA

The Work Capability Assessment also helps the DWP make decisions about New Style ESA, the contributory income replacement benefit for those whose capability to work is affected by ill-health or disability.

The Transforming Support white paper says the Government remains “committed to retaining a health and sickness contributory benefit in the future system”.⁴²

Tom Pursglove, the Minister for Disabled People, Health and Work, has confirmed that New Style ESA will be incorporated within the reforms:

We are currently reviewing options on how this [the contributory health and disability benefit] can be incorporated within the reforms set out in the White Paper.⁴³

However, the white paper is not clear about how reforms will affect New Style ESA.

Income-related ESA

Income-related ESA, one of the means-tested benefits being replaced by Universal Credit, also uses the WCA to help make decisions about entitlement. New claims for income-related ESA have not been possible since 2018, but WCAs are still used to reassess existing claimants.

In the Autumn Statement 2022, the Government announced that the managed migration of most income-related ESA claimants to Universal Credit would be delayed until April 2028.⁴⁴

As explored below, the move of existing claims onto the new system is not expected to begin until at least 2029. If the move to Universal Credit proceeds according to the stated timetable, abolition of the WCA would probably not affect existing income-related ESA claimants until after they have transferred to UC.

⁴² DWP, [Transforming Support: The Health and Disability White Paper](#), CP 807, 16 March 2023, para 150

⁴³ PQ 180352 [[Employment and Support Allowance](#)], 24 April 2023

⁴⁴ See HM Treasury, [Autumn Statement 2022: Policy Costings](#), 17 November 2022, p45

1.8

What would happen to people who would have been found to have a limited capability for work, but don't qualify for PIP?

Some groups of claimants might receive less support

Several think tanks and campaigning organisations have raised concerns that there are currently people who get additional financial support in Universal Credit (and/or are subject to lower levels of work-related conditionality) as well as ESA following a WCA, but who do not currently receive any PIP. They note that in a system without a WCA where entitlement to a UC health element is determined by whether a person also receives PIP, groups not getting PIP risk losing out, specifically:

- Those who would currently be assessed as having limited capability for work-related activity (LCWRA) and get additional support but may not qualify for a new health element in UC.⁴⁵
- Those currently assessed as meeting the threshold for limited capability for work who are entitled to a [work allowance](#), and are automatically placed in the “work preparation” conditionality regime, with lower levels of work-related conditionality.⁴⁶

The Government has acknowledged that some people who currently receive the LCWRA element in UC, or who are in the ESA Support Group, do not receive PIP.⁴⁷ The Transforming Support white paper states that the DWP will consider whether people in this group do meet the eligibility criteria for PIP.⁴⁸ In the white paper, and in response to subsequent parliamentary questions,⁴⁹ the Government has also suggested it “will consider how disabled people and people with health conditions who need additional financial support may receive it”. It is unclear whether this means there would be any substantial changes to the PIP rules.⁵⁰

Commitments have also been made to provide the new UC health element to “those claimants who are currently treated as LCWRA due to pregnancy risk or because they are about to receive, receiving or recovering from treatment for cancer by way of chemotherapy or radiotherapy.”⁵¹

Welfare rights organisations have pointed out that, even if people with LCRWA are assessed for PIP, many will not qualify for it as the PIP

⁴⁵ And potentially the Support Group in ESA

⁴⁶ See DWP, [Universal Credit guidance: Labour Market regimes and overrides \(PDF, v22.0\)](#), April 2023

⁴⁷ DWP, [Transforming Support: The Health and Disability White Paper](#), CP 807, 16 March 2023, para 151

⁴⁸ DWP, [Transforming Support: The Health and Disability White Paper](#), CP 807, 16 March 2023, para 152

⁴⁹ [PQ 180104 \[Personal Independence Payment\], 14 April 2023](#)

⁵⁰ DWP, [Transforming Support: The Health and Disability White Paper](#), CP 807, 16 March 2023, para 152

⁵¹ DWP, [Transforming Support: The Health and Disability White Paper](#), CP 807, 16 March 2023, para 153

assessments and WCAs currently assess different things. The Child Poverty Action Group, for example, noted:

The WCA looks for difficulties that would affect somebody's ability to participate in the workforce. The PIP assessment looks at the day-to-day tasks they do at home, their mobility and their ability to go out. There is limited overlap.⁵²

There is no published estimate of how many people assessed as having LCWRA would qualify for PIP but do not currently claim it. However, certain groups who can currently get support through the LCWRA, but who often do not qualify for PIP, have been identified.

Substantial risk

One group is those treated as having LCWRA on the basis of “substantial risk”. A claimant can be treated as having LCWRA if, by reason of their health condition or disability, there would be a substantial risk to the health of the claimant or others were they found not to have LCWRA.⁵³

Unlike ESA and the LCWRA element of UC, PIP is not an income-replacement benefit designed to support those who often cannot work, and does not have any equivalent provision to consider substantial risk.

The Child Poverty Action Group has expressed concern that this may particularly affect those with mental health conditions:

Substantial risk has typically been used as a safety valve for people with mental health conditions, including anxiety, and others who cannot show that they fit the main WCA activities and descriptors. These rules don't have an equivalent in the PIP assessment, which does look at what daily living tasks and mobilising someone can do 'safely' but does not look any further into how their condition affects their ability to earn. Someone able to get LCWRA status because of a substantial risk to health might have limited chances of getting PIP.⁵⁴

In response to a parliamentary question, the Minister for Disability, Health and Work said over 250,000 people in the ESA Support Group had been placed there because of substantial risk.⁵⁵ No equivalent statistics have been published in relation to those getting the LCWRA element in Universal Credit.

Severe short-term illnesses

Another group who cannot get PIP but who can be assessed as having LCWRA are those with severe but short-term illnesses and health conditions that prevent them from working. PIP has a “[required period condition](#)” restricting entitlement to those who have had daily living and/or mobility needs for three months and who are expected to have those needs for at least a further nine

⁵² Carri Swann, [The future of the work capability assessment](#), CPAG, accessed 28 April 2023

⁵³ Further background to substantial risk can be found in WCAinfo, [Substantial risk \(LCWRA\)](#), accessed 28 April 2023; and Simon Osborne, [‘Substantial risk’ and the WCA](#), CPAG, December 2021

⁵⁴ Carri Swann, [The future of the work capability assessment](#), CPAG, accessed 28 April 2023

⁵⁵ [PQ174376 \[Employment and Support Allowance\], 4 April 2023](#)

months. Without changes to the PIP rules, additional help in income-replacement benefits for people with short-term conditions would no longer be available.

Recent arrivals in the UK

In order to qualify for PIP, people generally must have been present in Great Britain for 104 weeks out of the previous 156 weeks. This is known as the “past presence” test. UC and ESA do not have an equivalent rule, so it is possible that some who have arrived or returned from abroad who can currently get a LCWRA element following a WCA might not qualify for the new health element.⁵⁶

Transitional protection

The Transforming Support white paper commits to “transitional protection” so that those whose circumstances haven’t changed don’t receive less in cash terms at the point of transfer to the new system.⁵⁷

This would prevent claimants from losing out immediately when reforms are enacted. However, over time, transitional protection would erode and would stop following certain changes of circumstances. New claimants coming into the new system who may have qualified for additional support or for particular conditionality groups under the existing system would not be protected.

How many people might lose and how many might gain?

Official estimates

On 20 July 2023, the DWP provided an ad hoc data publication, [Health and Disability benefits based on data from 2019 to 2022](#), exploring the overlap between disability benefit claimant cohorts in England and Wales.⁵⁸ This found that in November 2022, 1,289,600 of the 1,805,700 claimants (71%) on Universal Credit with LCWRA, or in the income-related ESA support group, were also in receipt of either PIP or DLA. 516,100 (29%) were not also in receipt of PIP or DLA, so might risk losing a UC health entitlement under the reform proposals.

⁵⁶ See DWP, [Advice for Decision Making Chapter C2: Personal Independence Payment: International issues](#) (PDF, accessed 17 May 2022), paras C2020-C2028

⁵⁷ DWP, [Transforming Support: The Health and Disability White Paper](#), CP 807, 16 March 2023, paras 156-157

⁵⁸ Data for Scotland is not included as PIP and DLA are being replaced in Scotland by the Adult Disability Payment

In addition, of the 350,600 with limited capability for work⁵⁹ in November 2022, 213,500 (61%) were not receiving PIP or DLA, so would potentially face changes to their work-related conditionality.⁶⁰

379,300 claimants on Universal Credit or income-related ESA were in receipt of PIP or DLA but did not have LCWRA in November 2022. Of these, 183,000 were not on the Universal Credit “health journey”,⁶¹ and 137,100 had LCW, so may gain from a new health element dependent on receipt of PIP. The remaining 59,200 were awaiting a WCA.

Some people facing potential losses might be protected under proposed provisions for those undergoing cancer treatment or with pregnancy risk.⁶² It should also be noted that the actual numbers of winners and losers, as well as any savings or costs to the exchequer, will depend on the proportion of claimants not getting PIP who do ultimately qualify for it, any changes to PIP eligibility criteria as part of the reforms, and whether further groups will be given access to the Universal Credit health element as the proposals are developed.

As explored above, it is not clear how or whether contributory New Style ESA might be included in the reforms. The DWP’s July 2023 publication outlined that in November 2022 there were 353,800 people claiming contributory ESA or Incapacity Benefit but not any health-related Universal Credit or income-related ESA. Of these, 125,100 (35%) do not receive PIP or DLA.⁶³

The July 2023 data publication also explored the position of those on Universal Credit with LCWRA, or in the income-related ESA support group who were not in receipt of PIP or DLA in February 2019. Of these around 20% had moved off ESA or health-related Universal Credit by November 2022. A further 29% remained on ESA or the UC Health Journey and by November 2022 had PIP in payment.⁶⁴

These figures exclude Scotland, where it remains unclear how the reform might be implemented (see section 1.11). This is likely to explain much of the discrepancy between the official figures above and the Great Britain-wide independent estimates below. Northern Ireland is also not included in the estimates.

⁵⁹ This includes those on UC with LCW and the in the work-related activity group in income-related ESA.

⁶⁰ DWP, [Health and Disability benefits based on data from 2019 to 2022](#), 20 July

⁶¹ With LCW, LCRRA, or awaiting a Work Capability Assessment

⁶² Around 11% of ESA claimants placed in the Support Group following a WCA in the year to September 2022 were placed there due to chemotherapy/radiotherapy or pregnancy risk – DWP Stat-Xplore (accessed 5 May 2023)

⁶³ DWP, [Health and Disability benefits based on data from 2019 to 2022](#), 20 July, table 1

⁶⁴ DWP, [Health and Disability benefits based on data from 2019 to 2022](#), 20 July, table 2

Independent estimates

In their post-Budget analysis⁶⁵ the Institute for Fiscal Studies (IFS) produced estimates of the number of people who get health-related awards of income-replacement benefits following the WCA, but who do not get PIP or DLA, and who could therefore receive less financial support under the new proposals.⁶⁶

The [Institute for Fiscal Studies estimated](#) that 1 million people are in the “UC health” group, which encompasses people who receive Universal Credit with a health condition, or ESA⁶⁷, but who do not receive PIP or Disability Living Allowance.⁶⁸ Of these:

- Around 600,000 are getting extra amounts through the LCWRA element of UC or because they are in the ESA Support Group, so may not qualify for additional amounts under the reforms.
- Around 400,000 have LCW only in UC or are in the ESA work-related activity group, so they have an uncertain position in relation to work allowances and conditionality under the reforms.

The IFS also estimates that 1.6 million people are in the UC health group and receive PIP/DLA, so would qualify for the new UC health element. In addition, it estimates 0.2 million people are on both PIP/DLA and UC, but are not in the UC health group, and so would receive more support from the after the proposed changes.

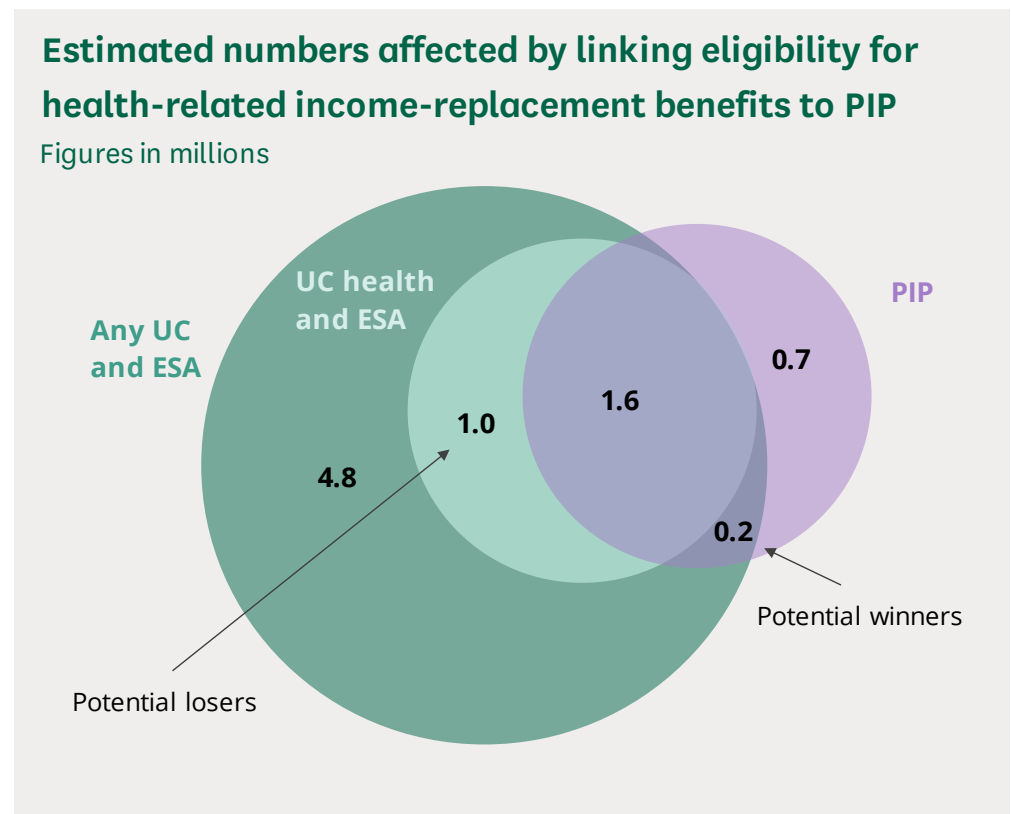
The Venn diagram below is adapted from the IFS Spring Budget 2023 briefing and shows the overlap between people claiming PIP (or DLA) and Universal Credit and/or ESA.

⁶⁵ IFS, [Spring Budget 2023](#), 15 March 2023, slide 4 of Tom Waters’ slides on reforms to health-related benefits; and [Spring Budget 2023 response](#), 15 March 2023

⁶⁶ These estimates were made under the assumption that the reforms would also apply to contributory New Style ESA. Publicly available data does not allow UC-only analysis.

⁶⁷ In either the support group or the work-related activity group. See [“After your claim is assessed” on the ESA guidance on GOV.UK](#)

⁶⁸ Using November 2020 data from DWP Stat-Xplore; and DWP, [Shaping Future Support: The Health and Disability Green Paper](#), 20 July 2021, para 293



Notes:

Any UC refers to those getting any UC regardless of health condition or getting ESA.
Any UC and ESA includes those getting UC with a health condition or ESA.
PIP refers to those getting PIP or DLA.

Source: Adaptation of IFS graphic from page 5 of [Reform to health-related benefits \(ifs.org.uk\)](https://www.ifs.org.uk)

1.9

How will conditionality requirements be determined?

As well as determining whether a person is entitled to an additional amount in Universal Credit, the Work Capability Assessment determines what, if any, work-related “conditionality” requirements may be imposed on a person.

UC claimants found to have a limited capability for work do not have to be available for and start paid work, but they are required to attend work-focused interviews. They might also have to undertake “work preparation” activities to help them move closer to work, such as attending a skills assessment or taking part in training. Claimants who have limited capability for work-related activity are not subject to any work-related requirements

(although they can access support from Jobcentre Plus on a voluntary basis).⁶⁹

The Transforming Support white paper states that with the abolition of the Work Capability Assessment, automatic assignment of people to a work-related requirements group would also end. Instead, it proposes a new “personalised health conditionality approach” which would allow individual DWP work coaches to determine what, if any, work-related requirements should apply to claimants. The white paper states:

We want to introduce a more tailored approach, to allow work coaches to build a relationship with an individual and determine what, if any, work-related activities an individual can participate in. This also means that where work or work-related-activity is not possible or appropriate for someone, they will not be expected to participate in these activities to receive their benefit entitlement.⁷⁰

It adds:

Our new approach will mean both voluntary and mandatory work-related requirements may be set for health and disability benefit claimants, where this is appropriate, with requirements added at a pace that is appropriate for the individual.⁷¹

The DWP will work with Work Coaches “...to develop these proposals and ensure they have the right training and support needed to fulfil this change in their role.”⁷²

The DWP says it will take a “test and learn” approach with the new system before introducing it, “...to ensure it provides the taxpayer with value for money and is accessible and effective in delivering for our service users”.⁷³

1.10

When and how will the changes be introduced?

These changes would require a new Act of Parliament, which the Government does not propose to introduce straight away. The Transforming Support white paper explains that primary legislation would be introduced in a new Parliament (after the next general election) “when parliamentary time allows”.

⁶⁹ See the DWP Universal Credit guidance chapters on [Work Capability Assessment outcomes \(PDF\)](#) (v16.0), [Work-related activities and the Labour market regime \(PDF\)](#) (v7.0, PDF), [Work preparation regime \(PDF\)](#) (v15.0), and [Work preparation activities \(PDF\)](#) (v5.0), all current April 2023

⁷⁰ DWP, [Transforming Support: The Health and Disability White Paper](#), CP 807, 16 March 2023, para 160

⁷¹ As above, para 161

⁷² As above, para 162

⁷³ As above, para 162

The white paper also says the reforms would be introduced for new claims only, on a staged, geographical basis. This would begin no earlier than 2026/27, and rollout would take at least three years.

From 2029 at the earliest, existing UC claimants with LCWRA would then move on to the new system, with “transitional protection” (see section 1.8 of this briefing) so that those whose circumstances have not changed at the point of transfer do not lose out in cash terms.

1.11

How will the system work in Scotland and Northern Ireland?

Scotland

Personal Independence Payment is currently being replaced by [Adult Disability Payment](#) in Scotland, which is a devolved benefit introduced by the Scottish Government using powers acquired in the [Scotland Act 2016](#). The Adult Disability Payment has been available for new claims across Scotland since 29 August 2022, and the transfer of existing PIP caseload is expected to be complete by the end of 2025,⁷⁴ before the changes proposed in the Transforming Support white paper.

The Adult Disability Payment has the same payment structure and, for the time being, largely the same eligibility criteria as PIP. However, it has its own assessment process.

[Annex B of the white paper](#) explains that proposals would not affect devolved Scottish benefits, but would affect reserved benefits in Scotland, namely Universal Credit and ESA.

The white paper does not make clear how Universal Credit claimants in Scotland would qualify for the new health element, or whether receipt of Adult Disability Payment would be used in a similar way to PIP.

Northern Ireland

Most social security powers, including for benefits impacted by the proposed changes in the white paper, are formally devolved to Northern Ireland. By longstanding convention, however – and more recently, under [section 87 of the Northern Ireland Act 1998](#) – Northern Ireland maintains ‘parity’ with social security, child maintenance, and pensions systems in Great Britain. In practice, this is an important limitation on the ability of the Northern Ireland Executive and Assembly to diverge from UK Government policy.⁷⁵

⁷⁴ Scottish Government, [Rollout of Adult Disability Payment](#), 20 June 2022

⁷⁵ For further background see Commons Library briefing CBP-9084, [Social security powers in the UK](#), section 5

The Transforming Support white paper notes “responsibility for policies on employment support and social security sits with the Northern Ireland Executive”. It adds that the UK Government remains committed to working with the Northern Ireland Executive “to consider how best to deliver support for disabled people and people with health conditions”, but does not comment further on any implications for the system in Northern Ireland.⁷⁶

1.12

Will the new system cost more or less money?

The Transforming Support white paper does not make it clear whether the Government expects the new system to cost more or less money.

⁷⁶ DWP, [Transforming Support: The Health and Disability White Paper](#), CP 807, 16 March 2023, Annex B

2 Commentary on reform proposals

2.1 Disabled people's organisations

In their initial responses to the Transforming Support white paper and the 2023 Spring Budget, many disabled people's organisations welcomed the proposal to abolish the Work Capability Assessment (WCA), noting the many concerns voiced about the assessment and the way it has been applied.

For example, Tim Nicholls, Head of Influencing and Research at the charity National Autistic Society, said that while the change would take several years to be implemented, it "removes one of the big obstacles autistic people face when applying for benefits", adding "...the Government must work closely with autistic and disabled people to make sure the new system is more supportive and respectful".⁷⁷

However, disabled people's organisations are also concerned about making the Personal Independence Payment (PIP) assessment the sole gateway to additional support. The disability charity Scope commented:

The Work Capability Assessment is deeply flawed. At Scope we hear from so many disabled people who've had to go through stressful, degrading assessments, with assessors who make them feel like they're lying. The reports produced are often inaccurate and the wrong decisions are made. The same is true for PIP assessments.⁷⁸

The mental health charity Mind said that findings from recent research it had conducted⁷⁹ highlighted that PIP assessments "share many of the same issues as WCAs do, and are often more problematic", noting:

69% of people with mental health problems who experienced PIP assessments were left feeling their mental health had declined, compared to 62% for the WCA, and 46% of people felt their PIP assessor did not understand mental health problems, compared to 36% assessed under a WCA.⁸⁰

The charity Disability Rights UK said using PIP as a passport to the Universal Credit (UC) health element was "extremely problematic", adding:

⁷⁷ National Autistic Society, [Our response to the Spring Budget and Health and Disability White Paper](#), 15 March 2023

⁷⁸ Scope, [What the 'back to work' budget means for disabled people](#), 15 March 2023

⁷⁹ Mind, [Reassessing assessments: How people with mental health problems can help fix the broken benefits system](#), March 2023

⁸⁰ Mind, [Scrapping Work Capability Assessments could lead to even more broken benefits system](#), 16 March 2023

All the issues relating to the lack of accuracy of WCA assessments, apply equally to PIP - perhaps unsurprisingly [given five weeks of online virtual training for Health Care Professionals](#).

Tragically, the PIP assessment process has also resulted in [the deaths of disabled people](#).

The success rate for new PIP claims is only 50%, whereas the success rate of those who appeal PIP decisions is around 70%.⁸¹

Disabled people's organisations are also concerned that, under the proposed system, people who would have met the criteria for limited capability for work-related activity (LCWRA), but who don't qualify for PIP, would lose support completely (although the Government says that, as explained in section 1.8 of this briefing, LCWRA claimants not also getting PIP at the point they move to the new system and whose circumstances remain unchanged would receive transitional protection). Disability Rights UK commented that this might exclude those with shorter-term conditions and noting the different aims of PIP assessments and WCAs:

New DWP [Department for Work and Pensions] figures show that [632,000 people](#) receive out-of-work disability benefit payments, that only those with the highest support needs are eligible for, but they do not receive PIP or disability living allowance (DLA), which PIP is gradually replacing for working-age claimants.

Many of these people will have shorter-term debilitating health conditions and may not be eligible to receive PIP. Others will have claimed PIP but been wrongly refused it.

In addition, the PIP assessment isn't intended to assess a disabled claimants capability to work. It's meant to capture the extra costs disabled people face in life (although it doesn't do this very well).

There is no Government proposal to widen the entitlement rules for PIP to take into account difficulties disabled people might have in relation to securing work.⁸²

Some organisations are worried that giving DWP Work Coaches more discretion to decide work-related requirements could result in people being subject to inappropriate conditionality requirements, and potentially benefit sanctions.

Commenting on the white paper proposals, Disability Rights UK said scrapping the WCA and leaving individual jobcentre Work Coaches to decide what should be required of the claimant and the extent to which sanctions would be imposed was "a move from a system based on rights, to one based on discretion". It added: "Will unqualified work coaches be better at making decisions on whether someone is fit for work rather than Maximus Health Care Professionals undertaking WCAs?"

⁸¹ Disability Rights UK, [DR UK says: Chancellor, we need rights not discretion](#), 17 March 2023

⁸² As above

Disability Rights UK also noted proposals elsewhere in the 2023 Spring Budget “strengthening the way the sanctions regime is applied.”⁸³

Similar concerns were voiced by Mind, which commented: “The effectiveness of sanctions has no evidence base, and they have been disproportionately used on people with mental health problems, leaving some in destitution.”⁸⁴

2.2

Other commentators

Child Poverty Action Group (CPAG)

Writing for the charity CPAG, Carri Swan considered a range of implications of the proposed reform. These included:

- Concerns about those who might lose support, such as people with LCWRA under substantial risk rules, and those with shorter-term illnesses.
- The pressures likely to be put on the PIP system by increased demand from those looking to access a UC health element.
- The challenges of implementing personalised conditionality in the context of high Work Coach caseloads and wider policies to strengthen conditionality.
- Questions about whether relying on PIP assessments would allow people to work without the fear of losing benefits, as hoped by the Government.⁸⁵

Z2K

Z2K, a charity campaigning on social security and against poverty, said the “proposals pose real risks to disabled people’s financial security” and argued that “Government should not continue with this high-risk reform.”

The key criticisms made of the plans to abolish the WCA were that:

- Reforms would increase the stakes of the PIP assessment by basing decisions about a greater amount of financial support on a single “deeply flawed assessment process”.
- People who do not qualify for PIP might face a “devastating cut”.

⁸³ [DR UK says: Chancellor, we need rights not discretion](#), 17 March 2023; see also [Health and Disability White Paper: support not sanctions needed, says DR UK](#), 15 March 2023

⁸⁴ Mind, [Scrapping Work Capability Assessments could lead to even more broken benefits system](#), 16 March 2023

⁸⁵ Carri Swan, [Briefing: The future of the work capability assessment](#), CPAG, March 2023

- Personalised decisions about conditionality could lead to a “dangerous Work Coach lottery for sanctions”.⁸⁶

Benefits and Work

Benefits and Work, a subscription service that provides advice on how to claim benefits, raised concerns about groups that might lose financial support, as well as how decisions will be made about work-related conditionality following the reforms. They also questioned one of the central aims of abolishing the WCA: that people would no longer have to worry about losing benefits if they enter work. They argued that people also worry about losing PIP if they enter work:

Claimants know that that huge assumptions are made about their abilities on the flimsiest of evidence. Being able to drive a car, use public transport, keep appointments, talk to people and so on can all be used by assessors as evidence that you can carry out many PIP daily living and mobility activities.

So, by linking your PIP award to the new health element of UC, the DWP may actually make it less likely that claimants with health conditions will be willing to try working.

This is partly because a connection will have been made between your PIP award and an element of your UC award – lose PIP and you also lose your health element. But also because losing the health element will leave you open to the harshest level of sanctions under the proposed new regime.

It’s quite possible then, that the new system will have the opposite effect to the one intended. The fear that trying work may lead to the loss of your PIP, the loss of your UC health element and then a sanction on top may be a very powerful disincentive to taking even the smallest of risks.⁸⁷

Nicholas Timmins

Writing for the think tank Institute for Government, the journalist and commentator Nicholas Timmins praised the “good intentions” behind ambitions to close the disability employment gap, but suggested the proposed reforms may need to be refined to address substantial challenges.

He noted the “pretty chunky benefit cut” implied by Institute for Fiscal Studies (IFS) estimates of the number of people currently getting health-related elements of PIP but not UC, “if nothing changes” (see section 1.8 of this briefing for more information). Personalised conditionality, he argued, will place significant demands on DWP Work Coaches, and would need time to develop:

⁸⁶ Jamie Thunder, [Transforming Support: the Health and Disability White Paper: Health and disability benefits reform \(PDF\)](#), Z2K, March 2023

⁸⁷ Benefits and Work, [Why are people so worried about the abolition of the WCA?](#), 27 March 2023

There will be a lot of discretion and the application of a lot of judgement in this new system, with the government promising a “test and learn” approach before fully introducing it.

In practice, because a chunk of this will require legislation, these are chiefly changes for the next parliament, not this one. So there is time for the government to achieve its stated aim of achieving “greater levels of trust” between those affected and the Department for Work and Pensions. That will be needed, because turning the good intentions here into a humane and effective system will be no easy task.⁸⁸

Work and Pensions Committee

The Work and Pensions Committee published a report on health assessments for benefits on 14 April 2023.⁸⁹ This looked at evidence of how benefit assessments are working currently, and made proposals for reform.

The Committee said it would return to the proposed abolition of the WCA in the future and did not give detailed commentary on the proposal. However, it called for the Government to continue to make reforms to improve the claimant experience in the existing system before the proposed reforms are implemented:

While it develops plans to replace the Work Capability Assessment, we urge the Government to make the changes we and our predecessor have called for to improve the current system for claimants. We recommend that the Department provide, in response to this Report, a list of actions it will take to improve the claimant experience of PIP assessments and Work Capability Assessments, while they remain in use.⁹⁰

2.3

Further reading

- Department for Work and Pensions (DWP), [Transforming Support: The Health and Disability White Paper](#), CP 807, 16 March 2023, Chapter 4
- HM Treasury, [Spring Budget 2023 factsheet – Disability White Paper](#), 15 March 2023
- National Autistic Society, [Our response to the Spring Budget and Health and Disability White Paper](#), 15 March 2023
- Scope, [What the 'back to work' budget means for disabled people](#), 15 March 2023

⁸⁸ Nicholas Timmins, [DWP's good intentions on disability support will be hard to implement](#), Institute for Government, 17 March 2023

⁸⁹ Work and Pensions Committee, [Health assessments for benefits](#), HC 128, 14 April 2023,

⁹⁰ Work and Pensions Committee, [Health assessments for benefits](#), HC 128, 14 April 2023, pp18-19

- Mind, [Scrapping Work Capability Assessments could lead to even more broken benefits system](#), 16 March 2023
- Disability Rights UK, [DR UK says: Chancellor, we need rights not discretion](#), 17 March 2023
- Carri Swan, [Briefing: The future of the work capability assessment](#), CPAG, March 2023
- Jamie Thunder, [Transforming Support: the Health and Disability White Paper: Health and disability benefits reform \(PDF\)](#), Z2K, March 2023
- Benefits and Work, [Why are people so worried about the abolition of the WCA?](#), 27 March 2023
- Nicholas Timmins, [DWP's good intentions on disability support will be hard to implement](#), Institute for Government, 17 March 2023
- Dan Manville, [Welfare benefits reforms in the 2023 budget: je ne regrette rien?](#), Greater Manchester Law Centre, April 2023
- John Pring, [Evidence mounts of disability benefits white paper's fatal flaws](#), Disability News Service, 23 March 2023

3 What other proposals for benefits assessment reform are in the white paper?

Alongside the proposals in chapter 4 of the Transforming Support white paper to abolish the Work Capability Assessment (WCA) and replace the Universal Credit (UC) limited capability for work-related activity element with a new UC health element, [chapter 3 of the white paper](#) sets out proposals to enable disabled people, people with physical and/or mental health conditions and their carers to “have a better experience when applying for and receiving health and disability benefits”.

Many of these build on work already underway as part of the Department for Work and Pensions’ (DWP’s) [Health Transformation Programme](#), which aims to make the health assessment process simpler, more user-friendly, easier to navigate and more joined-up for claimants, while delivering better value for money for taxpayers. Some of the proposals were also trailed in [Shaping Future Support: The Health and Disability Green Paper](#), published by the DWP in July 2021.⁹¹

3.1 Improving claims and assessment processes

As part of its Health Transformation Programme, the DWP has been trialling various changes and innovations to decision making and assessment processes on a small scale in a “safe environment” called the Health Transformation Area, to inform decisions on whether to roll out the changes nationally.

The white paper states that through the Health Transformation Area, the DWP is working towards:

- Making the claim journey more of a two-way conversation. This involves building a holistic picture of the person by seeking relevant evidence and clarifying our understanding at every stage;
- Telling people about our decisions in a simple, straightforward and compassionate way. This will help people understand the outcome we have reached and why, and also help us understand if we can provide further support; and

⁹¹ DWP, [Shaping Future Support: The Health and Disability Green Paper](#), CP 470, 20 July 2021

- Increasing the number of decisions we get right first time by engaging people throughout their journey and ensuring we are obtaining more relevant evidence earlier. This should lead to a reduction in mandatory reconsiderations and appeals and make it more straightforward to challenge the outcome of a claim.⁹²

The white paper also said the DWP is:

- Evaluating how well telephone and video assessments are working compared to face-to-face assessments, including how award outcomes compare across channels. This work will also include “listening to the views and experiences of disabled people, DWP staff and assessment providers via external research”, to ensure an evidence-based approach to reform;
- Testing the feasibility of sharing assessment reports with people making the claim before a decision is made, “offering them the opportunity to clarify evidence so that we can make the right decision as early as possible”; and
- Progressing towards an IT system that will have the capability to record all assessments, including telephone and video, which can be shared with claimants afterwards.⁹³

3.2 Specialist assessors

At present, assessors undertaking Work Capability Assessments and PIP assessments do not specialise in certain health conditions, but are expected to be able to assess the functional capabilities of people across the whole spectrum of health conditions and disabilities. The white paper states that in the evidence the DWP received in the consultation following the preceding Shaping Future Support green paper, organisations and individuals said that:

- Assessors should be specialists in the condition(s) they are assessing but if they are not, they should research the condition(s) before the assessment.
- There should be more assessors with personal experience of disability or who have been trained by disabled people.
- [The DWP] should liaise with organisations and charities to ensure that assessors have knowledge of a wide range of disabilities and health conditions, including mental health conditions.⁹⁴

⁹² DWP, [Transforming Support: The Health and Disability White Paper](#), CP 807, March 2023, para 109

⁹³ As above, paras 110-113

⁹⁴ As above, p27

The white paper states that the DWP will continue to develop assessors' skills and that, starting this year, it "...will begin testing matching people's primary health condition to a specialist assessor." It notes:

As part of this, assessors will take part in training to specialise in the functional impacts of specific health conditions. To prepare for this test we will work with stakeholders including disabled people to build on our understanding of the range of specialisms we need to make available, as well as the improvements we need to make to the assessment process and report to deliver the right outcomes.⁹⁵

In a written answer on 19 April 2023, the Minister for Disabled People, Health and Work, Tom Pursglove, said the DWP would "begin testing matching people's primary health condition to a specialist assessor" this year, and that as part of this, assessors would take part in training to specialise in the functional impacts of specific health conditions.⁹⁶

3.3 An integrated Health Assessment service

The Transforming Support white paper states that, in the consultation on the Shaping Future Support green paper, organisations and individuals made a series of suggestions for improvements to how evidence is used to inform assessments and decision making. These included:

- Giving more weight to medical evidence and people's own accounts of the impact of their disability or health condition.
- Gathering medical evidence earlier in the process.
- The DWP working with the Department of Health and Social Care to overcome the problems people face obtaining medical evidence.
- The DWP doing more to seek evidence from healthcare professionals, support organisations, carers, social workers, family and friends.
- Providing greater clarity about who is responsible for obtaining evidence and the type of evidence required.
- Assessors showing in their reports what evidence they have used, and the weight applied to it, to improve consistency and to ensure assessors have the right understanding of a person's condition.⁹⁷

The white paper states that the DWP will:

- Develop a new "user-centred service" for PIP, providing greater support to people making a claim and reducing the time involved. This will

⁹⁵ As above, para 114

⁹⁶ [PQ 177845 \[on Employment: Chronic illnesses and disability\], 19 April 2023](#)

⁹⁷ As above, p27

include providing “targeted content” to help people better understand if they are eligible. Application questions will be “simplified, targeted and structured” and will support assessors and decision makers to review and identify relevant information.

- Develop a more customer-focused “integrated Health Assessment Service” for all assessments, allowing easier sharing of medical evidence and greater opportunity to re-use information claimants have already provided.
- The Health Assessment Service will provide “clear, simple information, instructions and decisions, so people know what to expect and feel involved and informed”, while also enabling people to monitor and track their application and decisions.
- The new PIP service will simplify data collection processes, gathering data electronically where possible from GPs and claimants. The digital channel will also allow questions to be tailored according to information already provided, more efficient signposting of claims, and fewer additional or repeat requests for information.
- The DWP will work with NHS Digital to see what opportunities there are to share information (with people’s consent) between the DWP, hospital and GP IT systems to provide more standardised information earlier in the assessment process.
- The DWP will test new digital solutions to better identify the right evidence, including developing a new online tool based on an existing technology used in the NHS, to help people provide specific information relevant to their claim. This could lead to the development of an online self-assessment tool providing a guide to eligibility and what evidence is required.
- The DWP will conduct small scale testing in 2023 of a new “Health Impact Record (HIR)” – giving people the option to present evidence of the impact of their health conditions over a longer period. The White Paper adds: “The HIR could also be used at the point of somebody’s reassessment or award review, and the information used to minimise the need for a face-to-face, video or telephone assessment.”⁹⁸

3.4 Introducing a Severe Disability Group

The July 2021 Health and Disability Green Paper set out proposals for a new “Severe Disability Group (SDG)” for people unlikely ever to work in the future, who would always need extra financial support to live independently. Such

⁹⁸ As above, paras 115-123

people would benefit from a simplified process to access benefits. The Transforming Support white paper states:

127. Since the Green Paper we have made progress with our plans to test the SDG, so this group can benefit from a simplified process without ever needing to complete a detailed application form or go through an assessment. We have worked with an expert group of specialist health professionals to draw up a set of draft criteria which focuses on claimants who have conditions which are severely disabling, lifelong and with no realistic prospect of recovery. These criteria were shared with several charities and their feedback was used to further develop our draft criteria, which we are now testing. We will share further details as we go through testing.

128. A test of the SDG began in Autumn 2022. This policy will be tested on a small scale across a range of health conditions. We will then gather insight from service users, DWP staff and organisations to make sure it works as intended to improve the assessment process for claimants with the most severe disabilities and health conditions.

The House of Commons Library is a research and information service based in the UK Parliament. Our impartial analysis, statistical research and resources help MPs and their staff scrutinise legislation, develop policy, and support constituents.

Our published material is available to everyone on commonslibrary.parliament.uk.

Get our latest research delivered straight to your inbox. Subscribe at commonslibrary.parliament.uk/subscribe or scan the code below:



 commonslibrary.parliament.uk

 [@commonslibrary](https://twitter.com/commonslibrary)