Work Capability Assessment: activities and descriptors

Date 27 October 2023

# About us

We’re RCOT, the Royal College of Occupational Therapists. We’ve championed the profession and the people behind it for over 80 years; and today, we are thriving with over 35,000 members. Then and now, we’re here to help achieve life-changing breakthroughs for our members, for the people they support and for society.

Occupational therapy helps you live your best life at home, at work – and everywhere else. It’s about being able to do the things you want and have to do. That could mean helping you overcome challenges learning at school, going to work, playing sport or simply doing the dishes. Everything is focused on increasing independence and wellbeing.

It’s a science-based, health and social care profession that’s regulated by the Health and Care Professions Council.

An occupational therapist helps people of all ages overcome challenges completing everyday tasks or activities – what we call ‘occupations’. Occupational therapists see beyond diagnoses and limitations to hopes and aspirations. They look at relationships between the activities you do every day – your occupations – alongside the challenges you face and your environment.

Then, they create a plan of goals and adjustments targeted at achieving a specific set of activities. The plan is practical, realistic and personal to you as an individual, to help you achieve the breakthroughs you need to elevate your everyday life.

This support can give people a renewed sense of purpose. It can also open up new opportunities and change the way people feel about the future.

# Our response

**Mobilising**

We share the concern raised by the Society of Occupational Medicine regarding the impact of certain conditions on mobility, which are not traditionally associated with mobility issues. Many individuals experience fatigue and post-exertional malaise that impede their ability to engage in work or work-related activities, regardless of the workplace setting. The proposed changes do not address the challenge of capturing fatigue in the Work Capability Assessment (WCA). We also acknowledge that certain conditions leading to LCWRA advice may benefit from a suitable home or hybrid working environment.

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

While we acknowledge the potential benefits of home working in mitigating some of the challenges related to continence, there are considerations to be made. Regular changes of pads, which may not be planned, can disrupt work and work-related activities. It is crucial to recognise that removing consideration of continence from the WCA process could have a significant impact on the mental health of affected individuals, potentially leading to the threshold for other mental health descriptors.

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

We appreciate that home or hybrid working can help address social engagement difficulties for some individuals. However, it is essential to consider the overall health benefits of work for all individuals, including those with ongoing acute or chronic illnesses. We share the concern that clients with symptoms related to this descriptor might be advised to work from home exclusively, potentially limiting the benefits of work. We recommend ensuring that systems are available to support clients in engaging in face-to-face interactions when it is deemed beneficial by key stakeholders involved in their care. Additionally, it is vital to inform individuals of the support available if they require 100% home working due to their medical conditions, to prevent discrimination or disadvantage.

**Getting About (LCW only)**

The proposed changes for "Getting About" align with those for "Coping with Social Engagement." We support the recommendations made for the previous descriptor, as they apply equally here.

**Substantial Risk (Special Circumstances and Non-Functional Descriptor)**

We acknowledge the proposed changes to the non-functional descriptor of Substantial Risk. The suggestion to reflect that this risk would not apply when a person can engage in work-related activities or when reasonable adjustments can be made is noted. However, we share the concern expressed by the Society of Occupational Medicine regarding the alternative suggestion to remove the LCWRA risk category. There are individuals, particularly those with mental health conditions, who are highly vulnerable and for whom any expectation of work-related activity could result in further harm to their mental state. It is important to recognise that an individual's functional history might not accurately reflect their ability to cope with certain work preparations, and increased expectations could be detrimental. The suggestion of financial changes or expectations around work activities could also add stress to particularly vulnerable people.

Our recommendation is that if changes are made to this category, individuals previously categorised under Substantial Risk LCWRA should undergo regular checks and monitoring, with involvement from primary care and other relevant healthcare professionals. We also suggest considering the concept of "potential risk" for situations where an HCP recognises potential red flags, allowing a decision on risk to be made at a later date following further evidence gathering. It is important to note that the consultation does not address LCWRA risk related to physical conditions or symptoms.

## Contact

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