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After the WCA: Competing visions of disability and welfare

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Executive Summary

After several near misses, the era of the Work Capability Assessment (WCA) may be coming to a close. In March 2023, the Conservative Government proposed that the WCA would be scrapped, replaced by a new system that relies instead on the assessment for disability-related extra costs within Personal Independence Payment (PIP). But exactly what comes next? And will it be better than the WCA? The concrete choices that the next Government face have not been made clear. In this briefing, I show both worst-case and best-case scenarios (and what a better WCA might look like), so that we can more clearly see how to make a reformed system a success.

Chapter 01: How bad is the WCA now?

The WCA is better than it was – but it still needs reform. The WCA is no more generous than 2015 in terms of how many people get extra payments; the widely-cited OBR figures can be misunderstood, and need careful interrogation (as I further discuss at the Inequalities substack). Moreover, the WCA is about to get less generous due to recent reforms by the Conservative Government.

It is true that the WCA has improved in many ways over the past decade (including a sharp move from face-to-face to remote assessments), and some official surveys show high satisfaction. But there are problems with these surveys. Independent evidence suggests that substantial minorities report major problems, and that the WCA process made their mental health worse. Moreover, at heart the WCA is still a poor assessment of work capacity.

It is therefore fair to say that the WCA is not quite as bad as it was in the early 2010s – but the WCA is still associated with much claimant unhappiness and anxiety, is about to get harsher, and it remains a poor assessment. The question is: will the system that replaces it be any better?

Chapter 02: The worst-case scenario

The WCA is widely hated, yet the Government's proposal to abolish it has been met with widespread unease – because many people are fearful of the following worst-case scenario:

Increased disability poverty: 615,000 people receiving UC/ESA but not PIP may see cuts to their benefits (which is a problem even given the 320,000 PIP-but-not-LCWRA claimants who may see increased payments). But we cannot consider scrapping the WCA without considering what will happen to PIP. There is already a great degree of political unease about rising spending on PIP, and there is a realistic chance that PIP will soon be retrenched. In a worst-case scenario, scrapping the WCA will then result in much greater income losses for ill and disabled people.

The extension of punitive conditional welfare: scrapping the WCA is likely to mean that conditionality is extended for nearly 3m UC/ESA claimants. This is a problem because the current system does not work well. It is focused on compliance, with sanctions at a historically high rate, Jobcentres being more focused on monitoring than support, and many claimants feeling a general sense of 'implicit conditionality' even when not directly threatened. To make matters worse, the administrative processes surrounding this conditionality are inadequate. As a result, over half of relevant claimants said that their work coaches did not take their circumstances into account, and a quarter disagreed that their requirements were reasonable (in our just-published research using a 2022 survey). In a worst-case scenario, then, this extension of personalised conditionality would be a disaster.

Scrapping the WCA may fail to get more people into work: The best argument for scrapping the WCA is that it will help improve employment outcomes, because people will no longer have a financial incentive to demonstrate that their health/disability makes them unable to work. Yet the WCA is just one of a series of disincentives to experimenting with work, which includes the high-stakes nature of disability assessments (because the base rate of benefits is so low), the threat of conditionality, the fear of losing PIP, and a general lack of trust in the system. These wider disincentives would still apply without the WCA – and scrapping it may even make incentives even worse, by making the PIP assessment even higher-stakes, and further extending conditionality.

Chapter 03: The best-case scenario

The worst case is a scenario, not a prediction. A more positive scenario is also possible:

Transformed conditionality: in a plausible best-case scenario, we would continue to have conditionality, but it would be focused on engagement not compliance. Indeed, this is how conditionality works in many other countries. This would include (i) exempting some ill and disabled claimants from conditionality altogether; (ii) focusing initially on voluntary aspirations, rather than mandatory commitments; (iii) aspirations/commitments focused on genuinely useful steps towards work, rather than jumping through hoops; (iv) focusing on 'challenge' within a high-trust relationship, not threats backed by conditionality; and (v) if claimants are not engaging with support, work coaches should focus on trying to re-engage them, rather than rushing to sanctions.

Transformed conditionality should also be embedded in a proper system of administrative justice. If conditionality is going to be personalised, then this means placing discretionary power in the hands of work coaches. We must take seriously the duty on the state to ensure that these decisions are fair, make sense to the person affected, and are publicly transparent. This should include: (i) an obligation on work coaches to provide a clear line of reasoning when over-ruling claimants' own accounts of their work capacity; (ii) a clear and simple process of appeal where a claimant disagrees with a work coach; (iii) systematic and transparent checks on the way that work coaches are implementing conditionality; (iv) disciplinary consequences for work coaches who make unfair decisions; (v) the abolition of mandatory reconsideration; and (vi) full transparency about the DWP's processes for safeguarding claimants with health-related vulnerabilities.

Trust: the system needs claimants to trust the DWP. This is surely the most obvious lesson from the last fifteen years: it is clear that many ill and disabled claimants have little trust in the DWP, feel insecure, and negotiate work and benefits with trepidation. Scrapping the WCA would help, and we also need to overhaul the PIP assessment. But beyond

this, the DWP should take on the challenge of winning claimants' trust. Recapturing trust will require a concerted effort to ensure that people do not feel that their health/disability is being continually doubted. Better trust will also require a different type of political rhetoric, alongside more far-reaching reforms to Jobcentre Plus.

Avoiding poverty: political debate misunderstands what has happened to spending in recent years. Rising disability benefit spending does not mean that 'welfare spending is out-of-control' – it simply offsets the falling spending on other benefits (and the wider cuts are much bigger than the rises in disability spending). Still, to take account of the risk of PIP retrenchment, and to reduce the high-stakes nature of disability assessment, fundamental reform is necessary. Nearly all stakeholders agree that this means substantially increasing the basic rate of UC. There are two ways this could be done:

1. **The radical/risky option:** change the balance of spending between PIP and other benefits, so that fewer people receive PIP, but other benefits are more generous (reversing what has happened since 2010). This would reduce the number of people having to face disability assessments each year, and deal with the political pressure on PIP.
2. **The simpler safer option:** raise the level of UC, but keep PIP/LCWRA spending as it currently stands. This is both politically less risky, and also acknowledges that PIP still does not cover the extra costs that disabled people face. In this scenario the PIP assessment would be reformed, but within a cost-neutral reform envelope.

I am not sure of the right approach, and a group of diverse experts that discussed the draft report in June 2024 were similarly unsure. But a best-case scenario undoubtedly involves dealing with the inadequacy of the basic rate of UC, as well as improving the PIP assessment.

Chapter 04: A better WCA is possible

But there is a lingering question here: couldn't we achieve these benefits without scrapping the WCA?

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It is possible to have a much better assessment of work capacity than we have now. This would mean collecting data on the functional requirements of British jobs, and using this to (i) have individual functional descriptors that reflect the British labour market; (ii) take into account the combined effect of multiple impairments on work capability; (iii) be transparent both to claimants and the wider public; and (iv) clearly link the accessibility of jobs to the assessment of work capacity. We could also embed much better processes of administrative justice by (v) ensuring that assessors accurately report what claimants said; (vi) have better safeguards whenever assessors challenge claimants' own descriptions of their lives; and (vii) improve the supply of useful medical evidence into the WCA.

Following these reforms, we would be left with a WCA that is transparently fair – which could be allied to the wider proposals to improve trust, reduce poverty, and transform conditionality. Would such an improved WCA be better or worse than scrapping the WCA? Some would argue that it would still be worse, because the WCA would still disincentivise work, and there would be more unpleasant assessments for claimants to go through than if the WCA was scrapped.

But others would argue that an improved WCA would be better than scrapping it. Keeping the WCA might be better because no-one would have to see cuts to their benefits; it maintains the principle of higher benefits for those with little work capacity; and it solves tricky problems about contributory ESA (still claimed by hundreds of thousands of people). Most of all, keeping the WCA is much less risky – particularly if we are not sure how well we can deliver transformed conditionality and a better PIP assessment. In a stakeholder discussion about the draft report, the riskiness of reform was the clinching reason why many people with lived experience of the system said that they would prefer to keep-and-improve the WCA.

Chapter 05: Conclusions

The current system for disabled people does not incentivise work; it does not consistently protect people from poverty or destitution; it does not provide administrative justice; and it creates insecurity and anxiety

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for many ill and disabled claimants. 'Scrapping the WCA' could be a policy innovation that offers lessons for the rest of the world, or it could be yet another 'blunder of our governments'. But more fundamentally, keeping or scrapping the WCA isn't what really matters – fixing these problems involves rebuilding trust between claimants and the state, and thinking about 'incentives' in a much broader way than we have done for a long time. My hope is that this briefing sets out more clearly what the crucial steps are to reach a system that works for ill and disabled people more broadly.

01

The need for change

After several near misses,¹ the era of the Work Capability Assessment (WCA) – the much-criticised disability assessment for out-of-work benefits² – may be coming to a close. In March 2023, the Conservative Government proposed that the WCA would be scrapped, replaced by a new system that relies instead on the assessment for disability-related extra costs within Personal Independence Payment (PIP). The White Paper that contained this proposal only gave rough sketches of how the new system would look (DWP, 2023b), as I explain further below, and the DWP have since been working hard on both internal policy development and external stakeholder consultation. However, the Government always said that these changes would go through Parliament after the next General Election.

While nothing in politics is certain, it is clearly possible that there will be a change of Government after the current election. Labour have been silent so far on whether they would also abolish the WCA.³ There is no direct fiscal pressure for Labour to maintain the policy, because the Office for Budget Responsibility fiscal forecasts do not yet include the end of the WCA (unlike the recent tightening of the WCA, which Labour initially pledged to reverse despite the cost³); moreover, as I discuss below, getting rid of the WCA might even be cost-neutral. But the WCA is hated by almost everyone, from disabled people themselves to doctors to policy wonks, and every political party has at some point committed to abolishing it (Geiger, 2018). It would therefore be a brave Labour Secretary of State that decides to maintain it, and some reform is therefore likely.

But exactly what comes next? And will it be better than the WCA, at least in its 2024 version? These questions are crucial, yet there has been surprisingly little discussion of them. Disability charities, disabled people's organisations, journalists, think-tanks and politicians have variously described the benefits of scrapping the WCA, or alternatively set out their worries about how it will lead to income cuts and increased threats for disabled people (which I review below), particularly given a slew of even more recent policy consultations.

But the concrete choices that the next Government face have not been made clear, which makes it difficult for anyone to have a productive discussion about the trade-offs involved, or the best way forward.

In this briefing, I do not offer a polemic in favour of one vision of the future. Instead, I want to show two different visions of what 'scrapping the WCA' might mean – a worst-case scenario where things get worse for disabled people (and for society as a whole), and a best-case scenario in which things get better. By showing both scenarios, we can more-clearly see *what we need to do make 'scrapping the WCA' a success*. I also describe one further scenario, in which the WCA is replaced by a different, better work capacity assessment. These different scenarios help us to clarify our choices about what happens after the WCA is scrapped, and how good or bad outcomes depend on a series of different policy choices.

By the end, we can see that 'scrapping the WCA' (or not) isn't what really matters – the end of the WCA could be a policy innovation that offers lessons for the rest of the world, or it could be yet another 'blunder of our governments'.⁴ Instead, what really matters are the other steps needed to have a system that offers security to people when they need it, while also supporting them to return-to-work. My hope is that this briefing sets out more clearly what these other steps are.

How bad is the WCA in its 2024 version?

Before outlining these visions of the future, we must take account of the changing nature of the WCA. It is possible to argue that the WCA is both less demanding and more competently delivered than it was originally, leaving it a generous assessment that claimants are mostly satisfied with. This argument is wrong, but it is important to set out exactly why.

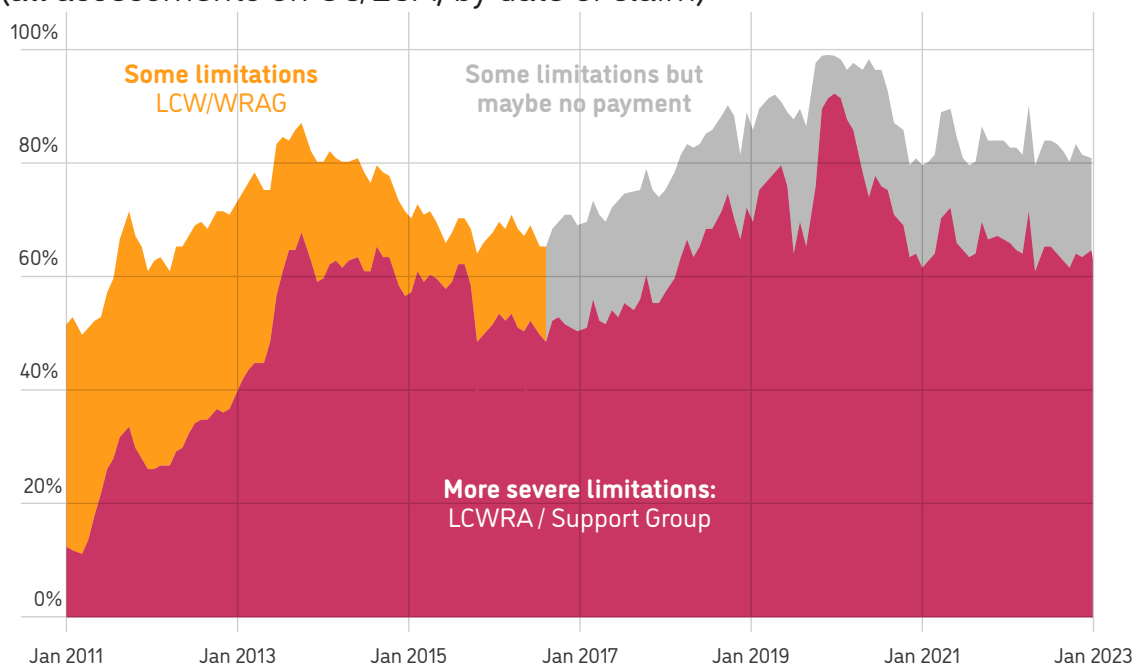
Firstly, the WCA is no more generous than 2015, and is about to get less generous.

This might be surprising, as influential recent publications by the IFS and OBR suggest that the WCA is awarding ever-more people extra health-related payments (OBR, 2023; Ray-Chaudhuri and Waters, 2024). However, the statistics are more complicated than they appear.⁵

An alternative picture is shown in Figure 1 below.

Figure 1: Share of WCA awards that result in incapacity-related payments

(all assessments on UC/ESA, by date of claim)



¹From April 2017, new claimants to UC LCW or ESA WRAG did not receive extra payments unless they received transitional protections. See text and Appendix 1 for discussion of trends.

Key:

LCW/WRAG = UC Limited Capability for Work group or ESA Work-Related Activity Group.

LCWRA = UC Limited Capability for Work-Related Activity group.

Sources: official statistics from three sources:

- (i) DWP 2024 Universal Credit Work Capability Assessment statistics, Great Britain: April 2019 - December 2023 (Official Statistics);
- (ii) Stat-Xplore dataset on Incapacity Benefit Reassessment;
- (iii) Stat-Xplore dataset on Employment and Support Allowance Work Capability Assessments, both available from <https://stat-xplore.dwp.gov.uk/>

This alternative picture shows the WCA is no more generous than 2015. Slightly more people are categorised as having ‘more severe limitations’ than 2016-18 – but we must also remember that people newly categorised as having only ‘some limitations’ stopped receiving extra payments in 2017.⁶ The system seems to have adjusted so that slightly more people were classified as having ‘more severe limitations’ after this point, as I predicted at the time.⁷ The recent figures may also be skewed upwards because some UC claimants who submit fit notes are not being referred to WCAs.⁸ But even so, 63% of WCAs in 2023 qualified people for additional incapacity-related payments, which

(other than just after the 2017 change, and excluding LCW/WRAG post-2017) is similar/lower than every year since 2014 – although please my latest blog post for a revised take on these statistics.⁹

Moreover, the WCA is about to become less generous. In late 2023, the Government announced that it was going to be made harder to become entitled to additional payments at the WCA in two main ways – (i) removing the physical health ‘mobilising’ criteria for LCWRA, which means that people’s ability to move around will be ignored unless it harms their health; and (ii) tighten the ‘substantial risk’ rule for getting LCWRA, so that this only applies in ‘exceptional circumstances’.¹⁰ By 2028/29, the OBR estimate that this will lead to 425,000 people losing additional payments (260,000 from the former change, 165,000 from the latter) – and only 15,000 additional people moving into work.¹¹ This will probably mean that the share of people being found entitled for additional payments at the WCA drops to 53%,¹² which is substantially lower than for most of the WCA’s existence.

Second, there are reasons to be sceptical that claimants are completely satisfied with the existing system.

The DWP and Maximus (who are paid to run the WCAs for the DWP, taking over from Atos in 2015) have made some improvements to the WCA process (as the largely critical Work and Pensions Committee, 2023 recognise). This includes better attempts to use medical evidence; the launch of the ‘Health Transformation Programme’ in 2019 (which is gradually allowing claimants to apply digitally and share information between PIP and WCA assessments, among other things); and a move away from face-to-face assessments (which were the large majority of estimates before Covid-19, but only used for 1 in 7 assessments now, with remote/video assessments taking their place).¹³ According to the WCA assessment providers, before Covid, nearly all (96-98%) of claimants attending an assessment said they were satisfied in an independently-conducted survey (DWP, 2021).¹⁴

However, these satisfaction surveys are unconvincing – it is well-known that people can be ‘satisfied’ because of low expectations (Williams, Coyle and Healy, 1998); and these surveys are untransparent (for

example, they may refer to the process but not the final decision; and they may not cover people whose claims were rejected – we just do not know). At the same time, there is wider evidence suggesting that problems with the WCA are widespread:

- In a survey in 2021, of those who had been through a WCA during Covid, 15-26% of respondents *disagreed* that the decision was fair, that the assessor listened to what they said, that the questions asked were relevant to their situation, and that the assessor seemed to understand their condition/disability.¹⁵
- In surveys conducted in 2022/23, a majority of claimants who had been through a WCA said it made their mental health worse.¹⁶
- Between Sep 2020 and Nov 2022, the DWP conducted 46 internal process reviews following the deaths of claimants, identifying changes that need to be made to the WCA (as well as wider practices).¹⁷

Recent independent accounts of the WCA therefore paint a different picture to the official satisfaction surveys (see also UN Committee on the Rights of Persons with Disabilities, 2024:§82). For example, after an extensive call for evidence, the House of Commons cross-party Work and Pensions Committee (2023) concluded that *“nearly five years after our predecessor’s Report, people are still experiencing psychological distress as a result of undergoing health assessments”*. Within the oral evidence sessions for this report, Dr Litchfield – the most recent DWP-appointed independent reviewer of the WCA, back in 2013-14 – acknowledged that some things had got better, *“but asked whether he thought there had been an improvement in the perception of fairness of WCAs, he replied: “not that I could elicit, I am afraid, no.”*

Third, the WCA is still a poor assessment of work capacity.

Acute political pressure and five independent reviews did improve the underlying WCA descriptors slightly – but there was never a clear attempt to link the WCA's functional descriptors to the functional requirements of work in Britain today. And the WCA completely fails to take into account where claimants have two or more types of impairment, which is probably the case for at least half of all disabled people. Even if it was delivered perfectly, its underlying design ensures that it will fail to achieve what it sets out to do.

It is therefore fair to say that the WCA is not quite as bad as it was at the peak of discontent in the early 2010s – but the WCA is still associated with considerable amounts of claimant unhappiness and anxiety, is about to get harsher, and it remains a poor assessment at heart. The question is: will the system that replaces it be any better?

02

Scrapping the WCA: a worst-case scenario

The Government's proposal is to get rid of the WCA, which currently determines whether disabled people on UC or ESA are subject to conditionality (as I explain further below), and whether they receive an additional payment (as well as more generous benefits in other respects¹⁸):

- On UC this additional payment is called the 'Limited Capability for Work-Related Activity (LCWRA)' element and is currently worth £416.19/month.
- On ESA the additional payment is called the 'Support' component and has a headline rate of £47.70/week (although people receiving PIP/DLA also receive up to £76.40/week extra).

The proposed change is that disabled people on UC will instead get an additional 'health element' that is equivalent in value to the LCWRA element, but is not based on the WCA. Instead, it is based on the assessment for Personal Independence Payment (PIP), which is a separate benefit to cover the extra costs of disability.

The WCA is widely hated, yet the Government's proposal to abolish it has been met with widespread unease. This is because one post-WCA scenario involves more disabled people in poverty; a retrenchment in PIP (the extra costs disability benefit); the extension of punitive conditionality; a further reduction in trust; and failing to get more people into work – that is, a failure in the very rationale for the reform. This is not set in stone, as the following chapter makes clear; part of the problem is that we have relatively little detail about what the post-WCA world will look like. To start fleshing out the issues at stake, in this chapter I set out the worst-case scenario of how everything could go wrong.

Increased disability poverty

One obvious risk of this change is that some disabled people will see a large cut in their benefits, where they are eligible for LCWRA but not PIP – that is, they are considered to have severely limited capability for work, but not to have significant extra costs of daily life.¹⁹ The

LCWRA-but-not-PIP group predominantly have mental health and musculoskeletal conditions, but also include those with heart, digestive and respiratory conditions (similar to ESA/DLA/PIP claimants more broadly, at least in 2015-16 when it is possible to analyse this),²⁰ and tend to be people with low incomes.²¹ At the time of the White Paper there were 520,000 people in England that were receiving UC/ESA but not PIP that could potentially lose out (Ray-Chaudhuri and Waters, 2023); this number now stands at 615,000.²²

The DWP White Paper acknowledges this issue, and makes a number of suggestions for how this effect might be mitigated. For example, they say they are *'committed to protecting those claimants treated as LCWRA due to pregnancy risk or because of...treatment for cancer'* (§153), and also say that there will be transitional protection so that no-one sees a large cash reduction on the day of the reform (§157). They also vaguely say that *"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"* (§152). We should also note that there will be gainers too, namely people receiving both PIP and UC but not receiving the LCWRA element, which the IFS estimate to cover 320,000 people (Ray-Chaudhuri and Waters, 2023).

However, in a worst-case scenario, the 300,000 income gainers will be outweighed by a £400+/month income cut for 600,000 disabled people – not just because income losses can matter more than income gains, but also because the mitigations above may be insufficient, for several reasons. The exemptions may be narrow and affect small groups of claimants,²³ while transitional protections will be eroded year-by-year (as it falls behind inflation and any other increases to UC/PIP); and risk being suddenly ended by DWP because of unavoidable changes of circumstances.²⁴ Furthermore, new claimants in similar situations will face reduced income from day one. The underlying justification for incapacity benefits is that claimants with low work capacity need higher levels of benefits because they are likely to claim for much longer periods of time.²⁵ By abandoning this principle, we will leave some people having to survive on very low levels of out-of-work benefits for long periods.

Further income losses: the retrenchment of PIP

This is only the start of what could go wrong, though, because these numbers do not consider what may happen to PIP.

There is already a great degree of political unease about rising spending on PIP (see Chapter 3). Indeed, the Government has already tried to reduce spending on disability extra costs benefits once, with the 2013 introduction of PIP (which tried (unsuccessfully) to reduce eligibility; Cribb, Karjalainen and Waters, 2022). Spending on working-age PIP/ DLA has been rising slowly but surely ever since the benefits were introduced in 1992, but rose considerably since Covid, and is forecast to continue to rise rapidly (Ray-Chaudhuri and Waters, 2024). Scrapping the WCA will only make this worse; as the IFS put it, it would mean *“basing the system entirely around the assessment that is growing fastest [PIP], and so could further accelerate increases in caseloads”* (Ray-Chaudhuri and Waters, 2024).

Because of this, PIP may be retrenched in the coming years, at least in England & Wales.²⁶ Indeed, the Prime Minister Rishi Sunak himself launched a consultation into major cuts in PIP while this briefing was being written (DWP, 2024). Eligibility for PIP may be tightened, but more than that, the consultation considers replacing regularly-paid cash benefits with one-off grants, or narrowing the scope of what the benefit could be spent on (via a catalogue scheme, vouchers, or requiring receipts). Nothing has yet been decided, and nothing will happen until after the next election; furthermore, it is unlikely that Labour would feel bound by these proposals, particularly because these proposals and the earlier WCA proposals are mutually incoherent. But the potential for retrenchment is clear.

Put simply, it is foolish to think about policy reforms in a political vacuum. Political scientists talk about ‘sequencing’, where policy reform *“takes place in stages, and each stage facilitates the adoption of the next one”* (Bonoli and Palier, 2007:556). For example: in 1998 it would have been implausible to introduce tuition fees in England & Wales of £9,000/pa, so they were introduced at a level of £1,000; but by 2012 it was widely treated as inevitable that fees would have to rise to £9,000.

For disabled people, the danger here is that we might see the following logic unfold:

- We collectively decide to abandon the principle that people with reduced work capacity should receive higher benefits. Instead, disabled people's benefits are based entirely on the grounds that they have additional living costs.
- The WCA is scrapped and replaced with an augmented PIP on these grounds, with limited opposition because the number of people losing income is not that great (and counter-balanced by some income gainers, as we saw above).
- After this has happened, there is political pressure to restrict PIP eligibility, because of the high/rising number of claims – and because some people will argue that large numbers of PIP claimants do not 'really' have to face higher living costs. More drastic cuts are also possible, whether that is replacing the benefit with vouchers (as the current consultation considers), or extending the new means-tested element of PIP so that PIP becomes entirely means-tested. In either case, the total cuts to ill and disabled people's benefits then become much greater.

In a worst-case scenario, then, scrapping the WCA will lead to a political chain of events that results in much greater income losses in the medium-term. The extent to which this is likely to happen is difficult to say; public support for disabled benefit claimants depends on what sort of disabled people are presented as the face of those affected (Geiger, 2021), and in the following chapter I discuss a very different scenario. But in my view, we cannot consider scrapping the WCA without considering what will happen to PIP.

The extension of punitive conditional welfare

One of the greatest fears that many disabled people and disability charities have for the new system is the extension of conditionality – that is, the requirement that claimants carry out work-related activities under the threat of sanctions. At present, one of the key tasks of the

WCA is to limit the conditionality that certain claimants face. The 2.4m claimants who are classified as LCWRA/Support Group are exempt from any conditionality; and the 400,000 claimants who are classified as having a less severe work capacity impairment²⁷ (confusingly called 'Limited Capability for Work' (LCW) on UC) face only limited conditionality, where they are not required to search for/take jobs, and where the potential sanctions are weaker.

The Government's proposal is for this function of the WCA to disappear, and for *everyone* to be potentially subject to intensive conditionality. This does not mean that everyone will be subject to full work requirements – instead, they say that *"in place of the WCA, we propose to introduce a new personalised health conditionality approach"* (DWP, 2023b:§159). The DWP talks about a 'new' approach, and it seems likely that they will still exempt a small number of claimants from conditionality *per se* (perhaps similar to the Severe Disability Group²⁸). But this all sounds very similar to the current system: for those who are not exempt from conditionality (including those waiting for a WCA), conditionality is entirely at the discretion of Jobcentre Plus work coaches. This is a problem, because the current system does not work well: it is compliance-focused, the administrative processes surrounding it are inadequate, and it is sometimes unfair.

The current system is primarily focused on compliance: there has been a move towards conditionality and sanctions across most high-income countries, including for disabled claimants. What sets the UK apart, though, is that conditionality is 'compliance-based' – that is, there are relatively high levels of conditionality and sanctions, but only weakly connected to rehabilitation and wider employment support (Geiger, 2017). Within a wider context of cuts to employment support (Tomlinson, 2024), where work coaches are already over-stretched, much conditionality is therefore 'empty conditionality', with most claimants subject to conditionality saying they receive no useful employment support (according to our new research).²⁹ Sanctions for not attending interviews are common by historic standards (Webster, 2024); and while sanctions are more likely to be applied to non-disabled claimants, 55,000 sanctions were applied to the mostly ill or disabled

(LCW) 'Planning for Work' group in the last two years³⁰

For claimants with health problems and disabilities, the DWP has been starting to use an approach called 'Tailoring Up' which *"encourages a voluntary first approach to allow a claimant to test out employment support activities without risk of a sanction."*³¹ However, the DWP collect no data on whether this happens; and the few bits of information released from FOI requests suggest that – while an undoubted improvement – this involves minor tweaks within the current legislative framework, rather than wholesale changes.³² Some positive practices exist, but the balance is that (as Dan Tomlinson (2024) put it) *"the Jobcentre has become a Universal Credit monitoring service rather than an employment service"*. And even where claimants themselves are not explicitly told to do activities under the threat of sanctions, they may feel a background 'implicit conditionality' that permeates the entire system (Geiger et al., 2024).

The administrative processes surrounding conditional are inadequate: this compliance-focused system is made worse because of the lack of a robust framework of administrative justice surrounding discretionary conditionality. We currently have:

- no requirements on work coaches to systematically set out their reasoning in those situations where they over-rule claimants' own (and their doctors') accounts of their work capacity;
- no systematic and transparent checks on the way that work coaches are implementing conditionality (e.g. by analysing a random sample of recorded interviews), with consequences for those who make unfair decisions, even though some such checks are done by private companies conducting disability assessments;³³
- no data on the application of easements in claimant commitments (JUSTICE and Administrative Justice Council, 2021:2.56);

- no adequate process through which claimants can appeal a requirement that is put in their Claimant Commitment, unlike the appeals process for the WCA;
- insufficient transparency in the DWP's processes for safeguarding vulnerable claimants (which are mostly revealed in hearings to the Parliamentary Select Committee).

This is not because these issues are wholly ignored by the DWP; I have worked on secondment at the Department in 2015-16, and it was clear that many people were constantly striving to improve these processes. There have also been undoubted improvements in e.g. the Sanctions Assurance Framework (JUSTICE and Administrative Justice Council, 2021:2.69-70). But ever since personalised conditionality was proposed in the Gregg Review (2008), and developed into Universal Credit shortly afterwards (Centre for Social Justice, 2009), there has simply been no overarching attempt to set up an encompassing system of administrative justice for personalised conditionality – it has been assumed that these are simply implementation issues that should be solved ad-hoc behind the scenes of frontline politics.

The current system is sometimes unfair: the unsurprising result of a heavily conditional, discretionary system with poor processes is a wealth of reports of claimants being required to perform activities that are not reasonable given disability, caring or wider life circumstances. This has been made clear in academic studies, as well as a government-commissioned review of sanctions, parliamentary select committees, and innumerable disability and social welfare charities and campaigners.³⁴ According to DWP-commissioned research in 2018, only 54% of UC claimants felt that their Claimant Commitment took account of their personal circumstances, and only 63% felt it was achievable (Foster et al., 2018). More recently in 2022, among claimants subject to conditionality and affected by disability/caring barriers, over half said that their work coaches did not take their circumstances into account when asking them to do things, and a quarter disagreed that what was asked of them by their work coach was reasonable (according to our new research; Geiger et al., 2024).

In conclusion, in a worst-case scenario, the extension of personalised conditionality to nigh-on three million claimants with more severe health conditions and disabilities would be a disaster. Disabled people would face a heavily conditional system largely untethered from useful employment support, surrounded by inadequate processes, and likely to lead to a sharp rise in the number of disabled people that are being required to do things that they are simply not able to do. As a Conservative MP Nigel Mills recently summarised it, in the worst case, *“it seems like a crazy idea.”*³⁵

Why scrapping the WCA may fail to get more people into work

The WCA clearly disincentives work...

The best argument for scrapping the WCA is that it will help improve employment outcomes, because people will no longer have a large financial incentive to demonstrate that their health/disability makes them unable to work (DWP, 2023b:§134). In justifying the decision to scrap the WCA, the Government have often cited a DWP-commissioned 2019 research study of Support Group/LCWRA claimants (Adams et al., 2020), which showed that among those claimants closer to work, 53% agreed that being *“worried that I wouldn’t get my benefits back”* was a barrier to work.³⁶ This was borne out by the qualitative part of the same study, which concluded:

“Currently the process of applying for benefits is experienced as highly challenging and emotionally taxing. Individuals feel their place in the ESA Support Group – and the financial and/or health-related stability that sometimes accompanies this – has been hard-won. Taking up paid employment is therefore seen as high risk... and fear that engaging in work-related activity will trigger a WCA reassessment is common. The wider benefits system is thus perversely incentivising individuals in the ESA Support Group and UC equivalent to avoid engaging with work-related support.”

The Government are not alone in thinking that work capacity assessments can have this effect – this is reported elsewhere by experts in the UK (Hignell, 2023; SSAC, 2022; Thunder, 2024)³⁷ and internationally (Ståhl, De Wispelaere and MacEachen, 2022 call this ‘the work disability trap’). As a result, many well-respected commentators responded positively to this aspect of the Government’s proposals.³⁸ Indeed, the same idea has previously been suggested by other people, such as the think-tanks Demos and Reform,³⁹ while the OECD “*has long promoted the idea of a single working-age benefit for everyone who is not in employment, with top-up payments to cover the additional costs of disability, which are independent of the person’s employment status*” (OECD, 2022:4.5).

...but the WCA it is just one of a series of disincentives

Yet we must avoid the temptation to focus on narrow financial incentives, without understanding ‘incentives’ in a broader sense. As Kayley Hignell puts it (2023), “*years of reform have focused too much on financial incentives, carrots and sticks — at the expense of developing our understanding of the variety of wider factors that contribute to people’s rational choices and actions*” (emphasis added). Ill or disabled people’s rational decision to hunker down on their current benefits reflects a series of further problems with the UK system:

1. **High stakes:** without disability-related top-ups (either LCWRA or PIP), out-of-work benefits in the UK have become so low that it is very difficult to escape deep poverty or destitution (Thunder, 2024). This exaggerates the disincentive effects of the WCA, as WCA outcomes can be critical to people’s ability to feed themselves and their family, and to keep a roof over their heads (Adams et al., 2020; Hignell, 2023; Thunder, 2024).
2. **Conditionality:** we have already seen that many claimants are worried about conditionality, which is one of the reasons people feel that the WCA acts as a disincentive (because the WCA provides a safe space away from conditionality). But even beyond the WCA, there are many reports of people being worried about showing any work capacities to their work coach, in case this leads to unfair conditionality being applied.⁴⁰

3. **Fear of losing PIP:** even in the current system, there are many reports of PIP claimants who *“believed that work would also be held against them in a PIP assessment”* (Thunder, 2024:13; see also SSAC, 2022). On paper, the WCA is meant to assess work capacity, while the PIP assessment is meant to assess extra costs – but the way that both assessments do this is by assessing functional capacities. While the areas of functioning are different for PIP and the WCA (the PIP assessment considers several activities of daily living that are not explicitly considered in the WCA), *“your ability to hold down a job, travel to work and do the tasks involved in your work are all taken into account in a PIP assessment and regularly used as reasons for refusing or withdrawing PIP”* (Osborne and Swann, 2023).⁴¹

4. **A general lack of trust:** weaving through all these issues is the problem that claimants often do not trust the DWP – an issue that has been repeatedly raised by those looking at the system (SSAC, 2022; Work and Pensions Committee, 2023). There have been many concerns about the quality of the PIP assessment (Furber, 2023; Thunder, 2024; Work and Pensions Committee, 2023), and a widespread feeling in both the WCA and PIP assessments that people’s accounts of their health and disability are disbelieved (Geiger, 2018; Thunder, 2024; Young et al., 2024). As Patricia Vespucio said in evidence to the Work and Pensions Committee (2023), *“fundamentally for us what seems to be the main issue is that people do not feel that their testimony is being believed and their evidence is being given its due weight.”*

The consequence of this lack of trust is that many claimants do not want to risk experimenting with work, because they think that the DWP will use this against them – as if they then cannot sustain work, they will be left in an impossible position. Even the research above commissioned by the DWP found that claimants *“had misgivings that any purported offer of support would in fact be driven by an underlying desire to take benefits away”* (Adams et al., 2020). We can see this vividly from other research:

“When they suddenly start being nice you think, oh God, is this, is a trick?... It’s going to take years for me to feel confident with them, that they’re not waiting behind a bush to trip me up... I’ve had such a long list of bad experiences; I don’t trust them” (Young et al., 2024)

In a worst-case scenario, scrapping the WCA won’t help

These wider disincentives would still apply if the WCA was scrapped, diminishing its impact – but more than that, scrapping the WCA may make them worse. Firstly, combining two assessments into one means that the one remaining assessment will have even higher stakes. Secondly, extending conditionality to more disabled claimants may actually drive people away from work – this is not just idle speculation, but seems the most likely outcome based on a review of the available UK and international evidence (Geiger, 2017). Third, people are already afraid that they will lose PIP if they work, and this feeling is likely to intensify. In a worst-case scenario, then, we are unlikely to see large employment benefits from scrapping the WCA.

Conclusions about the worst-case vision

In this section, I have set out one vision of scrapping the WCA, where everything turns out for the worst. In this scenario, disabled people are just as likely to hunker down on benefits (rather than experimenting with work), more disabled people are in poverty (particularly after the retrenchment of PIP), and more people experience unfair conditionality. Disabled people would not have to deal with two different disability assessments, but this is outweighed by everything else; as a recent Z2K report found, many claimants *“were clear that on balance they would rather go through additional assessments than a single assessment that would determine a larger amount of their income”* (Thunder, 2024:14).

Yet this is a scenario, not a prediction. There is a different vision where everything turns out for the best, rather than the worst, and this is what I set out in the next section.

03

Scrapping the WCA: a best-case scenario

It is possible that scrapping the WCA will turn out for the worst, but it is not inevitable. By setting out everything that could go wrong in the previous chapter, we also help understand the conditions that are necessary for scrapping the WCA to be a success – in many ways, the best-case post-WCA vision is a mirror-image of the worst-case vision that we have just described.

The incentive to work

While no high-income country has abolished their work capacity assessment to date, the UK is in an unusually strong position to be the first country to attempt it. Put simply, this is because we have PIP. Many countries have systems to help disabled people with the extra costs of disability (as the appendix to the recent PIP Green Paper makes clear), but these usually involve combinations of directly-provided care with restricted payments (that can only be used for care or access needs). A benefit that gives people cash directly, on the grounds that disabled people themselves are best-placed to know how to spend it to improve their lives, is almost unique. And it is much easier to scrap work capacity assessments when this could give similar cash payments to most disabled people through a separate benefit.

The UK therefore has a rare possibility to end work capacity assessments and improve work incentives – but rational choices depend on more than narrow financial incentives, as we saw in the last chapter. A best-case scenario therefore involves three further changes:

- 1. Reduced non-financial consequences of experimenting with work:** Disabled claimants must not be subject to punitive, arbitrary conditionality that pushes them to hunker down, with conditionality instead transformed from compliance into engagement.
- 2. Reduced chances of unfairly failing an assessment:** Disabled claimants need to believe that they will not unfairly lose PIP if they try to work, and more broadly, that they can trust the DWP.
- 3. Reduced financial consequences of failing an assessment:** The risk of destitution that comes with failing a PIP assessment needs to be

avoided – claimants with health conditions and disabilities must be able to survive on benefits whether or not they receive PIP.

These broader incentives are also valuable outcomes in their own right – reduced anxiety, fair treatment, and avoiding poverty respectively. In the rest of this chapter, I explore each of these in turn.

Transformed conditionality // *reduced non-financial consequences of experimenting with work*

In the previous chapter, I explained how extending conditionality could go wrong, given that conditionality is currently focused on compliance, with inadequate processes, and (at least sometimes) unfair outcomes. For some people, a best-case scenario would have no conditionality whatsoever – but it seems unlikely that any political party would consider a completely conditionality-free system. The British public overwhelmingly support sanctions for some ill or disabled claimants in some circumstances (Geiger, 2018), and the benefits system has always had something like conditionality, e.g. when people were thrown off the benefit if they did not meet its requirements (even if this went by names like ‘disentitlement’). Other high-income countries likewise overwhelmingly have conditionality for some claimants, and in some form they increasingly have this for ill or disabled claimants too (Geiger, 2017).

But in a best-case post-WCA system, we could have ‘conditionality’ without it being compliance-focused or punitive or unfair or leading people to hunker down, so that it is unrecognisable from today. In this section I explain what transformed conditionality could look like.

Transformed conditionality should be focused on engagement, not compliance. It often seems in the UK that ‘conditionality’ is automatically assumed to mean a focus on compliance – on getting as many claimants as possible to jump through hoops to demonstrate their deservingness to receive benefits. But other countries show that ‘conditionality’ can be different, where encounters with frontline staff are focused on useful steps towards work that make use of useful wider support, with conditionality distantly in the background (only becoming

relevant where people consistently refuse to take part in such activities without good reason). Many people now seem to be proposing that the UK system changes in this way (most notably Pollard, 2023; Tomlinson, 2024 and also some recent announcements from the Labour Party).

There are therefore a number of different proposals for what engagement-focused conditionality would look like. In my view, a best-case version of conditionality that truly focused on helping people towards work would:

- 1. Exempt some ill and disabled claimants from conditionality altogether.** As we saw in the previous chapter, even the DWP's proposals to scrap the WCA recognise that there still needs to be a group who are exempt from conditionality – but they have done little thinking around this. The size of this group will depend on how far conditionality moves away from its current model.
- 2. Focus initially on voluntary aspirations, rather than mandatory commitments.** An initial focus on mandatory commitments is entirely self-defeating – it is both nigh-on impossible to administer effectively (because the administrative processes below are undeliverable if applied to nearly all claimants), and will push people away from work (because it pushes them to hunker down). The DWP have tentatively started moving in this direction through 'Tailoring Up', but as we saw in the previous chapter, this needs to go much further.
- 3. Aspirations/commitments should focus on genuinely useful steps towards work, rather than jumping through hoops.** There is no point in requiring claimants to spend hours applying for jobs they know they will not get (while wasting employers' time), nor in travelling to Jobcentres for meetings that could perfectly well be done remotely. Claimants and work coaches should seek to agree useful steps towards work, benefitting from appropriate Jobcentre/wider support where appropriate. This not only needs to take into account illness/disability, but also people's wider barriers to work (resisting the pressure to turn everything into a 'health problem', as Annie Irvine

and Cassie Lovelock have described⁴²). While some additional investment has been announced (e.g. WorkWell, Universal Support), it seems likely that we need further investment in employment support programmes, as well as in work coach capacity and skills.

4. **Focus on 'challenge', not conditionality.** It is sometimes useful to challenge people's self-beliefs about what they could do. However, there is a world of difference between telling people to do something they do not believe they can do within a low-trust relationship, vs. challenging people to reconsider some of their beliefs within a high-trust relationship. As a recent evaluation of IPS found, "Clients particularly valued... the continual encouragement and challenge that was supportive, client-centred, flexible and caring" (Whitworth and Cullen, 2023).
5. **If claimants are not engaging with support, work coaches should focus on trying to re-engage them, rather than rushing to sanctions.** For example, in the Netherlands, caseworkers must go through four steps before deciding that someone's 'participation behaviour' is inadequate and that a sanction should be applied, and – crucially – at each step the main aim is to encourage the claimant to start participating fully in the process, not to sanction them (NVVG, 2010). The end result is that claimant sanctions are so rare that no statistics are collected – unlike the much more common sanctions on employers. There is no magic to the Dutch system; British Jobcentres did something similar during the latter parts of Covid-19, before conditionality rose to its current levels. This would also chime much better with public support in the UK (Geiger, 2018); there is no reasonable case for sanctioning ill or disabled claimants if they simply turn up late for Jobcentre meetings.

While there may be a consensus growing around this, less attention has been given to ensuring that the conditionality that remains is fair. In a best-case scenario, transformed conditionality would also involve a second set of changes:

Transformed conditionality should be embedded in a proper system of administrative justice. If conditionality is going to be personalised – even if this is done in a transformed way – then this means placing discretionary power in the hands of work coaches. As we saw in the previous chapter, there are inadequate processes surrounding this, which predictably results in some unfair outcomes. We must take seriously the duty on the state to ensure that these decisions are fair, make sense to the person affected, and are publicly transparent. This should include (see also JUSTICE and Administrative Justice Council, 2021):

- an obligation on work coaches to provide a clear line of reasoning when over-ruling claimants' own accounts of their work capacity (or those of the health professionals that provide their treatment), which requires work coaches to provide evidence that passes a clear threshold;
- where a claimant disagrees with a work coach that they are able to meet a requirement in their Claimant Commitment, there to be a clear and simple process of appeal, which brings in specialist medical or occupational health advice;
- systematic and transparent checks on the way that work coaches are implementing conditionality, e.g. by recording all interviews, and analysing a random sample of them;⁴³
- disciplinary consequences for work coaches who make unfair decisions, which are reported on (in anonymised form) to Parliament;
- the abolition of mandatory reconsideration, so that claimants can appeal directly to the first-tier tribunal. This should trigger a mandatory review by DWP without any further steps by the claimant (as recommended by JUSTICE and Administrative Justice Council, 2021);

- full transparency about the DWP's processes for safeguarding claimants with health-related vulnerabilities, defining 'vulnerability' in terms of being unable to meet the requirements that the system places upon them.⁴⁴ Transparency should cover both policies and their implementation, and should be agreed and reviewed as part of a permanent DWP-led committee that includes external representation (both experts by experience and the Disability Benefits Consortium).

In this best-case scenario, claimants would collaborate with work coaches to figure out the most useful steps towards work, benefitting from wider support where necessary. Where claimants did not meaningfully engage with the system in any way, then work coaches would try to find out what could be done differently in order to get them engaged. On the rare occasions that claimants were sanctioned, it would be transparently clear to the claimant and the broader public that this followed principles of justice – but if the system was working properly, extremely few (if any) claimants would be sanctioned.

Trust // *reduced chances of unfairly failing an assessment*

The next element of a best-case scenario is the one that is most easily missed – the system needs claimants to *trust* the DWP. Without trust, then it does not matter what the on-paper incentives are for claimants; people will be unwilling to take risks in experimenting with work because they are worried about what will happen if they do, so will instead hunker down. Just as importantly, ill and disabled claimants would also continue to feel anxious and insecure because of the threat of disability assessments, irrespective of the amounts they were currently receiving. This is surely the most obvious lesson from the last fifteen years: it is clear that many ill and disabled claimants have little trust in the DWP, feel insecure, and negotiate work and benefits with trepidation.

There is some potential for scrapping the WCA to improve trust, by removing the frequency of assessments that claimants face. But while the DWP's Green Paper said that this on its own will help *"build greater levels of trust between DWP and the people who use our*

services” (DWP, 2023b:§160), it is clear that more needs to be done to restore trust in PIP. One quick and easy change would be to provide a guarantee that no-one will have their PIP reassessed in the first 12 months after starting work (as recommended by SSAC, 2022). But it is also necessary to overhaul the PIP assessment, partly by adopting the process improvements outlined for the WCA in Chapter 4 (and also from the Scottish Adult Disability Payment), and partly by more fundamentally redesigning the assessment to ensure that it captures the extra costs that people face.⁴⁵

Beyond PIP, in a best-case scenario, the DWP would take on the challenge of winning claimants’ trust. Building on the changes to conditionality in the previous section, recapturing trust will require a concerted effort to ensure that people do not feel that their health/disability is being continually doubted; as one claimant described on IPS, *“what you need is that feeling of being respected and believed”* (Whitworth and Cullen, 2023). It will be valuable to learn lessons from the Scottish Government’s emphasis on dignity in social security, when it becomes clearer how high-level policy aspirations have been reflected in claimants’ experiences. Better trust will also take clear signals, as it takes a long time for the reality of the system to filter down into wider perceptions. To speed this process up, the DWP – and its political leaders – need to clearly communicate that the way that claimants are treated is different. This will require a different type of political rhetoric, alongside more far-reaching reforms to Jobcentre Plus.

Over the coming year, I will write more about this alongside my collaborators within a new five-country project, *‘WelfareExperiences’*. In the meantime, while I provide no detailed plan for reform, it is already clear that trust is central to a best-case post-WCA scenario.

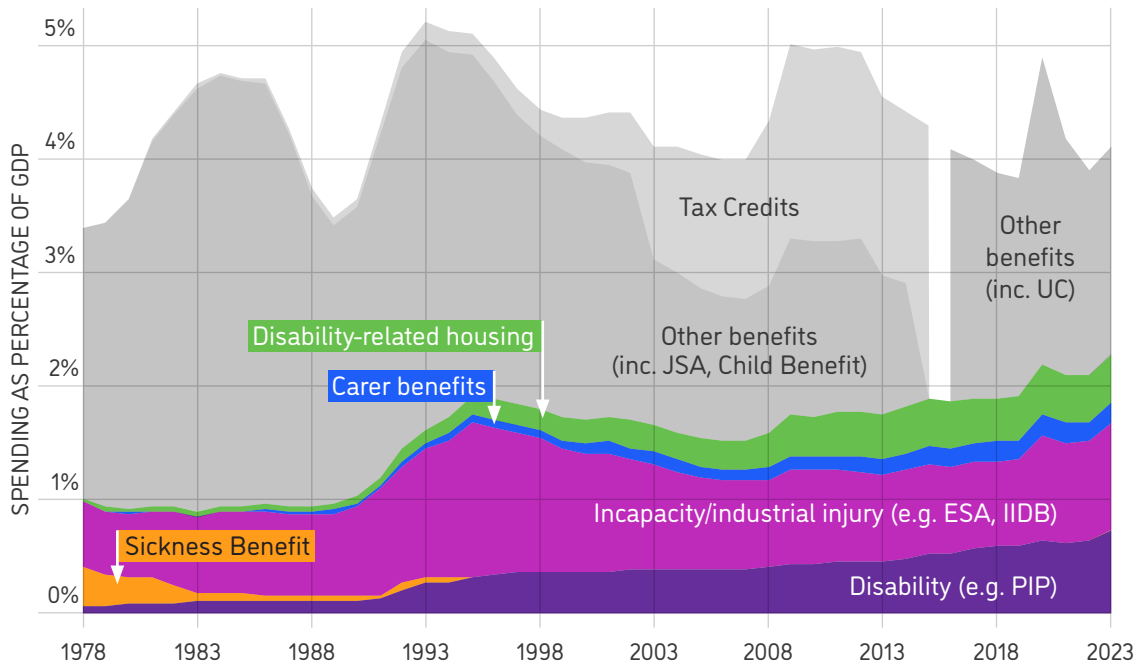
Avoiding poverty // reduced financial consequences of failing an assessment

Finally, we need to consider what the structure of payments would look like in a best-case system. It is possible that fewer than 600,000 people would lose benefits income in a best-case scenario,⁴⁶ even to the extent that as many people lose income as gain it, making this a cost-neutral reform. But on its own this is not enough for the best-case scenario – not just because of the potential retrenchment of PIP discussed in Chapter 2, but also because it fails to address the high-stakes nature of disability assessments.

Instead, let us instead consider the issue of adequate incomes at a more fundamental level. It has been widely-claimed that the last decade has seen a sharp rise in spending on incapacity benefits (UC LCWRA, ESA) and particularly disability benefits (PIP/DLA). This is often based on misleading data, particularly for incapacity benefits, as I have been unpicking strand-by-strand at <https://inequalities.substack.com>. But the public debate is strangely partial: it mostly ignores how spending on other benefits have fallen compared to wider standards of living (which is the only sensible way of comparing benefits spending over time).

The easiest way of showing this is to look at trends in spending on non-pensioner benefits⁴⁷ compared to the size of the British economy, which is shown in Figure 2 below. We cannot tease apart in-work vs. out-of-work benefits in a consistent way, because of changes to the benefits system. Still, two things are clear. Firstly, we can see that spending on disability benefits (in dark purple) has risen sharply. And secondly, we can see that total spending on non-pensioner benefits in 2023 is nevertheless lower in 2023 than for most of the past 40 years, despite recently facing Covid and a cost-of-living crisis.

Figure 2: Spending on non-pensioner benefits over time



Source: DWP official caseload and expenditure statistics, Spring Budget 2024. See endnote for details of how benefits are grouped into categories.⁴⁸

In other words, rising disability benefit spending does not mean that ‘welfare spending is out-of-control’ – this simply offsets the falling spending on other benefits. Moreover, employment is still nearly at record levels, and there are fewer out-of-work benefit claimants now than a decade ago.⁴⁹

Yet while we do not face a problem of out-of-control spending, we do face a different problem. Benefit claimants need to be officially classified as ‘disabled’ or ‘incapacitated’ to be able to survive financially (even if this survival is still not easy). Receiving DLA/PIP is an important way in which people avoid or escape deep poverty (Schmuecker, 2023) and destitution (Fitzpatrick et al., 2023). The difficulty in escaping deep poverty and destitution without disability related top-ups is directly contributing to the anxiety that claimants face, and their desire to avoid doing anything that could jeopardise this. (This is similar to the argument in Thunder, 2024).

To reduce the devastating consequences of failing a PIP assessment in a post-WCA system, we need to **substantially increase the generosity of the basic rate of UC** – a policy that now commands a wide consensus

among most welfare analysts. But we also need to consider how this fits into the benefits system more broadly, and to respond to the acute risks of PIP retrenchment in the face of political attacks (see Chapter 2). There are broadly two ways this could be done.

- 1. The radical/risky option** would be to change the balance of spending between PIP and other benefits. More people are claiming disability-related benefits than ever before, the overwhelming majority of whom do not work and claim out-of-work benefits.⁵⁰ While this income has mostly staved off the deepest poverty, it otherwise does not seem to have been experienced as a positive situation for disabled people. If we think that the system of 2009 (higher basic benefits, lower disability spending) was better than the system of 2024, then there is a case for reversing recent trends, and reallocating some of the PIP budget to increase other benefits' generosity. This could be done via an overhaul of the PIP assessment (see above), which would restrict PIP eligibility. The intended outcome is for out-of-work benefit claimants to be able to avoid destitution without requiring disability benefits; a smaller group with substantial extra costs would receive additional PIP-related payments. This would reduce the number of people having to deal with disability assessments each year, hopefully improving claimant experiences, and would also deal with the accumulating political pressure on PIP.
- 2. The simpler/safer option** would be to raise the basic level of benefits but keep PIP/LCWRA spending as it currently stands. This would be politically less risky (it would see fewer people receiving lower payments), but is also justifiable on the grounds that even now PIP does not come close to fully covering the extra costs that disabled people face.⁵¹ Given the low trust in the PIP assessment, and the political pressure on PIP, it would still make sense to overhaul the PIP assessment – this may involve changing the payment structure of PIP as well as providing a clearer, fairer basis on which people receive it, but within a cost-neutral reform envelope.

I am not sure which of these is the right approach; and the final part of this report describes how other stakeholders saw this. But either way, we must defend the principle of PIP as a monthly cash benefit. This is partly because this is what makes abolishing the WCA feasible, and partly because of its intrinsic value in supporting the inclusion of disabled people.

Because both options involve an overhaul of the PIP assessment, both options would give benefits to some new claimants, and take them away from others – which makes it crucially important to develop a much better way of moving between systems. The benefits system is at its most devastating when it suddenly and sharply cuts the amount that people have to live on, and this should be avoided at all costs, by (i) better transitional protections in moving between systems; (ii) changing benefits more gradually, for example by tapering down the amount that people receive after failing a PIP assessment (as suggested by SSAC, 2022). There is no point in building a benefits system to tackle insecurity and hardship, only for the system to itself create insecurity and hardship day-by-day.

Conclusions about the best-case vision

In this section, I have set out the best-case scenario of scrapping the WCA. Here, all of the incentives support disabled people in experimenting with work – they are unlikely to face punitive conditionality if they try to work, and if they lose disability-related payments then they will still be able to survive, so the stakes are lower. Alongside this, their chances of keeping disability-related elements if they work are higher, and if they lose this element when they work (on the grounds their health has improved) they can be more confident of regaining them if their health deteriorates and they struggle with work.

But there is a lingering question here: couldn't we achieve these benefits without scrapping the WCA? In a brief final chapter, we consider whether a better WCA is possible.

04

A Better WCA is Possible

Even if the WCA is a little better now than at its nadir, many people have lost faith that a successful work capacity assessment is possible. But this is a mistake. To my knowledge, every other high-income country has a work capacity assessment of some sort; and none of them have generated the same scale of public opposition as the WCA. In this short chapter, I set out what a better WCA could look like, and how closely this could match the best-case post-WCA vision in the previous chapter.

This chapter is brief because it covers much of the same ground as my 2018 report *A Better WCA Is Possible*. I have updated the discussion where applicable, but readers wanting further details of policy recommendations and public attitudes should read that report (Geiger, 2018), and readers wanting further details of international comparisons should read the two accompanying journal papers (Geiger, 2017; Geiger et al., 2018).

What would a better WCA look like?

At its heart, the WCA is a poor assessment of work capacity. Acute political pressure and the five independent WCA reviews did improve the WCA slightly – but there was never a clear attempt to link the WCA’s functional descriptors to the functional requirements of work in Britain today. And the WCA completely fails to take into account where claimants have two or more types of impairment, which is probably the case for at least half of all disabled people.⁵²

The most promising models from other countries take two different forms. *Demonstrated assessments* look at people’s actual experiences in the labour market, and classify people as having severe work capacity limitations when rehabilitation has already failed, and/or seems very unlikely to succeed (as in Denmark). These assessments not only have high legitimacy, but also are closely entwined with the rehabilitation process. However, these only show people’s capacity to work if high-quality rehabilitation services are widely available. In the medium-term the UK could hope to follow this path through sustained investment, but the state of British rehabilitation services at the present time make this implausible in the short-term.

The best short-term option for the UK would therefore be *structured assessments*, such as in the Netherlands. These match people's functional capacities to the functional profiles (that is, the combination of specific capabilities that people need to be able to do each job) that are required in real jobs. Despite some costs and their distance from rehabilitation services, they seem to produce decisions that are widely accepted as fair, and provide a transparent basis for 'objective', standardised assessments. In the British context, **we could improve the WCA relatively quickly (within a Parliament) by collecting data on the functional requirements of British jobs.** Based on these, the improved WCA would then:

- **Have individual functional descriptors that reflect the British labour market.**
- **Take into account the combined effect of multiple impairments on work capability** (because it looks at functional profiles required in different jobs – i.e. all the capacities in combination that someone needs to be able to do that job).
- **Be transparent both to claimants and the wider public.** For example, if people are found fit-for-work in the Netherlands, they are told three actually-existing jobs that they would be able to do. (These jobs may not be suitable given people's experiences and preferences, so this is not necessarily helpful for rehabilitation, but the decision at least has face validity).
- **Clearly link the accessibility of jobs to the assessment of work capacity.** One of the issues in the UK is that it is assumed that employers are making extensive adjustments to working conditions, to a level that few employers actually deliver. It is possible to amend functional capacity profiles to show what reasonable adjustments are likely – but if this is done, it is important for this to be linked to the actual legal requirements on employers.

Alongside this, we also need to ensure that functional capacity assessments are fairer and more accurate. WCA assessors feel that it

is their job to try to assess the 'genuineness' of claimants, but there are substantial concerns about the strategies they use to do this. Mirroring the suggestions for administrative justice in setting conditionality, **better principles of administrative justice in functional capacity assessments would include:**

- **Ensuring that assessors accurately report what claimants said.** All assessments should be audio-recorded, and a random sample of recordings should be reviewed (a recommendation shared with the Work and Pensions Committee, 2023 and others). This not only checks the average accuracy of assessments, but also strongly incentivises assessors to ensure their accounts are accurate. Furthermore, claimants should also be able to see – and comment on – the first part of their assessment report during the assessment.
- **Have better safeguards whenever assessors challenge claimants' own descriptions of their lives.** This could include (i) where the assessor sees an apparent contradiction in a claimant's account, requiring assessors to probe claimants to ask for explanations (rather than jumping to conclusions); (ii) set a high evidence threshold for over-ruling claimants' descriptions of their lives; (iii) where there is uncertainty, allowing claimants to undergo treatment to obtain further medical evidence, and then go through another WCA without delay.
- **Improve the supply of useful medical evidence into the WCA.** The DWP and its contractors have fought an ongoing battle to try to improve the flow of medical evidence into the WCA, and it seems like improvements have been made.⁵³ Still, it is clear that further improvements would significantly help (Young et al., 2024). In an ideal world, a larger proportion of assessments would be paper-based, not even requiring claimants to have a video/phone call with an assessor.

Following these reforms, we would be left with a WCA that is transparently fair – which could be allied to the changes in the previous chapter to improve trust, reduce poverty among those failing the WCA,

and create a transformed conditionality. The question is, would such an improved WCA be better or worse than scrapping the WCA?

A better WCA vs. scrapping the WCA

Compared to a better WCA, there are two arguments in favour of scrapping the WCA. Firstly, even a better WCA on some level disincentivises people from working – it requires them to demonstrate their limited work capacity in order to receive better treatment. Secondly, work capacity assessments for benefits are not usually pleasant experiences, so separating the WCA from PIP increases the number of unpleasant assessments claimants have to go through. (Even if the experience of the assessment is better, as seems to be the case in Denmark, they typically cause anxiety in advance). This is why many well-intentioned people want the WCA to be abolished.

Yet the case for scrapping the WCA is not that simple. Firstly, we can get most of the improved incentives within the best-case system without scrapping the WCA. If people trust the system more, if they feel that they will be treated fairly whether their attempts to work are a success or a failure, if the consequences of failing a disability assessment are less acute, then people will feel a much stronger incentive to work. As the SSAC (2022) put it, *“If the process of getting to a final assessment of [LCW/LCWRA] has been arduous and lengthy for an individual, then the prospect of trying a job can feel risky and undesirable”* – so it is likely to be the case that if we make this process less arduous and arbitrary, then the prospect of trying a job will seem less risky. It is also possible to mitigate the disincentive effect further, by e.g. providing a guarantee that if someone tries work and leaves UC, they can come back onto UC LCWRA at any point within the next year (as recommended by SSAC, 2022).⁵⁴

Secondly, scrapping the WCA involves income losses for some people – perhaps 600,000 people will see benefit cuts if we switch from the WCA to a PIP-governed ‘health element’; the process of protecting them in the short-term is complex, and future cohorts of claimants with work capacity restrictions (but not extra costs) may face increased poverty in future. Third, it is unclear what would happen to contributory ESA

if the WCA was scrapped (which is still claimed by 435,000 people, or 765,000 people if you count those claiming both contributory and income-related ESA). Finally, scrapping the WCA is risky – it depends on transforming the nature of conditionality, and radically improving the PIP assessment. If either of these reforms fail, then a better WCA (which protects people from inappropriate conditionality, and is revised to be transparent and fair) will be preferable.

The Social Security Advisory Committee's words are worth repeating here:

“Radical reform also requires trust, and currently the Department recognises the need to act to increase trust. We were told in workshops that the top priority is to build trust rather than introduce radical reform without its development. The Committee has therefore taken the view that the immediate priority should be to, at pace, implement the mitigating improvements we recommend as well as continuing the process of building trust in preparation for more substantial reform.”
(SSAC, 2022)

05

Conclusions

The next Government faces a decision: does it decide to scrap the Work Capability Assessment, as the Conservatives' 2023 Green Paper proposed?

My aim in this briefing is not to provide a definitive answer, but to try to clarify the issues at stake. It is possible to think of a scenario in which 'scrapping the WCA' leads to a much better system – and it is also possible to think of a scenario that fails on each-and-every objective. Equally, it is possible to think of a version of 'keeping the WCA' that is a considerable improvement on where we are now, yet only too easy to imagine sticking with the much-hated system that we have now.

The current system for disabled people does not incentivise work; it does not consistently protect people from poverty or destitution; it does not provide administrative justice; and it creates insecurity and anxiety for many ill and disabled claimants. Fixing these involves rebuilding trust between claimants and the state, and thinking about 'incentives' in a much broader way than we have done for a long time. In this sense the decision about the WCA is unimportant, compared to the broader challenge of building a system that works for ill and disabled people more broadly.

06

Postscript:
Key points from
a discussion on
6th June 2024

The draft report was discussed at an online event attending by ≈60 experts, including experts by experience who have been through the WCA, national and international think-tanks, charities and academics. This section includes a summary of some of the key points from the event, although as the event was held under Chatham House rules, points are not attributed to any particular individual. Many thanks to everyone who came along; as the write-up below shows, it was a really helpful discussion that helps us to collectively take forward our understanding of what needs to be done.

Should the WCA be scrapped?

The discussion was wide-ranging, with many people talking about the deeper issues rather than whether the WCA should be scrapped. Of those that did focus on the WCA, one voice was strongly in favour of scrapping the WCA. This is partly because of work incentives, but it was primarily because of the need to personalise employment support, rather than basing support on a classification of whether people have limited work capacity. They said, *“there’s not such a huge difference on whether it’s a disability or other social barriers to employment, it needs a much more personal, needs-focused approach.”* (Another participant questioned whether this personalisation required the WCA to be scrapped though).

However, four other participants – all with lived experience of claiming, as well as wider expertise – believed that the WCA should **not** be scrapped. They could see the advantages in scrapping the WCA (indeed, some of them have campaigned against the WCA’s existence), but their feeling was that in the current climate, there was too much of a risk of things getting worse. As one said (echoing claimants quoted in Thunder, 2024),

“At one time within the disabled people’s movement, we were talking about the advantages of not having assessments, because they’re burdensome and stigmatising. But bitter experience has taught us that the biggest danger is actually having all the support we need removed entirely. We would rather go through assessments than not have the means to survive and be pushed into destitution.”

Whether the WCA is scrapped or reformed, there is a need to think about the process of reform, as the main report also notes (Chapter 3). One person emphasised that *“it’s maybe a mistake to choose to reassess significant [numbers of current claimants] with the new methodology, which is very unusual. In most countries, existing recipients would be grandfathered and not be affected by any reform.”* And more generally, they noted that reforms in the UK were very frequent compared to other countries, which may be one of the reasons that the system does not work as well as it should.

A better WCA is possible

One person felt that *“there is no disability assessment which would not be stigmatising and there’s no disability assessment which would be reliable.”* But more commonly people talked about ways in which the WCA could be much improved:

- **Focus on people’s actual capacity to work, not functional assessments.** Functional assessments are an improvement over purely medical diagnosis-based assessments, as one participant pointed out. But others argued that this is not enough, and we need to leave behind functional assessments and move towards an assessment that reflects people’s actual capacity to work (see also Geiger, 2018) – that is, assessments *“should look at the real world barriers that disabled people face to employment, taking into account current workplace conditions and employment trends.”*
- **Take into account the limited hours that people can work, as well as limited activities.** A strong feeling from the discussion was that the WCA is unable to take into account how many hours someone could work. This is partly because of its inability to take into account how multiple impairments combine to affect people’s capacity for work (an issue raised by WCA assessors themselves; Geiger, 2018: 55-56), and partly because there is simply no part of the WCA that scores people’s inability to do anything for more than a limited number of hours per week. This is a major failing, which means that people with pain, fatigue and/or multiple impairments felt that the WCA simply did not reflect their capacity for work.

- **Have fewer, less burdensome repeat assessments.** The issue of reassessments came up several times, which is important because it contributes to *“the constant fear and anxiety of losing benefits”*. It was suggested that there could be a broader group of people that are exempt from reassessments completely, as well as reducing the frequency of assessments to give people more breathing space between them.
- **Be needs-led, not budget-led.** There were concerns that the current proposals to cut incapacity (and disability) benefit generosity were not because the assessments were inaccurate, but simply out of a desire to save money. A better WCA would instead be ‘needs-led’, focused on people’s capacity for work rather than fiscal targets.
- **Trust claimants more,** as I discuss further below.

This includes several issues that are not mentioned in the main report above (particularly around limited hours and repeat assessments). It also partially overlaps with issues I discussed in Chapter 4 (including ways of making the assessment reflect actual work capacity, and the need for trust).

Conditionality

The strongest theme to come out of the discussion was a frustration at the current model of conditionality. Even though participants came from a variety of different backgrounds and perspectives, not a single person defended the way that conditionality is currently applied. Reflecting the discussion in Chapters 2 and 3 above, the concerns were partly around conditionality being unreasonable, and partly around conditionality being counterproductive in moving towards work.

Conditionality was seen as unreasonable for several reasons. This ranged from people’s inability to do work-related activity (*“just engaging with a job centre appointment can be really hard for people living with mental distress like myself”*), to concerns about administrative justice, to concerns about ill and disabled claimants being sanctioned and left without any income at all. There were also several concerns about

conditionality pushing disabled people into low-quality, unsuitable jobs that were simply not sustainable for them. And more broadly, it was noted that *“strong rehabilitation and employment support is an absolute precondition for any conditionality”*, and this is lacking in the UK.

Alongside this, people also spoke about how conditionality in its current form is actively counterproductive, pushing people away from work rather than towards it. As one participant well-versed in the research literature put it, *“what we know from research is that sanctions actually don’t work for any job seeker, not for those without disability either.”* And reflecting on current practice, another asked whether *“the hostile environment that’s been created in the main job-seeking bits of the system – 35-hour week requirements, regular attendance meetings, the culture of suspicion and monitoring – how far has that pushed people to a point where they don’t feel able to engage in support?”* Someone else then developed this, noting that most ill and disabled claimants spend some time subject to conditionality, but then feel they need to push through to a place where they are no longer subject to it.

It was recognised that it is a big leap to change the focus of conditionality from compliance to engagement – but it is one that everyone felt was essential. In making this change, some participants emphasised that we need robust evidence in order to persuade the Treasury to allow DWP to make these changes. One suggested that we should try to get this evidence from pilot studies:

“Where’s the easiest point to push that testing? At the moment, it might be people who are not mandated – but making sure that we’re thinking ‘how does that learning apply elsewhere, and how can that bolster a case we’re making for a less conditional approach in general?’”

Incentives and trust

Echoing the report above, another major issue that came out of the discussion was the need for more trust – not just because trust matters in its own right, but also because claimants are unlikely to feel

incentivised to experiment with work unless they trust the system. As one said, *“it’s not just about financial incentives”, “incentives are much more complicated than that”*.

The most important way of improving trust was felt to move away from *“a system that is based on a suspicion about whether you’re really disabled and whether you’re really seeking work and all the rest of it”*. This was repeated time-and-time-again by people with lived experience of the system, who variously described it as *“systemic disability denial mechanisms built into WCA and PIP”*, or that *“when we go into an assessment, we are treated as guilty until we prove ourselves innocent”*. There is no way of getting claimants’ trust in such a context of ‘hostile attitudes’; as one of these participants put it, *“benefit claimants can’t be expected to trust a system that distrusts us.”*

This is not just a matter of specific interactions with the system, but also about *“how we talk about welfare claimants”*. One expert from Scotland described the problem like this:

“People who have experienced the new Social Security Scotland agency workers are by-and-large pretty impressed, and find that they’re being treated with greater dignity and respect in their dealings with them (although there are big delays...). But the problem is that a lot of people who have had no dealings with the new agency have still got a huge distrust of the system in general, and therefore take-up is impacted for a whole variety of benefits... So trust really is an issue has to be tackled.”

One specific suggestion here was to separate out benefits administration from employment support, (as was the situation prior to 2002⁵⁵), which came up several times. One participant reflected on their own experiences of this system:

“We have to begin to separate employability... from access to benefits, or we will never restore trust in the system. I worked in the system in the 1980s I worked in an unemployment benefit office. It was right next door to a job centre, and I can tell you this, the claimants that came into

the job centre did so willingly. They got help. They trusted the job centre staff. The claimants that came into the unemployment benefit office knew that we were effectively guardians of the public purse and were there...to sanction them if they failed to meet the conditionality that was imposed on them (which was a relatively low level at that time)... As soon as you combine the two, you [need to prove] your disability, because you want to retain your benefits."

The adequacy of benefits

A further crucial issue in the discussion was the adequacy of benefits, again mirroring the report above. Again, this diverse group of participants consistently repeated that the level of benefits was inadequate and needed to be raised. The focus of current political debates seemed strange in this context: *"it's really quite amazing, all this issue of incentives and benefit dependence and the discussion around inactivity; if you actually look at the benefits, they are really appallingly low in the UK compared to most similar countries."*

While not all participants talked about the consequences of this, comments by different participants drew attention to three consequences. Firstly, inadequate benefits partly explains rising ill-health (*"if we want to see where the epidemic mental health issues... has come through, look at the adequacy of benefits and austerity policies and the poverty it's created in our society, and the anxiety that creates within the poorer parts of the population"*). Secondly, inadequate benefits push people away from work (*"poverty moves people away from employability"*). Third, one participant commented that *"rising applications for PIP are undoubtedly linked to benefit levels"*.

In Chapter 3 of the report, in response to the need to raise the generosity of the basic rate of UC, I asked whether it would be better to go for a radical/risky option (changing the balance between PIP and UC) or a simpler/safer option (of maintaining PIP/LCWRA at their current levels) – and I asked this again during the 6th June discussion. Almost no participants wanted to directly answer this, reflecting the fact that this is both a difficult question, and politically fraught. Two participants

did however attempt an answer by saying that there is a need for more research:

"It's very difficult to have a rational conversation about extra cost benefits and their relationship with basic benefits when you haven't done any kind of assessment of the adequacy of either of those things. There's been no official examination of the adequacy of benefits since the early 1960s and even that wasn't published... With the Treasury very resistant to looking at it and both Labour and Conservatives looking for either not spending any extra money or else actually cutting, then the political context is a pretty tricky one at this present time."

The second person responded:

"It was a good point about Government having done no assessment of what the rate of benefits should be based on, [that is,] what is needed to achieve stated objectives for those benefits e.g. covering basic living costs, or costs associated with being disabled, or achieving certain living standards. Without that, I don't see how your question Ben - whether benefit spending should be shifted from disability benefits to other benefits - could possibly be attempted to be answered logically."

The role of employers

Participants felt that the most important issue omitted from my report above was the role of employers. This was repeated by many different experts with different types of expertise, although it was put forward most strongly by someone with lived experience of the WCA:

"I think some of this discussion is moot. I think we need a rigorous benefits assessment system... But none of this is ever related to employers or to the actual support that people need to move into employment. And until we're having that discussion, I think that the continued focus has to be on benefits adequacy, because there are lots of people who are not going to move into the workplace. And unless we start looking at the two things together, we're not actually going to solve these problems. We're just going to be back in two decades having a similar conversation, with more disabled people living in long term destitution."

We did not have time to get in a detailed discussion about how to change employer practice, but participants variously mentioned approaches ranging from support for employers, greater provision of occupational health, more transparency about employer practices/ employment of disabled people, or more strongly, for “*greater requirements on employers*” to change (with suggestions ranging from incentives to disability quotas to greater enforcement of the requirement to make adjustments). It was not clear what the balance of views was about any of these specific suggestions, but the need to focus on employers was widely shared.

After the election

Since writing the report and the event on 6th June, the party manifestos were released – and incapacity/disability benefits are regularly mentioned, though in different ways.⁵⁶ For example, the Conservatives do not mention that the WCA might be scrapped, instead focusing on the already-announced tightening of the WCA (see Chapter 1), and committing to ‘reform our disability benefits’ (suggesting they will tighten PIP so that fewer people with mental ill-health qualify). In contrast, Labour says, “*we believe the Work Capability Assessment is not working and needs to be reformed or replaced, alongside a proper plan to support disabled people to work*”, although without any further detail.

Whatever the election result, it is clear that incapacity and disability benefits will be a major focus of the incoming government – and that more thinking is needed to produce policy solutions that will work. To do this, we need bring together groups of people with different types of expertise (lived expertise, academic expertise, policy expertise, operations expertise and more, and with a variety of opinions) to discuss concrete policy options, building on the discussion we had on 6th June connected to this report. The issues are complex and the risks of making the situation worse are acute; so diverse debate is the best, fastest and fairest way of producing policies that will improve the lives of ill and disabled people in Britain.

07

Appendices

Appendix 1: Discussion of trends in the WCA

Figure 1 in the main text shows how the WCA outcomes have varied over time. Note that while the WCA is set out in legislation, the real-world practice of the WCA has varied enormously over time, and this has resulted in changes in the stringency of the WCA. The following table includes brief explanations of the different phases:

2010

Initial harsh assessment

In the early days of the WCA, only a minority of people were exempt from conditionality and received extra payments (that is, they were allocated to the ESA Work-Related Activity Group (WRAG) or Support Group), with the majority being found fit-for-work.

2011-14

Increased generosity

The WCA was changed considerably in response to public pressure. In particular, the rising share of claimants allocated to ESA WRAG/ Support Group 2010-14 was in response to deep unhappiness among nearly all stakeholders with how the WCA operates, which resulted in explicit changes to the WCA descriptors as well as wider changes in assessment practice (partly prompted by the annual reviews of the WCA mandated by Parliament) – see <https://www.gov.uk/government/publications/esa-outcomes-of-work-capability-assessment-policies-and-statements/employment-and-support-allowance-outcomes-of-work-capability-assessments-great-britain-background-information#work-capability-assessment-changes>.

Partly as a result, the numbers receiving extra payments rose substantially until 2014.

2014-16 **Increased harshness**

The DWP was concerned that the WCA was becoming excessively lenient, and made changes to tighten it (particularly to the substantial risk descriptor). The falling share of claimants allocated to ESA WRAG/ Support Group from 2014 reflects a change in the 'substantial risk' criterion, under which the DWP discouraged assessors from saying that there is a substantial risk to the claimant's health if they are found capable of work/work-related activity – see my 2016 blog at <https://research.kent.ac.uk/rethinkingincapacity/2016/09/21/return-stricter-wca/>.

From 2014, the numbers receiving extra payments fell almost-as-sharply as in the rise 2011-14.

Appendix 2: Type of health conditions for potential losers from scrapping the WCA

Type of health condition	Prevalence in this group		
	DLA/PIP and ESA	DLA/PIP only	ESA only
Mental disorders	60.4%	48.6%	55.5%
Musculoskeletal	44.1%	38.7%	41.1%
Nervous system	24.7%	18.5%	14.8%
Heart & circulatory	21.2%	19.6%	17.8%
Digestive	19.5%	10.3%	6.4%
Respiratory	19.5%	14.7%	15.0%
Endocrine/metabolic	13.2%	12.7%	8.5%
Cancer	2.0%	0.8%	7.1%
Eye complaints	3.4%	9.8%	4.9%
Ear complaints	2.9%	1.9%	3.9%
Genito-urinary	6.5%	8.1%	5.5%
Infectious disease	2.8%	1.1%	2.1%
Blood & related organs	4.9%	2.3%	1.7%
Skin complaints	7.0%	3.8%	1.1%
Other complaints	0.9%	4.7%	2.6%
Unclassifiable	2.0%	1.1%	0.0%

BBG analysis of Health Survey for England 2015 & 2016 pooled, using weighted data, 23/4/2024.
n for DLA+ESA=95, for DLA only=105, and for ESA only is 103.

08

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- 1 For example, a speech by then Secretary of State Iain Duncan Smith in 2015 was interpreted by many as signalling an end to the WCA – see <https://research.kent.ac.uk/rethinkingincapacity/2015/09/03/the-end-of-the-wca-reaction-to-ids-speech-2/>.
- 2 For further details about what the WCA is and how it works, see Kennedy, Hobson and Mackley (2023) and Geiger (2018).
- 3 <https://www.disabilitynewsservice.com/labour-pledges-to-scrap-tory-plans-to-tighten-fitness-for-work-test/>.
- 4 In King & Crewe's (2014) wonderful book of this name that describes many state 'blunders', the WCA is presented as a recent blunder.
- 5 Both the IFS and OBR combine the results from WCA initial assessments for ESA with the results from all WCA assessments from UC. Repeat assessments result in more people receiving the benefit (because they're people that have already previously been assessed as receiving the benefit), so including them only for UC makes the WCA outcomes look more lenient. See also <https://inequalities.substack.com/p/the-wca-is-less-generous-than-the>.
- 6 ESA claimants who were already in the WRAG group before 3 April 2017 will continue to receive it after this point (including if they move to UC) – see <https://researchbriefings.files.parliament.uk/documents/CBP-7649/CBP-7649.pdf>. Stat-Xplore data shows that 23k households currently receive the LCW payment on UC; and there are 150k still in the ESA WRAG group. The data do not confirm that all of these people still receive the Work-Related Activity Component via transitional protection, but it is likely that many of them do."
- 7 *"If the WRAG/Support Group distinction is made even sharper, then claimants, their GPs, Maximus assessors, and DWP decision-makers may be ever-more likely to say that there is a health risk to placing someone in the WRAG. The net result would be that people who might otherwise be placed in the WRAG are instead placed in the Support Group"* – from <https://research.kent.ac.uk/rethinkingincapacity/2015/07/08/why-the-budgets-cut-to-esa-may-backfire-2/>. It is not clear if this happened because the assessors changed their practice, or claimants changed their behaviour.
- 8 There are known problems with the system: the National Association of Welfare Rights Advisers (NAWRA) have reported a significant number of cases where the initial form that starts the WCA process (the UC50) is not being sent out to claimants despite the claimant submitting a fit note. From the responses to the NAWRA work, it seems that DWP recognise that there is an issue here and are trying to fix it via a new digital UC50 form, but they currently have no idea how widespread the problem is. See https://warwick.ac.uk/fac/soc/law/aboutus/linc/strategic-social-justice-clinic/pastprojects/detailed_report_on_issuing_uc50_updated_04_11_2021_.pdf. <https://www.nawra.org.uk/2022/09/failure-by-dwp-to-initiate-wca-and-issue-uc50-our-letter-to-the-minister/>, <https://www.nawra.org.uk/2023/04/failure-by-dwp-to-initiate-wca-and-issue-uc50-an-update/>, and <https://www.nawra.org.uk/2023/07/update-on-the-issue-of-uc50s/>. It seems likely that this particularly affects those with less severe work capacity restrictions, which further skews the recent figures upwards. A separate problem is that if people's sick note lapses, they are taken off the health journey and then need to start the process again to be referred to a WCA (though it is unclear how this compares to the previous pre-WCA situation on ESA).
- 9 For an updated discussion about whether the WCA has become more generous or not, please see <https://inequalities.substack.com/p/the-wca-is-less-generous-than-the> including the follow-up discussion flagged at the top of the post.
- 10 They are also reducing the LCW points for the mental health 'getting about' criteria; this will not affect people's level of payments (as since 2017 LCW does not lead to additional payments), which the DWP estimate will increase levels of conditionality for about 35,000 disabled claimants. See <https://www.gov.uk/government/consultations/work-capability-assessment-activities-and-descriptors/outcome/government-response-to-the-work-capability-assessment-activities-and-descriptors-consultation> and the DWP estimates in the following footnote.
- 11 See <https://www.gov.uk/government/publications/work-capability-assessment-reform-estimated-number-of-claimants-affected/work-capability-assessment-reform-update-to-estimated-number-of-claimants-affected> and <https://obr.uk/supplementary-forecast-information-on-work-capability-assessment-reform/> (hat tip: Louise Murphy).
- 12 The 53% figure comes from estimating the likely annual total number of WCAs and LCWRA/Support Group decisions in 2023 (scaling up the 11mths of available data for UC and the 9mths for ESA), which suggests there was 838,000 WCAs in 2013, of which 526,000 were entitled to LCWRA/Support Group. I then subtract 85,000 from the LCWRA/Support Group figure (which is the DWP's estimate of the caseload changes in the first year of the changes, 2025-26).
- 13 Face-to-face assessments fell from 77% 2017/18 to 5% in 2021/22. It is however worth noting that paper-based assessments also fell (from 23% 2017/18 to 14% in 2021/22), so in this respect the demands on claimants will have increased. Figures supplied by Maximus in evidence given to the Work and Pensions Select Committee in 2022 <https://committees.parliament.uk/writtenevidence/110018/html/>. Since Spring 2022, face-to-face assessments have risen to about 15% of the caseload – see <https://questions-statements.parliament.uk/written-questions/detail/2023-03-09/162178> and <https://questions-statements.parliament.uk/written-questions/detail/2022-11-24/95826>.

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- 14 More recently, 83% of ESA claimants and 89% of UC claimants said they were satisfied with DWP services in 2020/21 (DWP, 2023a), the latest year data are available; while a separate 2020 study of WCA phone assessments found that 94% were satisfied with how the phone assessment was conducted (Marcinkiewicz et al., 2021).
- 15 16% disagreed that the decision was fair, 20% disagreed that the assessor listened to what they said, 21% disagreed that the questions asked were relevant to their situation, and 26% disagreed that the assessor seemed to understand their condition/disability. Only 67%, 58%, 63%, and 53% agreed with these statements respectively – the rest neither agreed nor disagreed. Author's analysis of the 2nd wave of the Welfare at a (Social) Distance survey 2nd wave, May/June 2021, publicly available from the UK Data Service via <https://beta.ukdataservice.ac.uk/datacatalogue/studies/study?id=8689>. Similarly, in Feb 2023, among those who have had a WCA assessment related to a mental health problem (see next footnote), 36% said that the assessor did not understand their mental health problem (Furber, 2023).
- 16 There are two sources for this claim:
- #1: In May/June 2022, 70% of relevant UC/ESA claimants said that the WCA had made their mental health worse:
- Source: My analysis of the Welfare at a (Social) Distance claimant survey 3rd wave, May/June 2022. Claimants were asked, "What effects do you think that each of the following aspects of claiming [benefit] have had on your mental health?", where "The Work Capability Assessment (WCA)" was one sub-question. The data are publicly available from the UK Data Service via <https://beta.ukdataservice.ac.uk/datacatalogue/studies/study?id=8689>. Full results: 31% said 'not applicable' and 10% said 'don't know' (reflecting the fact that this was asked to all disabled claimants, whether or not they have had a recent WCA); these responses are excluded from the percentages reported in the text. Of the remainder, 70% said 'made it worse', 21% said 'no impact', and 9% said 'made it better'.
- #2: Similarly, in Feb 2023, among those who have had a WCA assessment related to a mental health problem (mostly in the past 2 years), 62% felt their mental health had declined:
- This survey was conducted by Censuswide for Mind (Furber, 2023). Of those who had an assessment for ESA or UC, 42% had their latest assessment in the last year, 28% 1-2 years ago, 17% 3-5 years ago and 9% 6 or more years ago.
- 17 See <https://www.disabilitynewsservice.com/claimant-deaths-still-linked-to-systemic-flaws-in-benefits-system-dwp-document-shows/>. These reviews are also mentioned by the Work and Pensions Committee (2023) §24-25. This follows earlier evidence that there were 69 suicides linked to the DWP's handling of benefit claims, which the NAO felt was unlikely to be the full number of cases that could have been investigated (National Audit Office, 2020). See also the Deaths by Welfare project's timeline of cases and wider events, <https://deathsbywelfare.org/>.
- 18 For example, if UC claimants are LCW or LCWRA, then they can earn a certain amount (£404 if they do get the housing element, £673 if they do not) before their UC starts to be withdrawn. UC claimants who are LCWRA are also exempt from the benefits cap.
- 19 Entitlement to LCWRA but not PIP arises not just because of the differences in the functional criteria between the WCA and PIP assessments (see below), but also because (1) the 'required period condition' for PIP requires people to have long-term disabilities (that have lasted 3mths and are expected to last for 9mths more). This is not required for LCWRA, and would mean losses for e.g. people recovering from operations; (2) people can be awarded LCWRA on the grounds of 'substantial risk' ("typically...used as a safety valve for people with mental health conditions" in Carri Swann's words), a category which simply has no equivalent in PIP. See Carri Swann's explanation at <https://cpag.org.uk/news/future-work-capability-assessment>.
- 20 Source: my analysis of Health Survey for England 2015 and 2016 combined (even here, the combined sample size is only 103 people; see Appendix 2). ESA claims include both WRAG and Support Group, though at this point WRAG claimants could receive additional payments. Note that it is impossible to do equivalent analyses on UC because surveys capture whether people claim UC per se, not whether they receive the LCWRA element.
- 21 The IFS analysis is based on 2016-17 data updated to the present day, for methodological reasons (Ray-Chaudhuri and Waters, 2023). They find that those affected will have a net household income of £29k/pa, with about 1 in 5 having a net income of under £15k – incomes that are more insufficient than they appear, because they take no account of the extra costs of disability.
- 22 Stat-Xplore figures for August 2023, using Benefit Combinations dataset, looking at those receiving either ESA Support Group or UC LCWRA, but not receiving PIP/ DLA. Like the IFS figures, this excludes people in Scotland due to limited data.
- 23 In Sep 2018, only 4.0% of people allocated to the Support Group from an ESA WCA (initial or repeat) were justified on the grounds of chemotherapy/radiotherapy or pregnancy risk (nearly all the former).

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- 24 For example, claimants leaving supported or temporary accommodation have had their transitional protection ended – an injustice that has recently been ruled discriminatory; <https://nearlylegal.co.uk/2024/04/universal-credit-transitional-protection-and-temporary-accommodation/>.
- 25 The best figures are pre-UC, when unemployed and incapacitated claimants were on separate benefits. Official data shows that the overwhelming majority (83%) of JSA claimants claimed for less than two years, while the overwhelming majority of incapacity benefit claimants (78% of ESA WRAG and 74% of Support Group) claimed for more than two years. Source: Great Britain official data for August 2016 taken from Stat-Xplore (ESA) and nomis (JSA), 5 May 2017.
- 26 The Scottish Government now has responsibility for disability extra cost benefits, and have replaced PIP with the Adult Disability Payment (ADP). Currently the criteria and payment rates for ADP are identical for PIP, but possibly because of changes to the assessment process (to make it less burdensome for claimants), application rates for ADP have risen much more sharply than for PIP – see <https://www.fiscalcommission.scot/publications/scotlands-economic-and-fiscal-forecasts-december-2023/> Figure 5.9.
- 27 This adds together Stat-Xplore data on UC Health caseloads and ESA caseloads (split by Support Group vs. WRAG). There are also 15,000 UC claimants that have LCW/LCWRA and are working; plus 35,000 UC claimants that have LCW but are in a less demanding conditionality group (presumably because of their wider situation); data from Stat-Xplore for Aug 2023.
- 28 The Severe Disability Group is based on criteria assessed by claimants' specialist clinician, after which they are not required to fill in complex PIP/WCA forms, and are automatically awarded the highest rates of benefits. The conditions have to be irreversible/progressive, with no realistic prospect of improvement, and with the person needing assistance for 2+ activities of daily living. It was announced in the 2021 Green Paper and is being tested with increasingly large groups of claimants. See <https://www.gov.uk/government/publications/severe-disability-group-test-information-for-clinicians/severe-disability-group-test-information-for-clinicians>.
- 29 Of UC/JSA/ESA claimants subject to conditionality, 28.0% [22.5-34.3%] said they had received useful employment support. Of the remaining claimants, 24.0% [18.4-30.7%] said they received no employment support, 29.9% [23.5-37.3%] received support but were not sure that it was useful, and 18.0% [13.3-23.9%] actively disagreed that it was useful. Source: Welfare at a (Social) Distance survey wave 3, May/June 2022, as reported in our new working paper (Geiger et al., 2024).
- 30 Stat-Xplore data, series on 'sanctions', accessed 1/6/2024. The 'Planning for Work' group includes lone parents with a child aged 1, as well as LCW claimants. Stat-Xplore data (the 'UC Health' series within 'Universal Credit Work Capability Assessments Statistics') suggests that the LCW caseload is 347,000 in Dec 2023, accounting for 96% of the 362,000 claimants in the 'Planning for Work' group in total, although there is no way of telling what proportion of sanctions are accounted for by the different groups.
- 31 Letter from Chloe Smith MP (Minister for Disabled People, Health & Work) to the Chair of the Work & Pensions Select Committee, 25/10/2021, <https://committees.parliament.uk/publications/7699/documents/80262/default/>.
- 32 Sanction rates are no different under Tailoring Up, and training for work coaches suggests that voluntary actions should often be complemented by mandatory commitments, and that work coaches must consider sanctions when they are not met; see https://www.whatdotheyknow.com/request/tailoring_up.
- 33 From information provided during Select Committee hearings, it is clear that there is a process of random audit, but that this focuses on written reports rather than the conduct of the assessment. In contrast, the health assessment providers seem to have more extensive audit processes. For example, in written evidence to the Work and Pensions Select Committee inquiry into Health Assessments for Benefits 2022, Capita (who deliver PIP assessments in the Midlands and Wales) said that "Our internal guidance is to audit 40% of assessment reports... [including] for HPs in approval, targeted audit for HPs we have identified as needed more support and rolling (random) audit... From 2021 to May 2022, there were 68 leavers from HP specific roles where the primary reason could be attributed to quality. 37 of these were resignations prior to probable or anticipated dismissal and 31 were dismissed due to failing probation, unsatisfactory performance during probation period, or poor quality." <https://committees.parliament.uk/writtenevidence/110010/html/>. This is partly because DWP independently audits a random selection of reports, with a target of no more than 3% being deemed unacceptable (see <https://committees.parliament.uk/writtenevidence/108313/html/>). Maximus similarly mention that for WCAs, "across internal and external audit, at least 15% of assessment reports are formally reviewed, either by an independent DWP auditor, or by a Senior Clinician within our organisation... if we have concerns about an assessor's performance, we take swift action, typically including increased supervision and audit, and a training plan to rectify any gaps in knowledge or understanding. In some cases, we will remove the assessor from carrying out assessments and instigate disciplinary action, which can lead to dismissal. The number of assessors dismissed due to performance-related issues varies each year, but is typically between 20 and 30. Performance-related issues can be varied, and are not solely related to the quality of work delivered." <https://committees.parliament.uk/writtenevidence/110018/html/>.

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- 34 The academic studies include (Dwyer et al., 2018; Dwyer et al., 2023; Edmiston, Patrick and Garthwaite, 2017; Scullion and Curchin, 2022; Wright, 2023). The Social Security Advisory Committee has reviewed the problems with conditionality (SSAC, 2019). The official government review of sanctions is M Oakley, *Independent Review of the Operation of Jobseeker's Allowance Sanctions Validated by the Jobseekers Act 2013*, London: HMSO, 2014. There is greatest attention to sanctioning in Work and Pensions Committee (2015), *Benefit Sanctions Policy Beyond the Oakley Review* and (2017) *Benefit sanctions*, but this also arises in the inquiries into health assessments in 2018 and 2023 referenced elsewhere. It is also covered in several other reports such as Public Accounts Committee, *Benefit Sanctions*, London: House of Commons Committee of Public Accounts, 2016. The evidence from disability and social welfare charities and campaigners can best be seen in the submissions to the aforementioned Oakley review and parliamentary select committees; the most up-to-date evidence comes from CPAG's early warning system, which as of 2023 "receives regular reports of inappropriate conditionality for people with a health condition or disability who do not have the protection of LCW/LCWRA status" (<https://cpag.org.uk/news/future-work-capability-assessment>).
- 35 See the Work & Pensions Select Committee inquiry into the Back to Work Plan, oral evidence session 17/4/2024, Q34 at <https://committees.parliament.uk/oralevidence/14640/html/>
- 36 This is perhaps not as convincing as it appears, because (i) only 11% of the survey respondents were in the 'closer to work' group (which more precisely refers to those who said they could work in the next two years with the right support); (ii) other barriers (namely health and the behaviour of employers) were seen as more important – see p68 and p75 of the report. But as the wealth of evidence in this section makes clear, the point that the WCA is a disincentive is hard to contest.
- 37 For example: Hignell (2023) says that disabled claimants she has worked with "act this way [not experimenting with work] not out of greed or laziness, but out of fear that they might lose some or all of their benefits when the time comes for their next assessment". SSAC (2022) similarly say, "If the process of getting to a final assessment of UC Limited Capability for Work (LCW) or Limited Capability for Work Related Activity (LCWRA) has been arduous and lengthy for an individual, then the prospect of trying a job can feel risky and undesirable... Faced with an employment outcome that is hard to predict, a 'safe' and reliable income can be a more attractive option." Or as summarised by Thunder (2024) on the basis of conversations with claimants, "Any system that provides an extremely low basic amount of money unless you are too unwell to work puts huge importance on gaining and keeping the status that says you are too unwell to work. In turn, this makes people scared of anything that they fear could see them lose this extra money. This actively puts seriously ill and disabled people, including people with conditions that fluctuate, off engaging with support or trying work."
- 38 See for example Torsten Bell (<https://twitter.com/TorstenBell/status/1634827354475229186>) and Deven Ghelani (https://twitter.com/Deven_Ghelani/status/1635032916861517825) – though their warm reception to this aspect of the proposal does not signal an endorsement of the proposals as a whole.
- 39 The Demos 2013 proposal 'Something for Something: Restoring a Contributory Principle for the Welfare State' is available at https://demos.co.uk/wp-content/uploads/files/Something_For_Something_-_DuncanOLeary.pdf. The Reform 2016 proposal 'Working welfare: a radically new approach to sickness and disability benefits' is available at <https://reform.uk/publications/working-welfare-radically-new-approach-sickness-and-disability-benefits/>.
- 40 This is reported in SSAC (2022), and also clearly described by Ken Butler (of Disability Rights UK) in a recent Select Committee Evidence session: "there is a lack of trust in healthcare assessors. However, with the current system there is a great deal of mistrust with work coaches as well, even to the extent of people possibly being interested in voluntary work but not wanting to discuss it with their work coach on the basis that they think, "If I say that I will get pressured to take paid employment, so I won't do it!"

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- 41 This advice from CPAG seems to accurately reflect DWP practice. The second independent reviewer of the PIP assessment (Gray, 2017:63) was “concerned to observe some face-to-face assessments for PIP in which there appeared to be a tendency to take employment as evidence of limited functional impairment.” The Social Security Advisory Committee (SSAC, 2022) further notes that ‘the current PIP operational guidance leaves the door open to instigating a PIP reassessment if the decision maker thinks the person’s needs may have changed by virtue of their new employment: “A report that someone is working is not a reason to instigate a [Change of Circumstances] CofC Review. However, if someone reports they are now working, it is reasonable to ask whether their needs have changed. This information may then lead to a CofC Review”’. Even this year, one disability benefits advice service says that PIP claimants sometimes see their benefits temporarily suspended if they start work (Buckinghamshire Disability Service BuDS 1/5/2024, https://twitter.com/BuDs_UK/status/1785738306228982235?t=UpqI99-cKtVkoYAG0jz7hA&s=03).
- 42 <https://www.kcl.ac.uk/the-mental-health-conversation-hasnt-gone-too-far-but-has-it-become-too-narrow>
- 43 While the WCA differs from work coach interviews, it is still worth noting that assessments for Adult Disability Payment in Scotland are recorded by default (see <https://www.mygov.scot/adult-disability-payment-consultations/audio-recording-consultation>), and that Maximus (the private sector company that delivers WCAs) has stated that “we would be supportive of the recording of assessments becoming standardised with an ‘opt out’, rather than opt-in by request”; see evidence to 2022 Work and Pensions Select Committee inquiry at <https://committees.parliament.uk/writtenevidence/110018/html/>.
- 44 The demands of Universal Credit creates three sets of health-related vulnerabilities: (i) people who cannot easily negotiate their requirements with a work coach (e.g. due to lack of self-insight, communication barriers, or stigma); (ii) people where any engagement is inappropriate (e.g. at crisis points either at the start or during a claim; see below); or (iii) people for whom the threat of sanctions could cause deteriorations in health. DWP also need to consider their wider safeguarding obligations where they receive signs that other Government agencies need to intervene to ensure the safety of a claimant.
- 45 This is not the place for a full examination of PIP, but we should be clear that PIP/DLA do not fully cover the extra costs of disability – a good place to start in understanding the issues is the Scope Extra Costs Commission (and updates) at <https://www.scope.org.uk/campaigns/extra-costs/>
- 46 In a best-case scenario, it is possible that fewer people would see reduced benefit payments. The DWP has implied that a considerable share of the potential losers will actually be eligible for PIP, either because they are already eligible, or because they would become eligible in the medium-term. For example, over one-third of those not claiming PIP/DLA who had a sick note/LCW/LCWRA on UC (or the equivalent on ESA) in early 2019 had claimed PIP/DLA by late 2022. [This excludes the 73,000 people who were no longer LCW/LCWRA (or equivalent on ESA) by late 2022, compared to 104,000 who had started claiming PIP/DLA, and 182,000 who had not started claiming PIP/DLA – see the DWP ad-hoc statistical release that was published shortly after the Green Paper at <https://www.gov.uk/government/statistics/health-and-disability-benefits-based-on-data-from-2019-to-2022>.]
- 47 It makes sense to look at ‘non-pensioner benefits’, because benefits that are nominally paid to children are paid in practice to their working-age parents.
- 48 Figure 2 uses the Spring Statement 2024 Expenditure and Caseload forecasts. The Excel spreadsheet that takes the underlying data and turns it into this figure are included on the website alongside this report.
- 49 <https://inequalities.substack.com/p/why-the-labour-market-stats-are-not> and <https://inequalities.substack.com/p/a-further-word-on-the-real-trend>
- 50 <https://inequalities.substack.com/p/how-far-is-pip-an-out-of-work-benefit>
- 51 See e.g. the Scope Extra Costs Commission (and updates) at <https://www.scope.org.uk/campaigns/extra-costs/>.
- 52 This comes from my analysis of the Health Survey for England 2017 – see Geiger 2018, footnote 50.
- 53 In 2022, Maximus (who deliver the WCA) stated that “Additional medical evidence is requested in around 55% of cases, which is an increase from just over 40% from when we last appeared in front of the Work and Pensions Committee in 2017.” 80% of requests are returned within 20 days, which reflects a programme of engagement with GPs in recent years. <https://committees.parliament.uk/writtenevidence/110018/html/>. From evidence submitted in this inquiry, it appears that Maximus are more likely to request (and to receive) further medical evidence for WCAs than Capita do for PIP assessments.
- 54 If you leave UC, you can return to it within five assessment periods and continue your claim (the UC version of the 12-week linking period on ESA). However, as I understand it, the main worry that people have is that they will still be claiming UC in-work, will be called for another WCA, and be assessed as fit-for-work (because they are working) – so if they later lose their job, they will have no LCWRA status to return to.

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- 55 Prior to this, we had a separate 'Benefits Agency' that paid benefits, and an 'Employment Service' providing support. This changed when Jobcentre Plus was implemented nationally in 2002, following pilots in some areas from 2001, and indeed earlier pilots of 'ONE' from 1999. The official evaluations suggested that this had positive labour market impacts, although the nature of conditionality (and therefore of Jobcentre Plus) was very different at that point than in more recent years. Participants in the 6th June discussion did not explicitly reference the earlier system though, and implicitly they would have wanted something quite different (as the Employment Service basically provided no support to anyone who was not on JSA). See Riley et al 2011 <https://assets.publishing.service.gov.uk/media/5a7cd46b40f0b6629523c11a/rrep781.pdf> and Karagiannaki 2005 https://eprints.lse.ac.uk/6265/1/Jobcentre_Plus_or_Minus_Exploring_the_performance_of_Jobcentre_Plus_for_non-jobseekers.pdf
- 56 The Conservative manifesto is available from <https://public.conservatives.com/static/documents/GE2024/Conservative-Manifesto-GE2024.pdf>; the Labour manifesto is available from <https://labour.org.uk/change/kickstart-economic-growth/>



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