

Department for Work and Pensions

Research Report No 259

Incapacity Benefit Reforms Pilot: Findings from a longitudinal panel of clients

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A report of research carried out by the Social Policy Research Unit at the University of York on behalf of the Department for Work and Pensions

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Abbreviations

CBT	Cognitive behavioural therapy
CV	Curriculum vitae
DEA	Disability Employment Adviser
DLA	Disability Living Allowance
DWP	Department for Work and Pensions
GP	General Practitioner
IB	Incapacity benefits
NDDP	New Deal for Disabled People
NDLP	New Deal for Lone Parents
PCA	Personal Capability Assessment

Summary

Introduction

The Incapacity Benefit reforms were introduced in October 2003 and aim to increase the number of incapacity benefit recipients who move towards and into paid work. The package of measures that comprise the reforms is being Piloted in seven areas of England, Scotland and Wales. This report is based on research conducted by the Social Policy Research Unit (SPRU), the National Centre for Social Research and the Policy Studies Institute in 2004/05 and presents findings from the first cohort of a longitudinal qualitative study of the views and experiences of incapacity benefit recipients who have taken part in the Pilots. The first cohort included 24 people from the three areas in Great Britain in which the Pilots were introduced in October 2003.

Qualitative interviews were used to gather data on people's current circumstances and attitudes, and their experiences and views about their participation in the Pilot. Follow-up interviews were conducted by telephone, three months later and after a further six months. Of the 24 recruits to the panel, 20 took part in the first follow up interview. Eighteen took part in the full series of three interviews.

Experiences and views of the work-focused interview regime

For new incapacity benefit claimants there is a mandatory regime of up to six work-focused interviews at monthly intervals. In general, panel members expected a series of interviews, though they were not always aware of the number. Most people had fewer than six interviews. Monthly interviews were not common, although there were regular meetings over intervals of six weeks or two months.

Contact with the Pilot had ended for some people after one or two interviews. Some were happy because they perceived they could not work. Others felt they had been 'left out' and would have liked the Personal Adviser to have kept in touch. For some, contact had stopped because they had returned to work.

The first work-focused interview was a positive experience for those who felt help was available and accessible to them, particularly people who were close to returning to work. The first interview stood out as disappointing where few ideas for progress towards work were offered. The whole experience of the interview was seen as negative where the client did not feel ready to work and felt under pressure. Some people felt the interviews had been untimely. Work was being discussed at a time when they perceived other matters, such as family problems and their health, as taking priority.

A range of services and opportunities were presented to people throughout the series of work-focused interviews, including help to take action in looking for work, advice and help on making work financially viable, and preparation for work in the longer-term. The information given in work-focused interviews helped people take immediate steps to return to work, and contributed to thinking about possible future work and action.

Some people rejected the help offered because they did not want to work, mostly for health reasons. Some older respondents thought there were too many barriers to work to overcome, such as age, health condition and capacity to learn.

Personal Advisers were generally appreciated for being helpful, supportive, and 'not pushy'. A small number of criticisms centred on Personal Advisers' apparent lack of knowledge about benefit entitlement and the client's personal history. Most people felt reassured that they could move at their own pace and would not be pushed into work. In contrast, people not wanting to work were negative and critical of the work-focused interviews.

The timing of the work-focused interview regime alongside other developments within the lives of benefit recipients, appears to be significant. The Pilot seemed to be most positively received by people who were already looking to return to work or felt able to consider it, in which case, work-focused interviews were helpful in supporting and developing their aims.

Experiences and views of services

Those coming new to Jobcentre Plus and ready to look for work were the most active in using Pilot services. People with long-term health conditions were more likely already to be using services such as Jobcentre Plus or Job Brokers. People not motivated to work did not use any Pilot services, but could be in contact with, for example, healthcare services or voluntary sector advice organisations.

Jobcentre Plus services experienced by panel members included job-searching using display boards and computers; receiving advice and help from their Personal Adviser, a Disability Employment Adviser (DEA) or work psychologist; undertaking training courses; and funding from an action team. Services received generally contributed positively to moving people towards work. Boosting skills, confidence and self-esteem were mentioned by panel participants. There was some

disappointment at the range of jobs available in Jobcentre Plus offices and criticisms about the attitudes of some staff.

People in the panel who had taken part in the Condition Management Programme had either one-to-one sessions with professionals such as physiotherapists, or group sessions not geared to any specific health condition. One-to-one sessions were appreciated, particularly when they contributed to improvements in health or generally 'feeling better'.

The Return to Work Credit helped people to return to work gradually and contributed to the easing of debt. The Adviser Discretionary Fund contributed to buying clothes, equipment or work licences. Financial support did not appear to act as an incentive to people not already considering work.

New Deal for Disabled People Job Brokers provided useful personal and financial support for people looking for and moving into work. Some people's expectations were not met where Job Brokers did not work on the respondent's behalf to find jobs, contact employers and arrange interviews. Some people felt pressured to pursue vacancies when they did not feel ready or which they felt were unsuitable.

Most people who had used more than one service through the Pilot had experienced them sequentially. Personal Advisers seem to have played an important gate-keeping role in introducing services in stages in response to changing needs. There was very little evidence of a lack of co-ordination of services.

For some people the key change in moving towards work was an improvement in health. Others identified individual services that helped to remove barriers such as difficulties with employers or financial concerns. Findings suggest that services that focused on individual needs and gave specific and personal support were the most valuable.

What difference did the Incapacity Benefit Pilot make?

This question was explored using the longitudinal data from the series of research interviews and by asking panel participants to reflect, in the final interview, on the impact of the Pilot on their views about, and movement towards, working.

People's health trajectories since the first contact with the Pilot were highly variable. Some people whose health condition improved said that the Condition Management Programme had helped them, and some of these had returned to work. However, some of the people who went back to work perceived no change in their health condition, or thought that their condition had worsened.

Some people's views about working changed over the course of the research interviews. Much depended on trajectories of health, but people already strongly focused on returning to work, generally continued to pursue their aim. Most people not interested in work at the time of initial contact with the Pilot did not change their

views. However, there was some evidence that information about options provided by a Personal Adviser can make people more positive about working in the future.

Information about, and practical help to use, Permitted Work rules and Return to Work Credit had been useful to some people. This worked to smooth the paths to work for people strongly focused on a return rather than to increase motivation among those who initially did not want to work. Findings show that some people were reluctant to risk disrupting stable incomes, thought that low-paid work would not be worthwhile financially, or faced debt recovery from earned income.

Overall, there were mixed views on the value of the interactions with Jobcentre Plus, and services offered and received in the Pilot. Not everybody judged the value of the service on how far it helped them move towards work. Some attached equal or more value to the way they were dealt with or made to feel about themselves.

There was evidence of the Pilot making some big differences in helping people towards work during the first few months after contact, particularly among people already strongly motivated towards returning to work. There was less evidence of the Pilot making big differences among people who initially felt less ready to move towards work or wanted to stay on benefits.

Suggestions for what would help people move towards work included improvements in health services, greater access to self-help groups and changes in employers' attitudes towards employing people on incapacity benefits.

Discussion and conclusion

Among the people in the first cohort of 24 incapacity benefit recipients, three groups emerged: those highly motivated to find work immediately, those with an aspiration to work in the future but who perceived barriers in the short- and medium-term, and those who did not see work as desirable or possible.

People in the first two groups gained most from the Pilot. Aspects of the Pilot that were helpful included personal support; advice and financial assistance; and referrals to services, such as the Condition Management Programme and NDDP Job Brokers. These contributed to moving people towards work where they matched people's own wishes and aspirations, and when they were provided at the appropriate time. The third group were more negative in their accounts of their experiences of the Pilot, and were critical of work-focused interviews.

This study has emphasised how people's work trajectories are influenced by a large number of factors, including health, employment, finances and household, and by involvement with a wide range of individuals and organisations other than Jobcentre Plus.

A number of lessons for future policy thinking and development emerged from the study.

The need for good communications

This is an issue for both practice and policy. Pilot clients need to be kept informed about process issues (how work-focused interviews are being managed) and substantive issues (i.e. the range of information and services). Timing is important, i.e. the need to give the right information at the right time and to re-introduce information at appropriate times rather than only in the first work-focused interview.

Lessons about work-focused interviews

The principle of attending interviews as a condition of benefit receipt was accepted by most respondents. The model of six, monthly work-focused interviews was operated flexibly in response to individuals' changing lives. The first work-focused interview was important, particularly for dispelling negative views about the purpose of the interviews. There was evidence that a series of interviews allowed relationships between Personal Advisers and clients to develop constructively, and information and services to be introduced at appropriate times as people's health and other circumstances changed.

Lessons about the Choices package

The services available through the Choices package seem to fit the requirements of some people, although there was evidence that some people did not receive appropriate services. Help and advice provided through the Condition Management Programmes was mostly positively received. Financial assistance was, generally, very welcome, though the provision of wider financial information seemed to be a gap. People's need for help with finding jobs was not always met through either Personal Advisers or New Deal of Disabled People (NDDP) Job Brokers.

From the analysis of the attitudes and motivations of new incapacity benefits claimants, it appears that policy thinking needs to address two different but related issues: how to improve the range and quality of services and other types of help, and whether and how to engage with a subgroup of incapacity benefit recipients who appear not to accept that they should be expected to move towards work.

1 Introduction

The Incapacity Benefit Pilots were introduced in October 2003 and aim to increase the number of incapacity benefit recipients who move towards and into paid work. The package of measures that comprise the reforms is being Piloted in seven areas of England, Scotland and Wales. The Department for Work and Pensions (DWP) has commissioned a research consortium¹ led by the Policy Studies Institute (PSI) to undertake a comprehensive evaluation of the Pilots. This report is based on research conducted by the Social Policy Research Unit (SPRU), the National Centre for Social Research (NatCen) and PSI in 2004/05 and presents findings from the first cohort of a longitudinal qualitative study of the views and experiences of incapacity benefit recipients who have taken part in the Pilots. The first cohort included 24 incapacity benefit recipients from the three areas in Great Britain in which the Pilots were introduced in October 2003.

This introductory chapter sets out the policy context for the Incapacity Benefit Reforms (Section 1.1) and the main elements of the reforms package (Section 1.2). Section 1.3 summarises the overall evaluation programme, and Section 1.4 explains the research questions for which the longitudinal qualitative study will provide some answers. Section 1.5 presents the research design and methods adopted in the first cohort of the longitudinal qualitative study (which we call the longitudinal panel). Finally, the structure of this report is explained in Section 1.6.

1.1 Incapacity Benefit Reforms: The policy context

The Government's welfare-to-work programmes have sought to improve the lives of long-term unemployed people. However, despite the efforts of programmes designed to help sick and disabled people who do not actively participate in the labour market (for example, the New Deal for Disabled People (NDDP)), the number of recipients of incapacity benefits has continued to increase. In 2003, there were

¹ The consortium comprises teams of quantitative and qualitative researchers from the PSI, the SPRU at the University of York, NatCen, the Institute for Fiscal Studies (IFS), Mathematica Policy Research Inc. (USA) and David Greenberg of the University of Maryland, Baltimore County.

2.7 million people of working age in Britain receiving an incapacity benefit (DWP, 2002) who together make up the largest group of economically inactive people.

The new Incapacity Benefit Reforms are based on proposals outlined in the Green Paper *'Pathways to Work'* (2002) and are central to the Government's strategy of reducing the numbers of people moving onto, and continuing to receive, incapacity benefits. The reforms seek to transform what it means to be receiving an incapacity benefit, so people coming onto such benefits will be actively encouraged to think about how they can plan a return to work and offered information and access to a range of interventions aimed at enhancing their employment possibilities. The aim is to reduce the number of people remaining on an incapacity benefit for long periods after they make their claim. The new package combines a series of six work-focused interviews and a range of services and interventions, some of which are novel.

The first tranche of Pilots began in October 2003 in three Jobcentre Plus districts: Derbyshire; Bridgend, Rhondda, Cynon and Taff; and Renfrewshire, Inverclyde, Argyll and Bute. The second tranche started in April 2004 in a further four districts: Essex; Gateshead and South Tyneside; East Lancashire; and Somerset. The Chancellor's Pre-Budget Report (2 December 2004) announced a planned extension of the Pilots to cover a third of the country, starting from October 2005.

1.2 Elements of the reform package

The main elements of the reforms are as follows.

People making new claims for incapacity benefits are asked to take part in a work-focused interview. This takes place eight weeks after their claim and attendance is compulsory. For people other than those exempt from the Personal Capability Assessment (PCA), a screening tool is applied at this initial interview, which aims to exclude those who are most likely to get back to work of their own accord and identify those who are likely to benefit from further help. Those identified are then required to attend five further mandatory work-focused interviews. Failure to attend can result in benefits being affected.

Those identified by the screening tool as less likely to need additional help, and other incapacity benefits recipients not making new claims (i.e. existing recipients), can take part in these interviews on a voluntary basis. People with some prescribed conditions, who are exempted from the PCA in determination of their entitlement, are not required to go through the screening process or to attend further work-focused interviews, although, again, they can take part on a voluntary basis.

New fast-track procedures for the medical assessment process have been introduced to link, more closely, the decisions made on entitlement to incapacity benefit with the support offered through the series of work-focused interviews. The aim is for the Personal Adviser to have the decision from the PCA by the time of a second work-focused interview so that there is no uncertainty about benefit entitlement which might cause distraction from thinking about work during the interviews. For those

who have had a medical examination as part of the PCA, a separate Capability Report is produced, which should provide the adviser with constructive information to support them in helping people take steps towards the labour market.

New adviser teams have been set up to advise and support people directly. These include specially trained Incapacity Benefit Personal Advisers, Disability Employment Advisers and Work Psychologists.

During the series of work-focused interviews, incapacity benefit recipients are encouraged to think about their prospects of returning to work by discussing issues regarding benefit, work-focused activity, financial support, training and other opportunities. The Personal Adviser presents a number of measures and interventions, known as the 'Choices' package, to support a return to work. The Choices package consists of easier access to existing services available through Jobcentre Plus, such as the NDDP and Work Preparation. In addition, it includes the new and innovative Condition Management Programmes, developed jointly by Jobcentre Plus and local NHS providers. Also available is a new Return to Work Credit of £40 per week, paid as a supplement to earnings for a maximum of 52 weeks, for those who return to or find work of 16 hours or more and earn less than £15,000 per year. Incapacity benefit Personal Advisers can provide financial help to people through an Advisers' Discretionary Fund, which makes available payments of up to £300 per person to support activities that increase the likelihood of finding, or taking up, work (for example, purchase of new clothes for interviews).

1.3 The overall evaluation

The aim of the evaluation of the Pilots is to establish whether, and by how much, the package of measures helps people making a new claim for incapacity benefit, to move towards work and into paid jobs, and, thereby, helps to reduce the rate at which people move onto long-term incapacity benefit. As part of this aim, the evaluation will describe and explore processes and factors that influence people's experiences of the reforms and different outcomes.

The evaluation programme includes research with people receiving incapacity benefits, Jobcentre Plus staff and service providers. The programme includes qualitative and quantitative evaluations of process and outcomes, a net impact analysis and cost benefit analyses. The evaluation began in autumn 2003 and will continue in all seven Pilot areas until 2006.

1.3.1 Summary of quantitative research

Quantitative elements comprise a face-to-face survey and two telephone surveys with incapacity benefits customers. A telephone survey to collect information equivalent to that collected by the screening tool takes place with two cohorts in both Pilot and non-Pilot areas, before and after the start of the Pilot, to provide information from non-Pilot areas in order to determine the impact of the programme. A large face-to-face survey takes place over two stages, enabling a quantitative context for findings from the qualitative research.

1.3.2 Summary of qualitative research

Qualitative exploration of perspectives from Jobcentre Plus staff, service providers and incapacity benefit recipients takes place in a number of ways. The main elements of the qualitative programme include:

- site visits, to familiarise research staff with the implementation of the Pilots in each area, to identify differences in the ways reforms are being delivered, and to establish contacts and working relationships. Visits to the three early sites took place in late 2003/early 2004;
- six early focus groups with incapacity benefit Personal Advisers and customers (reported in Dickens, Mowlam and Woodfield, 2004);
- a longitudinal panel study of incapacity benefit recipients, which is the subject of this report. An interim report based on the first research interviews was submitted to DWP in 2004 (Nice and Sainsbury, 2004);
- a series of short, self-contained focused studies, to provide rapid feedback. 'Focused study' methodology identifies important research questions that can be explored in depth at the most appropriate time during the Pilot. Focused studies may vary in size and scope but each identifies the relevant respondent group (or sub-group) and, using concise topic guides, explores a specific topic in depth.

1.4 Research questions

The longitudinal study of incapacity benefit recipients (also referred to in this report as the panel study) aims to explore experiences of incapacity benefits recipients participating in the Reforms Pilots. The specific research topics being explored include:

- experiences and views of the nature and purpose of work-focused interviews with a Personal Adviser;
- decision making in relation to the Choices package of services and interventions;
- experiences and views of services used;
- perceptions of the quality of service offered by the Pilot, such as delivery locations, methods and accessibility, staff expertise and manner, and coordination of services;
- the role of work-focused interviews and services accessed through the Pilot in influencing people's decisions and action about work.

As this is a longitudinal study, we explore changes that occur in people's circumstances, perceptions, attitudes and expectations. We also trace people's decision making as they progress through the Pilot. Findings from the panel study contribute to understanding how services can help clients, why clients may stop using services, and the role of other factors in their lives that influence their pathways back to work.

The study also helps us understand the varied ways in which services can affect people's lives, identifying impacts on people's thoughts about work, feelings about their capacity for work, confidence and self-esteem, as well as their actual return to work.

1.5 Design and methods

1.5.1 Longitudinal approach

Longitudinal qualitative panel studies fit well into the pragmatic approach adopted in this kind of policy evaluation (Molloy, Woodfield and Bacon, 2002; Snape and Spencer, 2003), based on the belief that people's own interpretations of what happens in their lives is of value in evidence-based policy making. Longitudinal qualitative panels are used to explore change over time, where the focus of change is the individual. Data are collected from the same people in a series of interviews in which the researchers return to re-address the original questions as well as asking new questions to address issues emerging. The intervals between interviews are set to reflect the time span that the researcher believes likely to be appropriate for the purpose of the evaluation. The series of interviews enables description of the kinds of changes that take place and exploration of how such changes arise, by seeking participants' perspectives on what has contributed to change or outcome. In policy-related research, if the subject for evaluation is itself designed to prompt change, as is the Incapacity Benefit Reform Pilot, longitudinal panel studies may be particularly useful (Lewis, 2003).

The panel was designed so that each participant took part in a series of three interviews. The intervals between interviews were specified in advance, rather than at times triggered by interaction with the Pilot (for example, reflecting the chronology of work-focused interviews). The former approach, we believed, offered the best opportunity for hearing about all relevant changes in people's lives that might have an impact on ability to return to work, such as their health or family circumstances, rather than putting undue emphasis on contact with the service. The follow-up interviews were set at three and nine months after initial interviews. This time span, we hoped, would mean that the researchers were in contact with some people after their contact with the Pilot ended. This would enable exploration of paths onto other benefits or, for some, experiences in work.

The longitudinal design comprises three cohorts of incapacity benefit recipients. The timing of fieldwork is different for the first and second waves of Pilot areas, as set out below, and will generate an overall study group of 105 respondents, 15 from each Pilot area. Cohort 1 comprises eight people from each of the first three Pilot areas. Cohort 2 covered all seven Pilot areas. Seven participants were recruited in each of the first Pilot areas, and eight from each of the second wave areas. A final cohort will be interviewed in 2005 comprising seven people from each of the second wave areas.

Table 1.1 Components of panel study

Cohort	Interview schedule			No. of recruits		Total
	1	2	3	Derbyshire, Bridgend and Renfrewshire	Essex, Gateshead/ South Tyneside, East Lancashire and Somerset	
1	April 04	July 04	Dec 04	24	-	24
2	Sept 04	Jan 05	July 05	21	32	53
3	March 05	June 05	Dec 05	-	28	28
						105

The following account of methods used refers to the first cohort only, which has now been completed.

An extract from the Department's screening tool database was used to recruit a panel of 24 incapacity benefits recipients (eight from each of the three early Pilot districts) who had not been screened out and who were recorded as having had their second work-focused interview. We used purposive sampling to obtain diversity across the panel. Full details of selection and recruitment are presented in Section A.1.

Individual face-to-face qualitative interviews were used to gather data on people's current circumstances and attitudes, as well as their experiences and views about their participation in the Pilot. Follow-up interviews were conducted by telephone, three months later. Six months after that, a further follow-up telephone interview was conducted with those who could be re-contacted. Sections A.2 and A.3 contain full details of panel participation and attrition, and the conduct of the interviews. Research instruments are included at Appendix B. Of the 24 recruits to the panel, 20 took part in a three month follow-up, and 18 took part in the full series of three interviews, over a total period of nine months.

The data were analysed systematically and transparently, as described in detail at Section A.4. The main characteristics and household circumstances of the 24 panel recruits are presented at Section A.5 and their views about taking part in this kind of longitudinal research are presented in Section A.6.

1.6 Structure of the report

Chapter 2 focuses on people's involvement in the work-focused interview regime. Experiences and views on the delivery of the interviews are reported including location, timing, number and frequency of interviews. Experiences of the focus of discussions in work-focused interviews are analysed and observations about relationships with Personal Advisers reported.

Chapter 3 explores the experiences and views of people who used services or other help available through the Pilot. The chapter looks in detail at how panel members experienced support, the extent to which it was helpful and at what stage (including new forms of support established for the Pilot, such as the Condition Management Programme and the Return to Work Credit). Thoughts about how services fitted with each other, and whether and how they were co-ordinated, are also examined.

Chapter 4 is based on longitudinal analysis of data from the whole series of interviews, and findings help to answer the question of whether the Pilot made any difference to people's lives. We look at perceived changes in health, financial circumstances and views about work, and what people felt influenced change, looking particularly at any influence by the Pilots. We look for any changes in work-related activity, and influences on decision-making about steps towards work. Chapter 4 also draws on data from the last interview to present people's overall reflections on participation in the Pilot, and on current aims and expectations in relation to work.

Chapter 5 draws together our findings from the first cohort of the longitudinal panel study, and raises some implications for policy and delivery.

2 Experiences and views of the work-focused interview regime

This chapter focuses on people's involvement in the work-focused interview regime. Panel members' experiences of work-focused interviews are explored in a number of ways in this chapter. First, an overview of people's participation in a series of interviews is presented. Individual interviews that seem to have had an impact are discussed. Experiences and views on the delivery of the interviews are then reported, looking specifically at issues and comments on location, timing, number and frequency of interviews. Panel members' experiences of the focus of discussions in work-focused interviews are presented and their observations about their relationships with Personal Advisers reported. The chapter concludes by looking at people's perceptions and views of the interview regime and how and why this may have changed throughout their continued contact.

2.1 Pattern of participation in the work-focused interview regime

2.1.1 Contact prior to the first work-focused interview

Contact with Jobcentre Plus prior to the work-focused interviews was rarely mentioned when participants were asked to reflect on their experiences at the end of the longitudinal study. Their thoughts about this early period of contact may have been prominent at the time of the initial research interview but had since faded. As such, the findings relating to this period will not be fully reported here. A summary of the main points, which were fully reported in the internal interim report (Nice and Sainsbury, 2004), is given below.

- People began their claim by visiting or telephoning the Jobcentre Plus office. Application forms were obtained from staff at the Jobcentre Plus office, by ringing a local telephone contact centre and making a request, or from their employer.
- Reports were made of receiving assistance in completing application forms or having forms reviewed by what may have been a Financial Assessor. People were appreciative when the assessor helped 'fix things' but could also be disappointed with what they felt was a lack of advice about their entitlement to benefits. Others received help in completing the forms from their employer or did not receive any help.
- Respondents were called for their first work-focused interview by letter or phone call. The letter was unexpected where respondents had had no recent contact with Jobcentre Plus and were not aware of making a new claim for an incapacity benefit. Interpretations of the letter and purpose of the interview varied. Some were unperturbed by the information about a forthcoming meeting whilst others felt the explanation of how benefits could be affected by non-attendance was 'threatening'. There was some fear that the purpose of the meeting was to end their benefit entitlement, though others thought they would be attending a 'job-focused' interview.
- A Personal Capability Assessment (PCA) had been carried out for some in the period between making their claim and the research interview.
- Respondents gave positive comments about the approach and attitude of Jobcentre Plus staff, the physical surroundings and use of technology.
- Criticisms were made about the process for claiming benefits. Administrative inefficiency and error, the pace of proceedings and the size and 'confusing' nature of application forms were all cited as problems. It was also felt that there was not enough help and advice available in making a claim. Those who had been helped by a member of Jobcentre Plus staff had found it valuable.

2.1.2 Participation in work-focused interviews

The work-focused interview regime was established as a series of up to six monthly interviews, with the aim of helping people think about or move towards work using a package of new and established programmes and services. Personal Advisers are able to defer and waive interviews, in accordance with the claimant's personal circumstances, in order to maximise the potential benefit of the help available for each individual. It could, thus, be expected that all respondents would experience at least one work-focused interview and then see subsequent work-focused interviews occur monthly, or whenever appropriate, given other influences and circumstances in their lives. Some panel members fitted this model and had maintained contact throughout the duration of the research study, whilst for others contact with the Pilot had seemingly ended. It seems that at least one person had experienced six regular work-focused interviews and others could recall five at the time of the final research interview. Monthly interviews were not common, although there were regular meetings over intervals of six weeks or two months.

Contacts between Personal Advisers and clients

People who maintained contact with the Pilot through regular, recent or expected work-focused interviews, included those with mental and physical health conditions and a range of age groups. Some chose to shorten the interval between each interview by making informal contact with their Personal Adviser, either by visiting Jobcentre Plus or by phone. This recurrent informal contact was common in those who were highly motivated to find work, and who used the contact to look for and enquire about employment opportunities. Such visits and contact with the Personal Adviser became less frequent where the client's optimism began to wane, their expectations about finding suitable work were not being met and their relationship with the Personal Adviser had become 'awkward'.

Other contact was made between the client and Personal Adviser to rearrange appointments and exchange information about jobs. Some people did not know when contact with their Personal Adviser would end, though some guessed it would cease when they returned to work and were no longer claiming incapacity benefits. Contact had continued on an informal basis past six work-focused interviews for one client who had moved into part-time work. The Personal Adviser continued to phone to check on their progress and the client visited the Jobcentre Plus office when nearby.

Personal Advisers had not re-established contact after one or a few interviews in situations where clients expected further treatment, diagnoses, improvement or resolution to their health condition, or were receiving support from a service such as the Condition Management Programme or Job Brokers. It may be that deferrals had been made by advisers in these circumstances. It was not always clear to these respondents when contact would be resumed with their Personal Adviser, but they did not doubt that either the Personal Adviser or themselves would initiate it. One claimant attended a further work-focused interview and was expecting one final interview after a period of six months without contact following their first three meetings.

In some cases clients initiated contact with their Personal Adviser after a period of no contact. These respondents were unclear about why their Personal Adviser had not been in touch. People had re-established contact where they perceived a need for new or further information and advice after a change in their circumstances, such as improvements in their health, being found fit for work after a PCA and facing increased financial pressure to work. They sought advice about looking for work and establishing a business as well as the implications of losing an entitlement to incapacity benefit, increasing the number of hours worked and starting a training course.

Discontinued contact

Contact with the Pilot had seemingly ended for other respondents. There was a spread of ages and kinds of health conditions among these respondents. Some had appeared detached from the Pilot after their first work-focused interview, as they

had no further contact with their Personal Adviser. This was through choice where the claimant had deliberately failed to attend an interview, but was unexplained where the Personal Adviser had indicated they would be in touch and had not been. Possible explanations for no further contact suggested by respondents were that the Personal Adviser had 'accepted' that they were too ill to work and that the Jobcentre Plus office had closed. People's responses to no further contact varied. Some were happy as they thought there was 'no point' while they perceived they could not work. People who were long-term sick, nearing retirement and not thinking about work were happy not to repeat an experience they had not found valuable.

Others wished the Personal Adviser would get in contact where they felt they had been 'left out' and made contact themselves when they required help but others would not initiate contact whilst they did not feel able to work.

Contact had ended for some who had been attending regular work-focused interviews. In this case, it was clear that contact had been discontinued rather than deferred, as respondents had either returned to work or had been told by their Personal Adviser that they no longer needed to contact them unless their health improved, for example, after receiving PCA results.

2.2 Experiences of work-focused interviews

In general, people spoke more about their first work-focused interview, though subsequent interviews were recalled in some detail where a referral to a particular service had been made, or where they felt that progress was being made. Some people gave few details about their experiences of interviews and others said that the interviews were all the same, using a standard procedure, with no variation in topic of discussion. This occurred with people who perceived the whole work-focused interview regime negatively. Their perception of the purpose of the interviews, as a way of getting them off benefits and pushing them into work when they were not thinking of working, was far more prominent than any recollection of the content of individual interviews. Some people who had previous experience of visiting Jobcentre Plus or the Employment Service perceived the work-focused interview to be no different from meetings with Personal Advisers in the past. The impact of participation in the Pilot on panel members is discussed fully in Chapter 4.

2.2.1 The first work-focused interview

The first work-focused interview was remembered well in comparison with subsequent interviews for a number of reasons: it was a new experience at Jobcentre Plus and an introduction to available support; positive or negative aspects of the interview stood out; and it was distinct from later interviews.

The first work-focused interview seems important in setting the scene on something that was new for most people, by explaining the purpose of the interviews and giving them information about options open to them. For some, the interview dispelled their prior expectations that the purpose and focus of the discussion was to

'push' them into work. Exceptionally, one person felt the focus of the interview was on ensuring they were aware of their entitlement to benefits, in contrast to their expectation that the adviser would concentrate on helping them find suitable work. For some the first work-focused interview was distinguished because it was the only interview where information on available options was offered, or it was the time an option was introduced in detail and followed by a referral or application.

Panel members had a variety of positive and negative views about the first work-focused interview. It was a positive experience for those who felt help was available and accessible to them. People who felt this way were those who were already thinking about or taking steps towards work, having experienced relatively short periods out of work, and who were pleased that they would not face pressure to return to work immediately. Not all those who came to regard the work-focused interview regime positively overall did so after the first interview. The first interview stood out as disappointing where few ideas for progress towards work were offered. In some cases individual elements of the interview, such as a comment or action by the Personal Adviser, were picked out as negative, for example a Personal Adviser's eagerness to look at jobs that the client felt were unsuitable for their level of fitness and a Personal Adviser's statement that they themselves were able to work with a disability. The whole experience of the interview was seen as negative – a 'waste of time' – where the client did not feel ready to work and felt under pressure, where they were already receiving support from other sources, or where they were keen to find work but felt Jobcentre Plus was unable to help them.

2.2.2 Subsequent work-focused interviews

Some people in the sample experienced only one work-focused interview. Others had participated in several further interviews, though few people had five or six. People's accounts suggest that later work-focused interviews could be important where more options or details about options already introduced were presented and explained to them, and where referrals were made.

People were able to give more details about their experiences where information had been given, options introduced and referrals made on their behalf, to services such as Job Brokers and the Condition Management Programme and for other help such as the Advisers Discretionary Fund. One person said they felt they were 'moving on' by being referred to a service. The reasons why options were introduced at this stage were not always clear to the respondents. However, it seems that changes in circumstances or a change in personnel – a new Personal Adviser – may have motivated the exploration of new avenues of support or the taking of action on ideas discussed in previous interviews. For example, when some people who had been considering returning to work or increasing their hours felt ready to do so or were motivated by other demands such as financial pressure, they were then given further information about, or applied for, financial help such as the Return to Work Credit or other sources of funding.

2.2.3 Timing

Within the Pilot arrangements, the first work-focused interview is intended to occur eight weeks after a claim for an incapacity benefit. The chosen time period reflects a desire to ensure claim processing issues and problems are identified and resolved before the focus of Jobcentre Plus support turns to the issue of work.

The timing of work-focused interviews and the first in particular, in relation to other concerns and events in respondents' lives, was discussed by those who felt interviews had been untimely. Work was being discussed at a time when they perceived other matters, such as family problems and their health, as taking priority. This was a view expressed by people with both physical and mental health conditions. They did not dismiss the potential of help from Jobcentre Plus, especially after a milestone had been passed such as an operation. However, they argued that help had been offered too early in their recovery or at a time when they were coming to terms with a health crisis or diagnosis, when they felt unable to take up any work, and before they knew what work they would be capable of doing.

2.2.4 Number and frequency of interviews

In general, panel members expected a series of interviews, though they were not always aware of the number. As people drew nearer to completing six interviews, they remained unsure about whether and how contact would continue. Expectations about the number and frequency of the work-focused interviews were not always matched in practice, for example, where Personal Advisers failed to make contact within a certain period of time.

Some discontent was expressed by some panel members about the requirement to continue attending work-focused interviews. Where people felt that each work-focused interview repeated its predecessor and they did not perceive that they benefited from the exercise, they voiced their discontent about the number of interviews. Their arguments included that it may have been 'fair' to be asked to attend one work-focused interview but if, as they perceived, they were not going to be able to find work then they should not be called in on numerous occasions. A motivation for continued attendance, even where people were unhappy about the prospect of further interviews, was the possibility that their benefits could be stopped if they failed to attend. However, this did not deter one claimant from failing to attend the second work-focused interview, perceiving the threat of benefit sanctions to be 'empty'.

2.2.5 Access and location

All first work-focused interviews and most subsequent work-focused interviews took place at a local Jobcentre Plus office. Exceptions arose where the client met their Personal Adviser at the site of a training course or where the interview was conducted over the telephone.

A range of views was given about the Jobcentre Plus office itself. Strong negative views were given where the respondent explained a long-held dislike for the jobcentre due to past experiences, which had not been changed by more recent experience. A perceived stigma attached to Jobcentre Plus was a concern for a respondent who had no previous experience of claiming benefits. Difficulties with access, such as climbing a slope, and parking were also mentioned. Alongside these views were more positive comments about the modernisation of the local office and the helpfulness of the staff. The open-plan design of offices was often mentioned, as if this was unexpected or an important comment to make. This was not generally experienced as a problem, however, even where there was some initial doubt about the maintenance of privacy in such surroundings.

2.3 Focus of discussion in work-focused interviews

2.3.1 Elements of discussion

For most people meeting a Personal Adviser for the first work-focused interview, the interview typically contained three key elements:

- At some stage, the Personal Adviser asked for the client's thoughts on work and any plans that they had concerning their work situation. At times this enquiry was not pursued in depth, though it could also lead to discussion about the type of work that could be sought or training undertaken.
- The client was asked to describe their current circumstances regarding health and employment, and their past employment record.
- The Personal Adviser explained options and made suggestions for action the client and Personal Adviser might take to help the client return to work.

Some respondents were unable to differentiate subsequent interviews in terms of content and outcomes, saying that they had covered the same ground as in the first interview and could only detect a difference in the shorter duration of the interview. However, others described differences in the subsequent interviews, including:

- the purpose of the interview, which was described as an 'update' and 'review' of personal changes (such as how they were feeling); of any involvement with external services (including medical treatment or visits to the doctor); or contact with services accessed through the Pilot (for example, visiting a Job Broker);
- the discussion of new topics, which in some cases led to action or being introduced to new services or support options;
- meeting with a different Personal Adviser, or feeling that their relationship with the Personal Adviser had improved.

2.3.2 Comparison with previous experience of meetings with Personal Advisers

People who had previous experience of meetings with Jobcentre Plus or Employment Service advisers had interesting perspectives on the work-focused interviews. Some found, contrary to their expectations, that the work-focused interview was different and some compared interviews favourably with, for example, the New Deal for Lone Parents (NDLP) where they had to spend time with other lone parents looking for jobs. Others did not detect any difference between the work-focused interview and previous discussions at the Jobcentre Plus or the Employment Service office.

2.3.3 Use and significance of Action Plans

Awareness of an Action Plan seemed patchy; some respondents expressed no knowledge of such a plan. Where people did recognise the term, their reflections on its purpose and content suggested it did not play a significant part in their experience of work-focused interviews.

The plan was used to record people's plans and aspirations, including attendance at further work-focused interviews. This seemed a meaningless exercise for those who said they were already doing what was noted down, such as updating their CV or buying a newspaper; or that the plans were 'standard', a 'bureaucratic exercise' and easily forgotten, such that the plan made no personal provision or indeed impact once the work-focused interview was over. A respondent who was taking steps towards work held a more positive view. They felt they had benefited from the exercise of thinking about their own aims and that, having written it down in the plan, would be able to refer to it when reviewing their progress.

People's views on their level of ownership of the document varied. Some felt they had had an input in its creation where the Personal Adviser had listened to their aspirations and included them in the plan; and that they had a role to play in achieving their plans where responsibility for doing certain things was shared with the Personal Adviser. This occurred where respondents had aspirations to return to work and had made some decisions on how to make such progress. However, people who were not thinking about work and were not interested in the options put forward by the adviser, found that the document seemed to be for the Personal Adviser's benefit more than their own and were not interested even though their Personal Adviser was enthusiastic.

Action Plans did not appear to be routinely reviewed throughout the series of work-focused interviews for all clients. Some spoke of plans to review and update the plan as necessary and this had actually happened for some people at every work-focused interview, to see how it could be 'improved' and to add the date of the next work-focused interview; or when they had been referred to a service.

2.4 Medical assessment and work-focused interviews

One element of the reform was the aim to make closer links between the Personal Capability Assessment in the medical assessment and the work-focused interviews. As explained in the previous chapter, the initial aim was for the Capability Report following a medical examination, to be available by the time of the second work-focused interview, so that there is no uncertainty about benefit entitlement and to provide the Personal Adviser with useful guidance for discussions about work.

We do not have objective information about which panel members had been subject to a PCA, and detailed information about experience of medical assessments and medical examinations was not sought in the panel interviews. Rather, the approach taken was to pursue this topic as and when people raised it themselves. Some data emerged which is useful.

Only one respondent referred to the Capability Report. They had found it helpful in focusing on what they could and could not do. It was unclear whether they had discussed the report with their Personal Adviser.

People whose incapacity benefit had been withdrawn after a medical assessment during the panel study talked about the impact of this. Loss of incapacity benefit had effects in both directions, in terms of moving towards work. When a person was already focused on returning to work, loss of incapacity benefit had been a strong influence in deciding to increase their hours beyond the permitted work limit of 16 in order to gain in-work financial support. At the time, this person had felt 'pushed' towards working longer hours, although by the end of the panel period she felt that the hours suited her current condition. By contrast, a person who was not ready to think about taking steps towards work when incapacity benefit was withdrawn was upset and felt sure this was a wrong decision. The focus of attention turned to regaining benefit, and although an appeal was successful and the person was in receipt again by the end of the panel, this person's depression had deepened. Further contacts with the Personal Adviser were now feared, in case the adviser now doubted the impact of the condition.

Some of those whose continued entitlement to incapacity benefit was confirmed after a PCA made links between this and what happened in respect of work-focused interviews. People who had been told after a PCA that no further medical assessment was required for 12 or 18 months, sometimes said that their adviser had cancelled further interviews at this point, or associated the PCA decision with a falling-off in adviser contacts. When this did not happen, and a person who felt unable to work was still asked to go for further work-focused interviews, this increased hostility towards the Pilot and a perception that different messages were being given.

Among the panel recruits was one person who had attended an employer's medical examination during contact with the Pilot. Help received from the Personal Adviser and others, within the Pilot, had enabled the person to challenge the employer's subsequent suggestions for medical retirement.

2.5 Learning about services and opportunities

As might be expected, respondents did not know about every option available to them through the Pilot arrangements. Given the early findings from interviews with Personal Advisers (Dickens *et al.*, 2004), this may suggest that Personal Advisers tailor the information they give according to the individual circumstances of each benefit recipient, so that the impact and relevance of the information for each individual is maximised.

2.5.1 Flow and use of information

In respondents' recollections of discussions with their Personal Adviser, they described information being **offered** to them. If respondents chose to seek information from their Personal Adviser then this occurred in a later work-focused interview or in an impromptu meeting initiated by the client, when they had more knowledge and a better understanding of what was available to them and had had time to consider how and when Jobcentre Plus support might advance their personal plans. For example one respondent had been told in an earlier work-focused interview that the Return to Work Credit would be available if they increased their hours. When they were ready to work longer hours they initiated a discussion with the Personal Adviser to find out more and apply for it.

A range of services and opportunities were presented to people throughout the series of work-focused interviews, including:

- help to take action in looking for work such as discussing job ideas, looking at vacancies and arranging job interviews; advice on interview skills; and help in writing or updating CVs. This support was available from Personal Advisers, Disability Employment Advisers (DEAs), work psychologists and NDDP Job Brokers.² Also advice on establishing a business from a small business adviser;
- advice and help on making work financially viable, such as working within the Permitted Work rules, receiving money from the Adviser Discretionary Fund for clothing and equipment, applying for Return to Work Credit and tax credits, and grants from external funders (including Job Brokers);
- preparation for work in the longer-term in the form of training courses, work experience schemes, and improving the people's management of their condition through the Condition Management Programme, including condition-specific groups, exercise programmes, pain management courses, physiotherapy, and one-to-one and group counselling.

² NDLP is a voluntary government scheme that aims to help people on disability and health-related benefits attain and sustain paid employment. A network of Job Brokers help people by giving advice and help in matching skills to employers' needs, job-searching, applying for vacancies and preparing for job interviews. They can also provide training opportunities and support on starting work (Jobcentre Plus website – www.jobcentreplus.gov.uk).

In some cases, discussion of options went beyond introduction and explanation, and referrals were made. Panel members' experiences and views of services and opportunities accessed through the Pilot are reported in Chapter 3.

2.5.2 Deciding to use services and take up opportunities offered

As shown above, a range of services and opportunities were presented to panel members. However, not all were accepted and taken forward. People's reasons for deciding to accept or reject options help us to understand what people regard as beneficial and at what stage.

Reasons for using service or taking an opportunity

People gave a range of reasons for using services. Some options were regarded as beneficial in helping them to get back into work. Financial help in the form of Return to Work Credit was cited as helping people to return to work gradually and to contribute to the easing of debt. Funds such as the Adviser Discretionary Fund were regarded as useful by those who were in need of new clothes, equipment or work licences before they could look for, or start, work. Other help such as training courses was thought to be potentially helpful in preparing them for work and to fit alongside programmes they were already involved in. The offer of a Condition Management Programme was taken up by those who wanted to attain a better understanding of their condition and by those who said they would not turn down the offer of anything that could help. Another respondent agreed to participate in the Condition Management Programme because they feared their benefits would be affected if they did not. Seeking to do something, to feel that they are moving forward, was a reason cited by someone who accepted support from a Job Broker.

Some respondents had been unsure about the benefit of participation in some services and had decided to take part on the basis of someone else's encouragement and reassurance. The Personal Adviser could have an influential role here, especially where they shared a good relationship with their client. Some people said they had agreed to take part in the Condition Management Programme or to go to a Job Broker only because their Personal Adviser had encouraged them to do so. Reassurance about the benefits of taking part in the Condition Management Programme was also sought from a GP in one case. Respondents who had taken advice and guidance included those who perceived themselves as lacking in confidence and were happy for their Personal Adviser to guide them; people who had doubts about whether they needed extra support (for example, from a Job Broker) to find work when they could possibly do it themselves; and people who had concerns about the effects of support, such as physiotherapy, on their health condition.

Exceptionally, one respondent explained that they had decided to use a Job Broker in the future in preference to visiting Jobcentre Plus to look for work, because they knew some of the Jobcentre Plus staff personally and thought they would be more anonymous with the Job Broker staff.

Reasons for not using services or taking an opportunity

Not wanting to work was a straightforward reason for rejecting help to return to work. Likewise the belief that the options offered would not be beneficial, such as an exercise programme and pain management course. Those who felt that they were unable to work cited their health as a priority, and made it clear that it would not be worthwhile starting a new programme or receiving help to return to work until their health status and future capacity to work became more certain. This could depend on receiving treatment such as a heart operation or waiting for an improvement in their health condition. Some older respondents who had spent a large portion of their working lives in one manual occupation, felt that it would not be worthwhile accepting help such as retraining and work experience schemes because there were too many barriers to work to overcome, such as older age, health condition and capacity to learn.

Some services and opportunities were not taken up by people who were already working, looking for work or thinking about getting into work because they felt they did not need it. For example, group therapy sessions as part of the Condition Management Programme were not required where the respondent had returned to work after participating in one-to-one sessions. Training courses and advice on job-searching, writing CVs and interview skills were not required by people who felt they already possessed adequate skills and experience for the workplace and for making successful job applications; or already had access to such support from another source (for example, pre-Pilot contact with a Job Broker).

Misunderstandings or lack of details about the focus and nature of support may explain why people rejected some options. Job schemes for disabled people and help from a DEA were rejected because respondents did not perceive themselves as disabled. An offer to take part in the Condition Management Programme was turned down because the panel member thought their condition was not bad enough, it would be better suited to other people and that it was primarily about retraining which they did not feel they needed. Misunderstandings about the effect of receiving Return to Work Credit on their liability for paying council tax and rent, meant that some people did not think this money would make work worthwhile financially, especially if they thought their likely earnings would be the minimum wage.

Some people who had a history of ill-health and previous experiences of Jobcentre Plus or the Employment Service, declined to hear about any available services or appeared dismissive or sceptical of those they were told about. Previous experiences of Jobcentre Plus staff '*not following through*' with their suggestions or knowing that what was on offer would not help them, meant they were not interested in taking forward any ideas presented in work-focused interviews.

Some reasons for not taking up offers of support reflected practical concerns. There was recognition that they would not be eligible for the Return to Work Credit until they had started working again for more than 16 hours. The financial help available

under the Permitted Work rules did not fit all patterns of employment, including a self-employed man whose working hours reflected customer demand. In one case, the fees to take part in a local support group were too expensive. Others were concerned that working would not be financially viable and so did not think it worthwhile to accept help to return to work. Poor health was perceived as a barrier to participating in retraining schemes and exercise programmes. Retraining was also turned down because people felt they lacked the skills needed to do it, or were not interested in the course subject-matter, such as book-keeping, or the kind of jobs it might lead to, such as office work. Location and access difficulties were also cited as reasons, for instance where the Job Broker's office was not on a bus route and a job scheme mentioned by the Personal Adviser had not started yet.

2.5.3 Information that had an impact

Information on available services and opportunities appears to have made an impact where it was perceived as relevant and timely according to individuals' circumstances; where it helped people to think differently about their situation by offering new ideas; where people perceived the option offered negatively; or because of the way in which the Personal Adviser introduced the options.

Relevance and timing of information

People were pleased when they felt they had been given information that was relevant to their circumstances and aspirations. Information about the Return to Work Credit and funds for clothing, equipment or starting a business was welcomed when people were already looking for work, considering establishing their own business or thinking about returning, or increasing their working hours in the near future. Extra money through the Return to Work Credit also made an impact on those who had debts and those who wanted to be able to return to work on a gradual basis. Advice about benefits entitlement and coping with financial burdens, such as a mortgage, was also useful at a time when their financial situation was uncertain. People ready to look for work had also been informed about job-searching and vacancies; the help available from Job Brokers; training courses; and, in some cases, work psychologists. Where someone had become interested in becoming self-employed, they had been informed of the availability of meeting with a small business adviser.

The timing of the information to coincide with people's thoughts about work and other influences on their lives seems to be important. Some people did not show an interest in an option until its relevance became apparent after a change in their circumstances. For example, information about accessing a supplementary computer skills course became salient to one panel member when they had already enrolled on a college computer course and had become more focused on returning to employment. Previously, they had not wanted to return to work and had decided not to visit a Job Broker when access had appeared difficult.

Information and new ways of thinking about work

Information from the Personal Adviser also seems to have made an impact where it helped people to think differently about their situation and prospects. Introductions to the work of Job Brokers made some people feel that there was something there to help them, to find more suitable work, for example, and that they were 'moving on'. Some intended to use Job Brokers in the future when they would be ready to look for work. Some people who felt they could manage a few hours of work considered new ideas and options regarding staying on incapacity benefit whilst working or going to college, having discussed financial support options such as working within the Permitted Work rules. The option of attending a support group for a specific condition or the Condition Management Programme was something new and felt to be worth a try by a respondent who was keen to be back at work and was open to various suggestions of support and employment opportunities.

Information perceived negatively

Learning about services and opportunities also had an impact where people had strong negative views about the options presented. That the Return to Work Credit was a 'bribe' and a way of forcing people into work was the opinion of one respondent who was personally motivated to return to work and had been off work for a relatively short time. That the credit was not an incentive because the amount offered was insignificant, and that it was of no value to those who did not want to work, were views given by people who perceived themselves as unable to work. Information about the Return to Work Credit made an impact on one panel member who said the amount offered was less than expected after hearing what a friend had been told. Another respondent felt it was inappropriate to be encouraged to participate in an exercise programme before a heart operation.

Importance of the Personal Adviser's delivery of information

The Personal Adviser's emphasis on particular principles relating to options, such as voluntary participation, or in explaining a single service, helped to make an impression on respondents. For some people who were unsure about what participation in a service might entail, such as the Condition Management Programme, it seemed particularly relevant that participation was voluntary. Information about an option repeated several times over the course of an interview was remembered as unwelcome pressure by a respondent who did not feel ready to accept the offer. The way some information was presented appeared to put some people off. For example, some respondents remembered that their Personal Adviser had talked about a £2,000 back-to-work credit (i.e. £40 a week for 52 weeks). In these terms it was felt to be too large a bonus especially where they had been off sick for only a short time. On the other hand, £2,000 was thought to be an insignificant sum by another.

2.5.4 Gaps in information

Respondents who had been in greater contact with their Personal Adviser, through numerous work-focused interviews and informal contact, felt that everything had been covered, and could not say that their Personal Adviser had missed anything in introducing and explaining the options and opportunities open to them. However this was not the view of all the panel members.

People found that Personal Advisers had missed out information in work-focused interviews when they learned about services and opportunities from other sources. Whilst it was not an objective of the research interview to give respondents information about options available through the Pilot, questioning on some topics led to the exploration of people's knowledge of services such as the Condition Management Programme and Job Brokers. Where this information was new to respondents, some expressed an interest and remarked that they may have been willing to try it and perhaps the Personal Adviser should have made them aware of **all** the options available to them. Television advertisements were another external source of information about Job Brokers, and had led some people to make contact or consider doing so in the future. A GP's reference to a rehabilitation course had prompted one panel member to wonder what might be available to them.

Information was missing when options had not been explained in enough detail. People were unsure what was involved where details of financial incentives were skimmed over quickly – a particular query being how much money they would receive; where information about the role of the Disability Employment Adviser had been vague; and where the Personal Adviser had introduced an option but had failed to mention it again. Some people who found details were missing remarked that they would like to know more about particular options.

Information and help regarding benefits entitlements, making a job application, retraining and self-employment were also said to be missing from discussions with Personal Advisers in work-focused interviews. One panel member explained that their Personal Adviser had given information about **forthcoming** services but they were left unsure about what was **currently** available.

In summary, the giving of information and learning about options seems important in two respects: for taking immediate steps; and to inform considerations about work and possible future action. Some people who were out of work for relatively short periods and were keen to return to work, or had already taken steps towards work, found that the information they received in early interviews helped them to take immediate steps to find work or to prepare for work, for example, registering with a Job Broker or enrolling on a Condition Management Programme. Others were not ready to take steps when information was imparted in work-focused interviews. The information could still be useful, however, as people who said they were not ready for work found it valuable to know what they could do when they were ready. Some stated their intentions of returning to Jobcentre Plus or to a Job Broker to look for work in the future when their health improved and their personal

problems were resolved. Furthermore, the longitudinal study was able to trace those who saw their circumstances and motivations change and who returned to Jobcentre Plus when they sought further advice and felt ready to take the next step. Panel members were able to follow-up previously mentioned help, such as the Return to Work Credit or to seek advice about the status of their benefits whilst participating in a college course.

2.6 Overall views of the Pilot

2.6.1 Perceptions of the Personal Adviser

Previous research has highlighted the role of the Personal Adviser as important in providing support and advice to people (see for example, Loumidis *et al.*, 2001). In this study, most benefit recipients appeared to enjoy a good relationship with their Personal Adviser, though in some cases it was more significant than in others.

The value of personal support from the Personal Adviser

Complementary remarks about Personal Advisers centred on their personal attributes, including that the Personal Adviser was 'helpful', 'supportive', 'not pushy', 'sympathetic' and 'understanding'. Some respondents said their Personal Adviser was 'making a difference' and perhaps going beyond what their job required of them, a comment made particularly by people who attributed their progress, either personally or towards work, to help received from their Personal Adviser. It is this kind of support, which is not always perceived as an 'intervention' comparable to the Condition Management Programme or referral to a Job Broker, which is the focus of the discussion here. Some spoke of unexpected or special action their Personal Adviser had taken on their behalf, such as arranging an interview for a training course by making a phone call the client would not have had the confidence to make themselves; giving 'genuine help' by putting credit on the client's mobile phone to assist job searching and contact with potential employers; and overcoming obstacles by ensuring financial assistance was implemented immediately when benefit payments had already ceased.

Others described being led by their Personal Adviser's advice, for example, continuing with a Job Broker when they were unsure of its value. This is perhaps an indication of how some people can be influenced by their Personal Adviser's expertise and knowledge, and understanding of the individual client's circumstances. The Personal Adviser was valuable to people as someone to talk to who took an interest in them. Particularly close relationships were formed where the client felt the Personal Adviser understood them and their situation, through shared experience of family issues and health problems. They perceived the Personal Adviser as caring for them as an individual such that their support was 'personal' and not just directed at helping them find work; that they encouraged the client to take their time and did not 'push'; and as a consequence, they helped them build up their confidence. The opportunity to talk through options and their consequences with someone who

made them feel relaxed and comfortable helped one respondent to think differently about her circumstances and work aspirations.

Limitations of the role of the Personal Adviser

Panel members' criticisms were often aimed more at the **role** the Personal Adviser was adopting rather than at the Personal Adviser themselves. That the Personal Adviser had not been listening to them, was 'going through the motions', had persisted with the idea of returning to work for too long and had 'just read off a script' throughout the entire interview, were views expressed. Some were critical of Personal Advisers' apparent lack of knowledge in relation to their benefit entitlement and personal details, particularly when they had already visited the Jobcentre Plus office on numerous occasions. So, for a section of the panel, the Personal Adviser was perceived as doing no more than their job, some believing that the Personal Adviser's concern for their health was only due to their training for the role.

Comparisons with previous dealings with Jobcentre Plus or the Employment Service

Some explained the value of their Personal Adviser's contribution by comparing them with other Jobcentre Plus staff and Personal Advisers they had met in the past. They went into more detail about how they could help or had taken more of an interest in them as an individual. For example, one respondent's view was that whilst staff in the past did not 'care' about her health condition, her current Personal Adviser was the first one who 'really' understood her, or asked about her family and how she was feeling.

Relationships with Personal Advisers over time

Most people's relationships with Personal Advisers remained constant over the series of work-focused interviews, but changes occurred where they met with more than one Personal Adviser or they felt the Personal Adviser understood them better over the course of time. People who met with two different Personal Advisers spoke positively about both but seemed to forge a relationship, perhaps unsurprisingly, with those with whom they had sustained contact longest. Not only did continued contact with one Personal Adviser enable the building of a supportive relationship as discussed above, but it could also assist people to make progress between each work-focused interview rather than revisiting the information given in the first interview. Some people met their Personal Adviser when they were making their claim and were pleased when they continued to meet with them in the work-focused interviews. One respondent's relationship with their only Personal Adviser improved after the initial work-focused interview as they felt the Personal Adviser began to act less like a 'robot', to 'respect' them and not think of them as a 'time-waster'.

2.6.2 Changes in perceptions and views of work-focused interview regime

After receiving notification of the first work-focused interview by letter, there was a common perception among respondents that the purpose of the interview was to investigate their benefit eligibility with a view to being taken off incapacity benefit and forced into work. Some people's perceptions of the work-focused interview regime and its rationale did not change in the course of their involvement with the Pilot. This suggests that the first work-focused interview can be very important, not only in explaining what kind of help is available, but also in setting the tone of the process and recipients' participation in it. Some people had limited contact with the Pilot after their initial work-focused interview and, thus, their perspective remained unchanged.

Work-focused interview regime perceived positively

After an initially positive meeting with their Personal Adviser, some people continued to believe that the Pilot, through further work-focused interviews and services received, was providing valuable help and support. They felt reassured that they could move at their own pace and would not be pushed into work. The people who held this view were those who were willing to consider various employment opportunities, some of whom were already looking for or doing low-skilled work on a part-time basis. Another young woman who had not been looking for work but wanted to be back in work, viewed the Pilot as a whole positively because she perceived that work-focused interviews and services would be helpful to her. In general, people were only recently out of work and one man still had a contract of employment. Their positive impression of the Pilot continued as they maintained a supportive relationship with their Personal Adviser, participated in services, took advantage of opportunities and all returned to work. Focusing on individual needs and aspirations, not feeling pressured and having the choice to take part in services were valuable aspects of the work-focused interview regime. These respondents had either taken part in regular work-focused interviews with their Personal Adviser or used their adviser as a resource as required.

Work-focused interview regime perceived negatively

This mainly negative perception of the interviews was maintained by two broad groups of panel participants: people who were not thinking about work and doubted their return to work in the future; and people who wanted to work again and felt that they would be able to do so once barriers, such as ill-health and family problems, were removed.

The first sub-group gave strongly critical views of the interviews. They said they were 'insulted', felt 'hounded', that the meeting had been a 'waste of time' and that the Government was targeting the wrong group of people. People in this sub-group were older men and women who had worked for most of their lives in one occupation, and included someone who was self-employed. They felt that their health condition was severe enough to prevent them from working and doubted it

would improve. Some were now looking to retirement. They argued that since they had always worked it would be unfair to be expected to work whilst they felt unable to do so; and if they could work again they would be able to find their own work, as they had always done. Allied to this was their argument that the Government should turn their attention to others, for example, those who have mainly been unemployed throughout their lives, and people with problematic drug and alcohol abuse. These respondents also spoke of feeling that doubt was being cast on their honesty regarding their health condition, and on their GP's professional judgment. There was bemusement that doctors and Personal Advisers were seemingly at odds with each other, given that an 'IB doctor' could judge them unfit to work whilst a Personal Adviser tried to encourage or 'force' the same people to work.

Although the second group were mainly negative about their participation in the work-focused interview regime, the strength of their criticism was moderated by a belief that there were good underlying reasons for holding such interviews. They maintained that the purpose of the interview was to check the legitimacy of their benefit claim and get them into work, and that this was not appropriate for them at that time. Work was not a priority for them because they were awaiting treatment or improvement in their health condition, or had family problems to attend to. Some felt they were being 'forced' into work, without regard to their individual circumstances, health condition, and their preferences for specific types of work. One participant described being 'funnelled' into alternative work when they could no longer continue in their previous job. However, they also said that they did not mind attending the interviews and that they understood this was a way the Government could ensure people were making genuine claims.

A critical view of the work-focused interview regime that differed from all other panel members' views was that the interviews focused on the respondent's entitlement to benefits, at the expense of discussing work. This was a disappointment to the respondent who had been self-employed and had hoped to find suitable lighter work through their contact with Jobcentre Plus. They said the work-focused interview regime did not meet their individual needs and they had returned to their self-employed work.

Mixed views of the work-focused interview regime

A group of panel participants who seemed indifferent about their involvement in the Pilot remained so throughout the study period. Here, men and women were in their late 20s to 40s and had been out of work for longer periods due to ill-health and disability. They also had previous experience of meetings at Jobcentre Plus and the Employment Service. Whilst wanting to work, they believed that the kind of jobs available were not worthwhile financially; were uncertain that they could cope with work and care for their children; or could not find any suitable work. They may have found particular work-focused interviews or pieces of information 'helpful' but this did not seem to detract from their general view that the interviews were no different to meetings held in the past with advisers and were a 'waste of time' or 'pointless'.

One respondent explained that they were '*playing by the rules*' by attending the interviews. Most continued to meet with their Personal Adviser but one had not had any work-focused interviews after the first. Some had taken up services because they thought they might help them to 'move on' or because they feared their benefits would be affected if they did not.

Changes in perceptions

Some people's views did change over the course of the longitudinal study. Aside from those whose expectations of being pushed into work, or of finding suitable work were not met there were people who changed their views of the work-focused interview regime after participating in several interviews.

Some people's views of the work-focused interview regime became more negative. The repeated and ongoing failure to find suitable employment and perceived lack of progress meant that another's initial optimism, built by the first work-focused interview, turned to frustration and to feeling 'demoralised' throughout later contacts with the Pilot. For them, the work-focused interviews were 'a tease' as they felt that Jobcentre Plus could not help. Another panel member's opinion of the interviews worsened after they were found fit for work in their PCA. They had not minded attending work-focused interviews even though they did not find them beneficial, but after being found fit for work, and feeling that their health was deteriorating, they did not want to attend any more interviews because they felt guilty for claiming benefits.

In contrast, some of the people who had initially held critical views of the work-focused interview regime had a more positive perspective after further contact. New positive perspectives were expressed by those who saw their relationship with their Personal Adviser develop and improve. In some cases this was due to a change in personnel, but others found that they talked more with their Personal Adviser and felt that they came to understand and respect them more throughout later work-focused interviews.

Some people, who were largely critical of the process, were able to draw out some positive aspects of the Pilot in the final research interview. Being able to appreciate the broader objectives of the initiative – to 'draw the line somewhere' on giving benefits – and recognising that the work-focused interviews had made them think differently about their situation and future were new points of view.

Interviews with a Personal Adviser became more useful and were, therefore, perceived more positively by respondents who saw their own circumstances and aspirations change independently of the Pilot or whose Personal Adviser was able to offer further options and ideas at later interviews. Their initial impression was that the focus on work was inappropriate as they felt they were unable to work. However, once they had focused on returning to work and had enrolled on a college course, they went to their Personal Adviser for advice about the effect on their benefits. They found that receiving more information, accepting a referral to the

Condition Management Programme and the positive attitude of their Personal Adviser, helped to boost their morale and confidence. Frustrations with the lack of help available at the first work-focused interview were superseded by optimism for one respondent, when more information and ideas for action were introduced at later work-focused interviews and through frequent informal contact. The respondent had been off work for a comparatively short time and was keen to get back as soon as possible. The support he received helped him to return to his old job.

There is perhaps support here for meeting a Personal Adviser in a **series** of interviews. There are possible benefits to people in becoming better acquainted with options that are open to them and helping them to consider their personal goals. Equally, a series of interviews enables the Personal Adviser to get to know the individual, gives them more time to reflect on what might be beneficial to people and to tailor support to their needs. However there is also support for the argument that benefit recipients are best placed to decide how and when continued support through work-focused interviews occurs. Some people in the sample were able to use the support available at Jobcentre Plus so that it fitted with their personal circumstances and any changes they faced.

2.7 Conclusions

The timing of the work-focused interview regime alongside other developments within the lives of benefit recipients appears to be significant. The Pilot seems to be most positively received by people who were already looking to return to work or felt able to consider it, in which case work-focused interviews were helpful in supporting and developing their aims. Not everyone had reached this stage of readiness, and it was clear that those who were furthest from work were most critical of the interviews.

The evidence that some people could identify positive aspects of their involvement over time and after further contact with a Personal Adviser may support the idea of a **series** of work-focused interviews. Messages repeated over a period of time and continued support from a Personal Adviser may help people to see their situation and future in a different way and enable advisers to respond to changes in circumstances as they happen.

However, support also seems valuable when it is initiated by the benefit recipient at the time **they** feel they need it. Focusing on work was not a priority for people who had more immediate concerns about their health or family, but some said that help to move into work would be welcome at some point in the future. Early information-giving seems important here. One view from the panel was that one work-focused interview was 'fair enough', but that a series of six was inappropriate. People were also generally positive about receiving information and learning about what was available, even if they chose not to accept the support offered. It could be that once people are aware of what options they can take and what services or opportunities are available to them they are best placed to decide when that help is most usefully employed, having taken account of other factors in their lives.

Control seems to have been exercised by Personal Advisers in deciding when to hold interviews and when, and for how long, to defer them. Some panel members' lack of awareness of deferrals and waivers and uncertainty about if and when contact would be resumed supports this. However, some people's accounts of their experiences show that they were willing to initiate contact with their adviser when they needed information or help to move closer to work. They were happy to exercise control in these cases, having been given information and already knowing an adviser. It seems that personal motivation to get back to work, and perhaps changes in circumstances, may be needed first before people are ready to seek help.

People who had found work by the end of the longitudinal study gave mainly positive reflections on their involvement in the work-focused interview regime. They had been pleased that they were not pressured and could take steps at their own pace. The advisers were viewed as a good source of information on a variety of ideas and options, as well as 'friends' who were happy to listen. Some of these people were those who initiated later contact and work-focused interviews when their circumstances changed and they were ready to access further help and advice. Others participated in regular interviews where various options were explored at different stages.

3 Experiences and views of services

This chapter explores the experiences and views of people who used services or took advantage of opportunities presented to them by their Personal Adviser in the work-focused interviews or accessed through alternative routes outside the Pilot. The chapter first summarises the range and combinations of options used by panel members. The remainder of the chapter then looks in detail at how panel members experienced support, the extent to which it was helpful and at what stage. This includes both new forms of support established for the Pilot, such as the Condition Management Programme and the Return to Work Credit, and more established support options such as Jobcentre Plus services, New Deal for Disabled People (NDDP) Job Brokers and health services. Panel members were asked to compare the quality and impact of support where they had experienced both Pilot and non-Pilot services. Their thoughts about how services fitted with each other, and whether and how they were co-ordinated, are also examined.

3.1 The overall picture of use of services

Different patterns of service use were identified among the panel participants. People experiencing long-term or recurrent ill-health or disability-spoke of using more services accessed outside the Pilot than they had accessed through the Pilot. Use of Pilot services was higher among new benefit recipients, especially if they were motivated to return to work. Those who were not motivated to work did not use Pilot services.

Panel members who experienced long-term or recurrent ill-health or disability-described past, and sometimes continuing, experience of using services and interventions such as Jobcentre Plus or the Employment Service, Job Brokers and other sources of funding. Contact had continued where people were engaged in training courses that had not reached their conclusion and with services, such as Job Brokers, that people had found particularly valuable.

Those coming new to Jobcentre Plus and ready to look for work were the most active in using Pilot services. This group of people who were trying to take steps towards work also used various services accessed outside the Pilot, most of which were used at the same time as their involvement with the Pilot. Services included college courses, legal advice, pain management clinics, support groups and advice centres. Those who were in work at the end of the panel study were those who had used the most Pilot services and had either combined these with external services or had experience of using external services in the past. Services accessed through the Pilot by such people included Return to Work Credit, Adviser Discretionary Fund, Condition Management Programme, Job Brokers, various sources of funding, work psychologists, Disability Employment Advisers (DEAs) and business advisers.

Use of the job-search facilities in Jobcentre Plus was common among the panel, whether before or during their involvement in the Pilot. It was often used at the same time as other job-searching help such as Job Brokers and DEAs, or sequentially after starting or completing activities such as training courses and the Condition Management Programme.

A section of the panel was not motivated to work and did not use any Pilot services. Services they were in contact with, by routes outside the Pilot, were healthcare services, solicitors, local authority advice units and other voluntary sector advice organisations. This group comprised older men and women who said they could not work, and doubted they would work again, primarily because of their health conditions but also because of their age and labour market barriers to employment. They had spent most of their lives working in one type of occupation and were resistant to the idea of working in an alternative job. They felt the Pilot was putting pressure on them to get off benefits and get into work and did not want to engage with any of the services or interventions offered to them.

This chapter will look at how people access services, focusing particularly on the role of the Pilot in channelling people towards services; how people use such services; and whether and at what stage they are helpful. As will be shown in the sections below, the helpfulness of some services extended to being influential in some people's state of health and decisions to return to work. Particularly useful elements of the service received were identified by some of these people. Helpful aspects of individual services were also picked out by people where the service did not perhaps make an impact overall. In contrast, some people found that services as a whole, or in part were not helpful to them and their reasons are explained.

3.2 Jobcentre Plus staff and services

3.2.1 Service delivery

Jobcentre Plus services experienced by panel members included job-searching using display boards and computers; receiving advice and help from their Personal Adviser, a DEA or work psychologist; undertaking training courses; and funding from an Action Team. Financial help and advice received covered matters such as mortgage payments, and checks on benefit entitlements for a respondent who was thinking about starting a college course. Whilst there were some people who had never claimed benefits nor visited a Jobcentre Plus office before, others had more experience of Jobcentre Plus services through speaking to an adviser or using the job-searching facilities in the past.

Personal Advisers had guided recipients in their job-searching activities at Jobcentre Plus, by looking together at vacancies or alerting individuals when suitable jobs were advertised. Another main role described by some panel members was in talking with respondents about their circumstances and providing support on a more personal level.

Some Personal Advisers had referred benefit recipients to Jobcentre Plus colleagues such as the DEA or work psychologist. This was not a common experience but where it had occurred, the DEA had fulfilled a role in talking to respondents about their benefit entitlements and the incentives to work on offer, for example, explaining the Permitted Work rules; signposting to organisations such as the Disability Rights Commission; and supporting a claim for in-work discrimination. Past or ongoing contact with DEAs was also mentioned, being focused on finding clients suitable employment opportunities. An incapacity benefit Personal Adviser had referred one client to a work psychologist who had mediated between an employer and panel member in negotiations aimed at returning the panel member to work. When she could not give any more assistance herself, the work psychologist signposted the individual to other appropriate organisations.

Referrals were made to training courses that, from respondents' accounts, appear to be funded by Jobcentre Plus. Such courses had been accessed through both the Pilot and past contact with Jobcentre Plus, for example through the New Deal for Lone Parents (NDLP). Course subjects included computer skills and interior decorating and attendees worked towards qualifications. One respondent had received assistance as part of NDLP to enrol on a business course and then to transfer to a nearer college when participation became difficult. At the time of the final research interview, some people were considering taking part in training courses recommended to them by their Personal Adviser, in digital learning and forklift truck driving.

Funding towards establishing a small business and buying office equipment to enable work at home had been obtained from a local Action Team³ both through, and external to, the Pilot. Meetings with the Action Team had taken place at the Jobcentre Plus office. Funding from Access to Work had also been found prior to one person's contact with the Pilot.

3.2.2 Impact of Jobcentre Plus support

As discussed in Chapter 2, the supportive nature of the Personal Adviser was most commonly and clearly identified by people who were thinking about, and taking steps towards, work.

DEAs proved to be important where they understood people's needs and were proactive in looking for suitable employment opportunities. One person who had been out of work for a long time felt their employment prospects had improved by working with a DEA to find appropriate employment. Even though they had been receiving help from the DEA for a couple of years and had so far been unsuccessful in finding work, they appreciated the DEA's company at job interviews and their encouragement to keep trying.

A boost to confidence or self-esteem was also a product of involvement in training courses. People commenting on the helpfulness of this support had not started working but were preparing for it and had found that working towards qualifications in computer skills or undertaking web design courses had helped to improve their knowledge, skills and prospects for finding employment in the future.

The ability to meet specific needs, for example, by looking for job vacancies or giving advice about benefits entitlement or work incentives, was also cited as helpful aspects of the service offered by Jobcentre Plus. Appreciation was shown when advisers were able to identify and contact additional services that might be able to offer help.

The Pilot arrangements were also an improvement on the past service for reasons such as being able to continue with one Personal Adviser who knew the individual's details, and starting something they had never tried before, such as a computer skills course with the aim of obtaining qualifications. Recent experience of job-searching with their Personal Adviser at Jobcentre Plus was more positive for one respondent

³ Action Teams were first introduced in June 2000 in three pathfinder areas and rolled out across 37 areas in October of that year. By January 2002, there were 63 teams in Britain (DWP, 2003). Their overall aim is to increase the employment rates among disadvantaged groups such as homeless people, asylum-seekers and ex-offenders. They provide an outreach service by locating themselves in community centres and mobile facilities. Their range of services includes: job-search advice and guidance; financial support such as providing childcare costs; debt counselling; help to provide a means of travelling to work; and training opportunities (ECOTEC, 2002; DWP, 2004).

than their past experiences on the NDLP, when they had had to complete applications for jobs for which they were not qualified.

An intervention described as having had a big impact was the support of a work psychologist. Providing mediation between employer and employee and negotiating a return to work prompted one panel member to say they would not have returned to work without their help. The respondent had expected to be medically retired and the action of the work psychologist prevented this.

People who were looking to earn above a certain limit or who were looking to take on lighter work than their present occupation, expressed disappointment with the range and the suitability of jobs advertised in Jobcentre Plus. There were examples where needs were met only partially. In one case, a Jobcentre Plus adviser had been 'very helpful' in getting the respondent an interview at a hotel, but the adviser did not offer them advice on how to make working financially viable. Needs were also left unmet when Jobcentre Plus staff failed to 'follow through' on their suggestions for action, or to provide answers to people's queries about benefits entitlement. This latter criticism was particularly forceful among those who did not want to return to work or felt unable to do so at least in the short term. For them assurances about their financial circumstances took priority over any discussions about or provisions for finding work, and they were thus concerned to ensure they received all state benefits that they were entitled to. When they did not feel Jobcentre Plus answered their queries adequately they sought advice from external sources, such as council services and local resource centres.

The manner of some Jobcentre Plus staff was questioned by respondents who found them 'rude', 'emotionless' or felt they were judging them for not working. Such comments were made about staff they had not built a personal relationship with, such as staff on the front desk, staff they had met on one occasion and perhaps staff they had seen in the past. Also, these criticisms were sometimes made alongside favourable comments about other staff, particularly their current incapacity benefit Personal Adviser.

Some people's views about services changed as their involvement continued. One panel member was strongly motivated to return to work and was prepared to take on a wide variety of types of work. His initial impressions of Jobcentre Plus were good because he felt he had found the help he needed to find a job that suited his physical disability. However, his favourable impression of Jobcentre Plus diminished with his optimism about finding work when repeated informal and formal contact failed to identify any suitable jobs or training opportunities. The way incapacity benefit suddenly ceased after their medical assessment clouded one respondent's previously positive impression of Jobcentre Plus. They felt they had returned to work sooner than they would have liked and that Jobcentre Plus had 'changed the rules' mid-way through her involvement on the 'scheme'.

3.3 Condition Management Programme

3.3.1 Service delivery

People from all three Pilot areas had experienced a part of the Condition Management Programme. Some had completed their participation by the time of the final research interview but others were continuing to use it or had only recently begun. One person had been participating in the Condition Management Programme but did not take part in the final research interview.

No one in the panel with a cardiovascular condition took part in the Condition Management Programme, though some described something similar being offered to them. Misunderstandings about what was involved in these programmes may have influenced their decision not to take part. A programme for heart patients had sounded like retraining to one respondent who decided they did not need that kind of help as they were *'not that bad'*. Another respondent had not thought it appropriate to take up the offer of an exercise class before undergoing treatment for a heart condition. They also refused a referral to a pain management course, because they had heard unfavourable reports of a similar service, and preferred to take painkillers. Seeking advice from a health professional before embarking on a condition management programme may persuade people who are cautious because of the uncertain and vulnerable state of their health to take advantage of the opportunity. This medical advice was a motivating factor for one man who thought the prospect of seeing a physiotherapist was *'daunting'* but went ahead after reassurance from his GP.

Most Condition Management Programme sessions took place in a local office, health centre or clinic, although some people had home visits from, for example, a physiotherapist. No problems with access were reported. Two distinct programme formats emerged from people's descriptions of their involvement. One format was focused on a specific kind of condition, such as musculoskeletal problems, and was experienced as a one-to-one meeting with a professional such as a physiotherapist. The other format seems to have focused on one type of support, which could be applied to any condition and was delivered to a **group** of participants. An introductory session was commonplace for both formats, and included some kind of assessment to inform the rest of the programme for each individual. Most people met with the same health professional, therapist or group leader throughout their experience of the Condition Management Programme. In one instance, a doctor conducted the initial assessment who then referred the client for sessions with a physiotherapist.

Condition-specific support was experienced by some panel members with depression and musculoskeletal conditions, such as back pain and spondylosis. Support was given in one-to-one sessions with either a counsellor or therapist, or a physiotherapist, and lasted for between five and eight weeks. For one person, the decision to engage in either one-to-one or group *'counselling'* sessions was made in consultation with their therapist at the introductory meeting. They felt more comfortable having

personal support and were pleased that this was possible. They had the option to participate in a series of group counselling sessions after their individual sessions were complete. A place on a course aimed at building confidence for returning to work was offered to another respondent in addition to solo sessions they had started with a physiotherapist. It was unclear as to whether people received hands-on treatment from physiotherapists. One person described undergoing a 'physical' assessment in their first meeting and 'running through' exercises to help their back problem in later sessions. They were also given advice on managing their pain without taking painkillers. Another respondent had only limited experience of sessions with the physiotherapist at the time of the final research interview. They spoke of how they had been asked to keep a record of their daily activities and their perception of the level of pain they experienced.

Programmes described as not focusing on any specific kind of condition involved group sessions with people experiencing a range of health conditions and took place over a period of three weeks. Group discussions about personal goals and achievements alongside 'psychological' exercises and video sessions were elements of the programme. One person with musculoskeletal problems and another with a mental health condition experienced this service.

3.3.2 Impact of the Condition Management Programme

The Condition Management Programme had an impact on some people such that they felt an improvement in their physical or psychological health condition; they had gained knowledge about managing their condition; and felt they had undertaken some preparation for work.

One person who had taken part in a condition-specific programme based on cognitive behavioural therapy (CBT) had returned to work and said the programme had been a key influence on them making a return. The improvement in their mental health, and level of confidence, had enabled the respondent to think about, look for and find, work. Being able to talk to a stranger about themselves in one-to-one sessions was identified as particularly helpful and was against their expectations of group sessions. Continuing with a programme over a period of time could be important as this respondent had been frustrated at their lack of progress mid-way through their series of therapy sessions but was very pleased with their progress when it ended.

Other people returned to work after participating in the Condition Management Programme but felt other factors, such as other interventions or their own persistence in looking for opportunities, were more prominent in influencing their return. However, they did identify ways in which the Condition Management Programme had been helpful to them. For one such panel member, their meetings with a physiotherapist had led to marked improvements in their mobility and reduced pain. Extra exercises (in addition to those recommended by the hospital), advice on alternative methods for managing pain (such as relaxation techniques and hot baths), and what they perceived as the most sensible explanation for their

musculoskeletal condition that had been offered to them, had been helpful here. Condition management programmes not focused on specific conditions did not appear to have such an impact on people's conditions or movements towards work. Nevertheless helpful aspects of the programme were identified. One respondent with a musculoskeletal condition found that the sessions working on communication skills and confidence building had helped them prepare for work, especially as their confidence had reduced in their period out of work. Another reflection was that it was good to get out and be proactive about trying to return to work, and participation in the programme was a reason for doing so.

Some people on the more general programmes felt their individual needs had not been met. Their expectations of personal support, and support and practical advice that was specific to their condition, were not met by what was described as the basic and general nature of the help available. In particular, one person seemed disappointed when their expectations of individual sessions with a psychologist were not realised. Another set of criticisms was based around the number and frequency of sessions. Views expressed were that there would need to be more and regular sessions of support to build confidence sufficiently or to make a significant difference to a back problem. One respondent who had completed a series of three sessions aimed at boosting confidence and preparing people mentally for returning to work had in mind a series of weekly sessions for three to four months. In its present format, the programme was not thought to be long enough to make any impact. That they did not learn anything they did not already know was another comment made. A respondent with a musculoskeletal condition felt that this mode of service delivery was particularly unsuitable for people with mental health problems, without first having had one-to-one support.

Another distinct view came from a panel member who did not complete the series of research interviews. They were unsure that working would be financially viable for them and had registered with the Condition Management Programme because they feared repercussions on their entitlement to benefits if they did not take part. One-to-one sessions with a physiotherapist were proving helpful in relieving pain but this was felt to be a short-term improvement only. It would not have a lasting impact because one session of 30-60 minutes a month was not enough and they expected their condition to worsen in the winter. In addition to the lack of long-term improvement in their health, they expected to face labour market barriers to finding work.

3.4 Return to Work Credit and other financial support

3.4.1 Service delivery

The financial support on offer under the Pilot arrangements included the new Return to Work Credit, a sum of £40 per month to those who return to employment of 16 hours or more per week whose earnings do not exceed £15,000; and existing support such as the Adviser Discretionary Fund; a maximum lump sum of £300,

available to clients at the discretion of Personal Advisers, to spend on anything that will help people look for and find work; tax credits such as the Working Families' Tax Credit; and the Permitted Work rules, which enable people receiving incapacity benefits to continue receiving their benefit whilst working for not more than 16 hours per week and for limited earnings. Other sources of financial help included Job Brokers, Action Teams, Access to Work and the Welsh Assembly through an Assembly Learning Grant.⁴

Use of the Return to Work Credit was limited given that benefit recipients had to have found and started employment before they could start receiving it. However, more people were aware of its availability than actually experienced it (see Chapter 2 for people's perceptions of Return to Work Credit after receiving information about it from the Personal Adviser). Those who received it were women who had experienced psychological or physical ill-health and had returned to low-skilled part-time employment or self-employment. Some applied for Return to Work Credit when they increased their working hours, having been working within the Permitted Work rules immediately prior to this. It was paid to one woman who was also granted money from other sources such as the Adviser Discretionary Fund and Action Team. Those in receipt of Return to Work Credit knew the general terms of support: that it was £40 per week and that it would cease if they stopped working or after one year. There seemed to be an acceptance of these terms. One respondent explained that there was no problem in the money lasting no more than a year, as by then they expected to have better health and to have established whether their new business was successful. All had been helped by their Personal Adviser in applying for Return to Work Credit and no problems were reported regarding the processing of their application or receiving the money.

Some people were aware of the Adviser Discretionary Fund but had not received any payments. They were aware money was available, and some had thought about what to spend it on. One man envisaged spending the money on necessary safety training and certificates that would enable him to return to his old job, but wanted to feel ready to start work before doing so. Two people who completed the panel study had received money from the fund. One had spent £300 on clothes suitable for job interviews after getting estimates for their cost and receiving vouchers in order to purchase the items. Another had bought equipment for their new business from their own money and had been reimbursed from the Adviser Discretionary Fund.

Various funds and sources of financial help had been accessed by people prior to their first work-focused interview, though where this occurred they did not seek

⁴ Assembly Learning Grants are funded by the Welsh Assembly and paid through local education authorities. They are intended to support people from low-income households in accessing and continuing in further and higher education. The grant can help to meet the costs of books, equipment, travel and childcare. (ELWa website – www.elwa.ac.uk)

financial help through the Pilot. Funds had been made available from Job Brokers, Action Teams, the Adviser Discretionary Fund and Access to Work for equipment needs; from a Job Broker to pay for a private health consultation; and through a Welsh Assembly Learning Grant which enabled a panel member to participate in a computer course.

Some people in the panel did not see the credit as valuable or did not want to receive it. Another man who was looking for alternative work because his present work was becoming unsuitable, also felt he did not need such a large amount of money, especially as he had only been out of work for a couple of months. He did not, however dismiss it as an option for people who had been out of work for a sustained and lengthy period and whose financial situation was perhaps more precarious. The way the credit was presented by Personal Advisers may have a bearing on how people perceive it. Some panel participants spoke of the opportunity of receiving £2,000, which equates approximately to £40 per week for one year. Its presentation in this way, and perception as a large sum, might explain people's reactions of distaste. In contrast, a sum of £2,000 was thought to be insignificant by another man who did not feel able to work and insisted he would not need help to return to work if he was able.

3.4.2 Impact of the financial support

For some people, the offer of financial assistance, in the shape of Return to Work Credit and additional funds such as the Adviser Discretionary Fund, was influential in their decision-making about work. One person who said they would have returned to work anyway also said that receiving £40 extra a week meant they could work fewer hours to suit their health condition better. Another person thought that they would not have decided to become self-employed without the assurance that they would have at least £40 a week income for a year. Their decision to start their own small business was also founded on their ability to purchase necessary start-up equipment with money from the Adviser Discretionary Fund. Thus, the use of financial assistance seems to have had benefits for people's health, in the sense of preventing some possible adverse effects of working, and employment circumstances. Furthermore, knowing about the availability of such assistance in advance of being able to receive it helped some people, who were thinking about returning to work or increasing their hours, to know what was possible and to plan what employment and working hours they sought. Those who had formed plans around this help then chose to initiate a meeting with their Personal Adviser in order to apply for the credit or grant when they were ready to start working again.

However, financial support played a more incidental role where the Personal Adviser introduced it as a possibility at the time the client had already found a job and were preparing to start work. These people said that although they found the financial assistance of the Return to Work Credit and Adviser Discretionary Fund helpful, they would have returned to work without it. It provided a 'bonus', an opportunity to save money for a holiday, for example, or had enabled the purchase of interview clothes; but it did not motivate or precipitate their move into work.

In one case, receiving financial support from various sources prior to the Pilot was helpful as it enabled the purchase of office and computer equipment and a private health consultation. However, this did not seem sufficient on its own to help the client begin working from home. The worsening of their health with the onset of new conditions was a major barrier to their capacity to work.

The use and helpfulness of financial support appears to be dependent on the benefit recipient first deciding that they are ready to return to work. The financial support options do not appear to have acted as an incentive to those who had not already been considering work. Some may have regarded having this information as helpful, but it did not alter their thinking about work. In fact, some people who did not think they could work had been informed about financial support such as Return to Work Credit, and had had their likely income calculated, and still felt that they would be worse off financially if they worked because working would mean they lost other benefits such as Housing Benefit.

3.5 Job Brokers

3.5.1 Service delivery

Most non-Pilot contact with Job Brokers pre-dated the Pilot. However, two people accessed Job Brokers through their local health centre or after seeing a television advertisement, whilst they were involved with the Pilot.

Support received from local Job Brokers focused on job-searching, by finding vacancies for clients or directing people to local papers, the Internet and local job fairs; information about the option of permitted work; reviewing and updating CVs; and contacting employers in order to introduce clients and perhaps arrange job interviews. One-off sums of money were given to people on one or more occasion, such as registering with the Job Broker or upon starting work. Although the money was gratefully received it did not appear to act as an incentive to return to work, as recipients did not always know why they had been given it. The offer of participating in training courses was offered to some, and some respondents took opportunities to complete first aid and web design courses with a view to enhancing their job prospects. A promise of continued support for the individual once they were working was also made to some.

Some people spoke about their intention to use Job Brokers in the future, having been introduced to their services by their Personal Adviser or through a television advert. Help would be sought in order to find work when the individual felt ready to start looking.

3.5.2 Impact of Job Brokers

Job Broker services were used by people who said they were looking for work or wanting to get back into work. This was the case for people who accessed Job Brokers through the Pilot as well as those who accessed them in other ways. One

woman was not thinking of work when she first went for a work-focused interview and turned down the opportunity to see a Job Broker. However, when she began to consider work as an option, she got in touch with a new Job Broker who had advertised their services on television.

Some people said they would seek help from Job Brokers first, rather than Jobcentre Plus, when they needed support or advice. Some people thought a Job Broker would be the best place to go to look for jobs when they felt ready to return to work. One man preferred the Job Broker because he had a long-standing and positive relationship with them, describing them as a '*bottomless pit of money*'. He had received help to apply for extra benefits, money to fund a private health consultation and a number of grants for various purposes aimed at setting up a working environment at home, but had not been able to work because of deterioration in his health. He continued to believe that the Job Broker would prove to be most useful to him when he was able to return to work.

Particular aspects of Job Brokers' support were identified as helpful. The offer of continued support or 'back-up' was welcomed by some people and was premised on the notion that they were able to contact their adviser at any time if they felt the need to do so. This seemed especially important to people where they were concerned about the possibility of not coping with work and having to return to benefits. One view offered was that the Job Broker had been happy to move at the pace desired by the client and this lack of pressure was appreciated. Easy access to newspapers and a phone was also mentioned as helpful.

Some people who had already taken steps towards work and were more confident about taking opportunities and being proactive about getting work, found that the Job Broker's intervention was not needed. This was not always a criticism of the service offered, but a reflection on the respondent's ability to manage their situation without external help.

From what is known about those who completed the panel, no one who found employment did so through job-searches with Job Brokers. Indeed, those who were most focused on returning to work and claimed to be open to a variety of suggested employment opportunities were the most disappointed with the service received, saying that it did not meet their expectations or needs.

Some people's expectations about the service were not met where Job Brokers did not work on the respondent's behalf to find jobs, contact employers and arrange interviews; did not provide access to vacancies that could not be found elsewhere; and did not provide services that were specific to people's circumstances, conditions and needs, such as focusing on building confidence. Some of these people commented that continuing contact with a Job Broker was 'pointless' because they did not do anything that the individual could not have done for themselves, or that had not already been offered at Jobcentre Plus. Some people who were looking for work that would suit their ongoing physically limiting health problems were disappointed with suggestions offered by Job Brokers. Suggested jobs were not

suitable because the work was not light enough, required driving or lasted too many hours.

Other unhelpful aspects of Job Broker services were concerned with the pace of support and the expertise and manner of staff. Pressure to '*take any job*' was felt by one client who was repeatedly encouraged to look at job vacancies. Another person found that the service had been both too fast and too slow at different times. It had perhaps been too immediate when the adviser rang back about a vacancy the day after the client had met with them to discuss their thoughts about work, but they also found that their adviser took too long to update their CV, which prevented them from looking for work. One man who was keen to find lighter work was critical of his adviser because he felt they had given him contradictory advice about the possibilities of working from home. One woman said she could not identify staff from the clients and perceived the informal approach of the adviser as unprofessional.

3.6 Health services

3.6.1 Service delivery

Where people described accessing health services, such as physiotherapists, through their incapacity benefit Personal Adviser, their experiences and views are reported in Section 3.3. Some people's accounts of accessing healthcare services by alternative means, such as their GP, are reported here.

Regular contact with a GP or other health professionals such as nurses or hospital consultants was an experience many panel members referred to. Renewing sick notes or receiving check-ups were reasons for such contact, and some reported discussing work with their doctors at their appointments. Others were reluctant to meet with their GP or doctors where they felt they did not support their aspirations to return to work or questioned their illness; or where they had a general distrust of the medical profession.

Reference was also made by respondents to services accessed through consultation with their GP or hospital consultant. After suffering a heart attack one client had completed a six-week hospital-run course giving advice on stress control, food and diet, the causes of a heart attack and the medication used to combat it. Another had attended a hospital-run pain management clinic. Men and women had attended sessions of physiotherapy, which included hydrotherapy, though only young women had undergone counselling and sessions with an occupational therapist. CBT had been accessed subsequently under the Condition Management Programme by one of these women. A woman who had attended sessions with an occupational therapist faced a continuing wait of several months to see an NHS psychologist after being on the waiting list throughout the research period. Offers of counselling sessions had been made to other panel members but had not yet been taken up. One woman declined because she felt she no longer needed it since her health had improved and she felt able to rely on her family for support.

3.6.2 Impact of health services

Improvements in health conditions such as increased mobility or a better understanding of their condition occurred for those who had received counselling, hydrotherapy and support at pain management or rehabilitation clinics. It was helpful to know more about their condition and, for one respondent, to be faced with the fact that they would not be cured, as this certainty enabled them to make plans and take steps knowing what they would and would not be capable of.

One young woman accessed an occupational therapist's services through her local health centre and considered her sessions to be the most useful support she had received since becoming involved with the Pilot. She found the experience beneficial as a boost to confidence and self-esteem and compared it favourably with her experiences of confidence-building group sessions run within the Condition Management Programme, which she felt had not focused on her specific needs. In contrast, another young woman thought that the therapy she received through the Condition Management Programme had added to the benefit gained from past NHS counselling. A difference here is that the second woman had one-to-one sessions of cognitive behavioural therapy and felt that the service was very much focused on her and her problems. The NHS counselling had helped her to learn to live with past problems and she had become more self-confident through the sessions of CBT.

People were appreciative of their GP where they felt supported by them. However, this was not a universal experience throughout the panel. Poor GP-patient relationships occurred where respondents felt their GP was uncaring, did not listen or respond to needs, or perhaps believed their condition was not legitimate. Feeling that their doctor had been reluctant to give them sick notes and had been insensitive about their health condition was one experience. Another stopped mentioning work with their GP when it was felt they did not support the steps the respondent had taken towards preparing for work. Others were unhappy that they were given little time to consult with specialists and that there was little continuity of care as they met several different consultants and could be given contradictory diagnoses. The help and advice of hospital nurses was preferred by a respondent who had not had satisfactory explanations of his condition from consultants and had a general distrust of doctors.

3.7 Other support

3.7.1 Service delivery

Additional sources of support were accessed through, or recommended by, the Personal Adviser where respondents had specific interests or needs to pursue.

Some panel members had shown an interest in establishing their own business and their Personal Adviser had arranged meetings with business advisers and funding bodies. Information and advice about starting and running a small business was

received, and encompassed aspects such as tools, premises and insurance that would be required and the best places to go to obtain a loan. Help to create a business plan was received by one panel member and the possibility of attending a training course focused on how to run a business was offered to another. Another external body that a panel member had been referred to by their Personal Adviser was a local mental health service. They did not, however, receive help regarding their mental health problems, but received financial advice and help in settling financial demands. Jobcentre Plus staff sign-posted one client towards the Disability Rights Commission, Disability Scotland and ACAS when they sought legal advice about a potential in-work discrimination claim.

Other services were accessed outside the Pilot in cases where Pilot provisions did not extend to meet a particular need. Legal advice regarding a compensation claim and family issues had been sought from solicitors. One person had become an active member of a parents' support group and had represented the group to external audiences. Some local authorities had also been contacted for support. A council domestic abuse adviser helped one respondent get rehoused; and a priority grant had been applied for to enable another person to make adjustments to their home.

Acting upon a friend's recommendation was another reason for accessing services outside the Pilot. Two respondents, an older man and a woman, had been reluctant to start retraining but had decided to enrol on college courses in computer skills, after friends had recommended them. They hoped to engage in something that they would find interesting or that would improve their employment prospects. Another man was keen to enhance his employability and had enrolled on college courses in sign language and welding.

Services were also contacted outside the Pilot in preference to Pilot services. Advice about benefit entitlement and financial concerns had been sought from a number of external organisations because people did not find such advice forthcoming at Jobcentre Plus, or preferred to seek it elsewhere. Preferences for external services stemmed from their distrust of Jobcentre Plus, their relative anonymity among the staff and the sense that they spent more time with the individual and operated in a more relaxed and friendly atmosphere. The Citizens Advice Bureau and local authority welfare rights units had been consulted and several respondents in one area were aware of, or had utilised, the services of a local resource centre. An organisation based at a hospital had given one respondent advice about claiming benefits, helped them fill in an application form and given them contact details for other sources of help.

3.7.2 Impact of other support services

Services accessed outside the Pilot could help focus people's minds on work. This was demonstrated by an older man who did not think he could return to any occupation except his old one. However, he enrolled on a college computer course and found that he was more capable and more interested than he had expected. He was beginning to rethink his employment prospects and considering part-time

office work, which he had previously rejected as an idea. Respondents also valued training courses because attendance was flexible and they were perceived as opportunities to get out and socialise with people.

Some of the support received may not have been influential in helping people back to work but this was not always the outcome sought by the individual when they accessed certain support. Important help and advice about benefits entitlement was obtained from services such as the Citizens Advice Bureau by people whose priority was to ensure that they received their correct and full entitlement whilst they felt unable to work. Other support had been helpful in the past, such as help in being rehoused.

Some saw their knowledge of available options, benefits entitlements and other rights improve after contact with sources of advice such as the Citizens Advice Bureau or a welfare rights unit. People's circumstances could be improved in other ways too, such as getting help from a council domestic abuse adviser to be rehoused at a time when they were very unsettled, or enjoying the social aspect and finding support in meeting with other people at training courses or support groups.

Unhelpful aspects of services received were identified by some panel participants. The legalistic language adopted by the Disability Rights Commission was difficult to understand, especially in comparison with Jobcentre Plus' presentation of information. The business adviser's approach in encouraging one respondent to register with the training course was found to be 'pushy', as their employment situation was very uncertain and they had not planned to commit to the idea of self-employment at that time. One respondent did not feel comfortable about being referred to a mental health service, believing that it was 'extreme' and more suitable for people with severe mental health conditions. The Citizens Advice Bureau had not been helpful to one man because the adviser had failed to get in contact with him as he thought she had promised. One respondent was not satisfied that their solicitor was providing a valuable service for the cost they demanded. Finally, training courses were not always found to be helpful; one respondent said their course had been difficult and sometimes irrelevant.

3.8 Coordination of support

Most people who had used more than service through the Pilot had experienced them sequentially, although one respondent described receiving support concurrently in the early stages of his participation in the Pilot.

Using support interventions sequentially helped some people meet their changing needs. For example, one young woman was not ready for work initially and embarked on a course of cognitive behavioural therapy as part of the Condition Management Programme. This was followed by support to find a job and then financial support in the form of Return to Work Credit, such that the support offered reflected the changes in her health, confidence and needs. Information gathering and learning may also be helped by such staggered introductions and experiences.

One respondent said he had received advice and support from various sources in a short period of time when he first joined the Pilot and felt he was '*toing and froing*' between advisers and schemes which was confusing. Using many services simultaneously could, therefore, make it harder to deliver a coordinated response to people's needs.

The Personal Adviser seems to have played an important role in introducing services in stages so that people received a variety of support and saw their changing needs met. In this way, Personal Advisers assumed a gate-keeping role, in which most services were delivered by those they referred clients to and not by themselves. Personal Advisers were able to fit support best to people's needs and aspirations where they had built a relationship with individuals in which people felt supported and comfortable in sharing their personal details. For example, one client spoke of the close relationship she had formed with her Personal Adviser and how she looked to her for guidance as she took steps closer to work.

Some Personal Advisers appeared to have delivered services themselves such as job-searching and making enquiries on the client's behalf. In some cases this helped to establish what respondents perceived to be a supportive relationship. Personal Advisers assumed a more active role where clients had more contact with the Pilot, both formally through repeated work-focused interviews and on an informal and frequent basis. Having a central figure who can be relied upon and who offers continued support could, therefore, help to establish a sense of coordination. This may be particularly important where other key services or professionals encountered by individuals cannot continue giving support beyond a defined period. For example, a work psychologist played an important part in helping one person to return to work but they could not support them further in their claim for in-work discrimination because they had previously acted as mediator between the client and employer.

Few comments were made about whether and how Pilot services fitted with services accessed outside the Pilot. Views heard were that the counselling received through the Pilot '*fitted nicely*' with previous therapy as the focus had been different; and that communication between their GP and Jobcentre Plus had been expected so that they were not relied upon as a go-between.

3.9 Conclusions

Personal motivation to return to work and a willingness to consider a range of employment ideas and opportunities and support options was common among those who used the most services, both within and external to the Pilot. For some panel members who had either returned to work or who were not considering the possibility of returning to work, one particular service or intervention was identified as having made a major difference, even where other interventions may have added support and been helpful in other ways. These included the Condition Management Programme, Return to Work Credit and other financial support, the work of a work psychologist and attendance at college courses accessed outside the Pilot.

For some, the key change was an improvement in health, which enabled them to think about or return to work. In other instances individual services made impacts because they helped to remove barriers such as difficulties with employers or financial concerns. Findings suggest that the format and focus of support is important, such that services that focused on individual needs and gave specific and personal support were thought to be the most valuable. This was evident in people's favourable impressions of one-to-one meetings with professionals as part of a Condition Management Programme, the mediating role adopted by a work psychologist between an employer and client, and the supportive relationships established with advisers and health professionals.

Client initiation in accessing services played a part in ensuring support met their individual needs. This was the case for those who returned to their Personal Adviser to apply for financial support, for advice about their benefits entitlement whilst attending a college course, or help to find a suitable job when they were ready to start or extend work. Clients were also proactive where they sought services outside the Pilot such as college courses and occupational therapists. Some people credited their progress towards work to their own motivation and action.

People valued relationships with Personal Advisers where there was a supportive relationship that they could trust. Support from other service staff and professionals, such as GPs, DEAs and Job Brokers was valued where individuals felt staff understood their needs; had time to spend with the individual; offered continuity in their support, took action on their behalf; did not put them under pressure; and gave a personalised service such that they were counted as 'friends'.

Where no Pilot services were used, most had sought help outside the Pilot in the past, which could be ongoing; or for the first time, which could be in preference to Jobcentre Plus services. An important distinction between this group and those who did use Pilot services is that people who did not use services accessible through the Pilot, were those who did not feel they could work or did not want to work. Their priority was to ensure they received their entitlement to benefits whilst they were unable to work. They, therefore, used other services when they sought guidance on their benefit entitlement and applications, or services that were helping to diagnose, treat and improve their health.

The Pilot can be an important route in to services. This is shown by the wide range of panel participants who were pleased to receive information that they did not have before about services, even if they did not intend to use such services immediately. However, if people did not feel ready to take advantage of support offered or wanted a kind of support that was not offered under the Pilot arrangements, then some were able to find services elsewhere, at a more appropriate time. Whichever way access was obtained, there was evidence that some misconceptions existed about what, and how, services would be delivered by external providers such as Job Brokers.

4 What difference did the Incapacity Benefit Pilot make?

This chapter presents perspectives on whether and how taking part in the incapacity benefit Pilot made any difference in the lives of people who took part in the research. First, from longitudinal analysis, we trace the changes and developments as they occurred and were reported during the nine months' contact. The fullest information comes from people who completed the series of panel interviews, but there is also some useful information from people who only took part in one or two interviews. Trajectories of health are explored, reporting what people said about any improvement or deterioration in their condition and what they felt had influenced this. Of particular interest here are any services designed to help people deal with or manage their health condition, including components of the Condition Management Programme. The chapter next reports developments in people's views about work after joining the Pilot, and what influenced these. The following section focuses on financial circumstances, and includes people's views of perceived financial incentives and disincentives to paid work. People's steps taken towards work and any influence of the Pilot on changes in work-related activities are examined.

A different perspective on what difference the Pilot made comes by asking about this directly, in the last panel interview of the series. This cross-sectional retrospective reflection is reported in Section 4.5 followed by an exploration of people's plans for the future, as they looked ahead from the last panel interview, and the services they thought they would need in order to achieve their aims.

4.1 Trajectories of health

In view of the range and histories of health conditions and impairments of panel recruits we would expect changes in various directions during contact with the researchers. We can report generally on whether people felt any 'better', or thought they were 'getting worse'. We have no objective evidence of their medical condition, but how people feel about themselves and their condition is likely to be a strong influence on decisions they make about their everyday lives. In this section we look at developments in the period from the reported first contact with the incapacity benefit Pilot up to the last research interview, among those who completed the panel. For most people this was a period of nine to 12 months.

4.1.1 'Feeling better'

Men and women who perceived an overall improvement in their condition during this period included people who were awarded incapacity benefit on the basis of the effects of cardio-vascular disease, musculo-skeletal conditions, mental health problems and cancer. People attributed their improvement to:

- NHS surgery and treatment;
- changes in medication (including some people's own decisions to stop taking medicines they believed had adverse side effects);
- psychological relief when consultants were satisfied with progress made, or people got the 'all-clear' from tests or scans;
- the lifting of depression or reduction in stress related to changes in family circumstances; starting a job or finding a new interest, or improved financial situation;
- additional services received, including physiotherapy and behavioural therapy within the Pilot Condition Management Programme.

The experience of people who found the Condition Management Programme helpful was described in Chapter 3.

4.1.2 'Feeling about the same'

We now look at the group of people who said there had been no change in their condition during the comparable period, or saw some initial improvement that was not maintained. Again, there were both men and women in this group, and representatives of all the health condition sampling criteria. For some people it was a relief that there had been no change, for example, people recovering from a heart attack who were aiming at stabilisation of their condition and prevention of relapse, and people waiting for surgery who hoped their condition did not deteriorate in the meantime. For people like this, important inputs were GP and consultant surveillance, and medication to control their condition. One person remembered being told about a new service for '*heart patients*' by the Personal Adviser during one of the work-focused interviews, but she decided she did not need this kind of service.

Perceiving ‘no change’ in their underlying condition, rather than being a relief, was a disappointment to people who had expected some improvement or relief from symptoms. However, some said they were managing their physical symptoms better, by the time of their last research interview. Mentioned as helpful here was attending an NHS pain management clinic, accessed via a hospital consultant, and having a TENS machine⁵ at home. However, another person who perceived no improvement in severe back pain did not remember being offered any support with pain management, either from his consultant or the work-focused interview adviser.

Among people with mental health problems, medication and counselling services from the GP and mental health services had sometimes been declined, to avoid the stigma perceived to attach to people who received treatment or counselling for mental illness.

4.1.3 ‘Getting worse’

Finally, we look at those people who felt their condition had got worse since their first contact with the Pilot. Included here were people still undergoing hospital investigation for physical conditions that were becoming increasingly debilitating; and people who said congenital conditions or conditions that developed in childhood were deteriorating. Some people in the latter group had experience of various Jobcentre Plus services over many years. None of these people remembered any discussion about the Condition Management Programme.

The panel also included people whose original physical condition had remained stable since their first contact with the incapacity benefit Pilot but who had developed another serious condition – depression or another physical illness. One such person had herself enquired about receiving help through the Condition Management Programme, and by the time of the last panel interview, had started physiotherapy.

Summing up, health trajectories since the first contact with the Pilot were highly variable. Some people whose health condition improved said that physiotherapy or behavioural therapy received through the Condition Management Programme had helped them, and some of these had returned to work. There was little experience of the Condition Management Programme among people who felt no change in their condition, or among people who felt worse by the end of the panel interviews. Nobody attributed deterioration in health to participation in the Pilot.

Going back to work did not depend on experiencing some improvement in health condition. Some of the people who went back to work perceived no change in their health condition, or thought that their condition had worsened. The next section helps to explain such decisions by showing how people’s views about work changed after contact with the Pilot.

⁵ Small TENS units made available for people to use at home transmit transcutaneous electrical nerve stimulation to treat pain and aches in the back or neck.

4.2 Changes and developments in views about work

As explained in Chapter 1, one of the aims of the work-focused interviews was to help people think about their situation with regard to work. The aim was to provide information about the range of options and services available, so that people could consider their situation on the basis of as much information as possible and be supported in any moves towards work they might want to make.

Longitudinal analysis provides insights into how some people's views about working did (or did not) change, and the key influences and chronologies. We look first at those people who said that when they went for their first work-focused interview, they were not thinking of working. By contrast, we then look at the group of people who were already focused on getting back to work when they had their first interview. Finally, we look at those people who said that at the time they met the Personal Adviser they felt they would like to work again some time, but were not ready yet to do this. This was the largest group of panel members, and included some people who wondered whether they would ever be able to work again.

4.2.1 People not thinking of working

A small group of people recruited to the panel said when they went to meet the Personal Adviser they were not interested in work, not thinking about it or actually wanted not to work. People expecting never to do any more paid work were generally people who had developed physical illness in middle age. Although people missed the company and income from recent jobs they had done for many years, they now felt too unwell to do any more paid work. One person awaiting surgery and close to retirement age felt working life was over. Another younger person did not expect to work again, believing that debilitating symptoms were unlikely to improve. For such people, being asked to meet an adviser was unwelcome and had made them feel that the seriousness of their condition was being questioned.

For people who had not worked for many years and thought they would be worse off financially on the minimum wage, paid work did not seem attractive. Multiple perceived barriers of long-term unemployment, age and poor health made getting a job seem unlikely, anyway.

People in their 20s and 30s who were not thinking of working when they went for a first interview said that domestic and personal circumstances, in combination with their health condition, meant they could not work at the present time. Paid work was a possibility at some time in their life, but for the foreseeable future they were focusing on other priorities.

Longitudinal analysis enables us to see whether any of these people changed their mind about working. However, there was a high rate of panel attrition among this group and few completed the series of research interviews. Among those who did, working remained a low priority for a person with deteriorating mental health in combination with difficult domestic and financial circumstances. Further work-

focused interviews had been deferred after referral to mental health services. Another person whose health was worsening and who faced substantial debt recovery from future earnings was not wanting to work.

However, there was some evidence that strongly negative views about paid work could change considerably. Finding a new source of support and starting a new activity had led one person to feeling generally more positive. Although not asked to attend more than one work-focused interview, by the end of the panel period and with increasing financial pressure, work had begun to seem more of a possibility for the future.

Among those who left the panel early there is some information (from the first or second research interviews) about changes in views about working. One person in the youngest age group said that discussion in the first work-focused interview had helped to give her a broader view of choices she might make when personal circumstances changed. Other older people who left the panel early, said their views about working had not changed after three or four contacts with the adviser. It is possible that the continuing lack of interest in working may be related to lack of interest in continuing with the panel interviews.

Findings, thus, show the importance of people's domestic and financial situations when they think about working. People with deteriorating health can start to think more positively about working.

4.2.2 People already focused on working

In contrast to people who were not wanting to work when they got in touch with the Pilot were those who said they were already focused on getting back to work.

All the people in this group were in their 40s, and most (men and women) had domestic partners and sometimes children. Those people with families were used to working regularly, and included self-employed people and people with self-employed partners. They were homeowners, and some had high mortgages. They had been away from work for relatively short periods (two to six months) and tended to see their current period of ill-health as an interruption to life, and were looking forwards to some recovery or symptom control, so that they could get back to work. For some, heart attacks or onset of clinical depression had come unexpectedly. People in this sub-group wanted to go back to work, as something they normally did as an important part of their lives. The family breadwinner role was important to some men; also, wanting to go on contributing to family businesses. People used to regular earnings quickly experienced financial pressure when relying on benefit incomes.

In rather different circumstances, but keen to get a suitable job, were men in their 30s and early 40s who lived alone and had not had regular paid work for around two years when they first met the incapacity benefits Personal Adviser. One person was used to low income, but one hoped to regain a position as a highly paid professional.

Overall, this was a group of people who, generally, appeared to be highly motivated towards paid work when they joined the Pilot. Most were looking for work which suited their health condition, and some had already made decisions about the number of hours they wanted to work. All but one person in this group stayed with the panel throughout the research, and we can look to see whether they maintained their motivation or whether their views about working changed.

People who had worked fairly recently, generally wanted to return to less stressful jobs, sometimes for just a few hours weekly, to see how they got on. As we see in the next section, some moved quickly into part-time work at this stage or decided to go back to their self-employed work. Looking at the people who had not had regular work for at least two years, when symptoms remained stable or became better controlled, the focus towards paid work was maintained; where depression deepened, paid work began to seem harder and further away.

Overall, findings from this sub-group show how people strongly motivated to go back to work often maintained their focus and found new and suitable opportunities themselves, especially when they and/or their domestic partners were currently or recently in touch with their local labour market. For such people, what was often important in terms of help and advice was information about how to make gradual returns, building up work while remaining on benefit, and then boosting low earnings with in-work support. Findings suggest that it may be harder for people who usually work as self-employed to find suitable new opportunities. There was also evidence that when help expected in finding new opportunities did not materialise for people who were strongly motivated, disappointment and scepticism led to loss of motivation in looking for suitable jobs, and reinforced ideas that it would be hard to find anything.

4.2.3 People who would like to work in the future

The largest group of panel members, in terms of views about work at the time they joined the Pilot, comprised those people who said that they would like to work in the future but currently could not. They had not given up the hope of working again, but saw problems, and some said they were ambivalent about whether aiming towards work was right for them. In this group were men and women in all age groups, with a range of health conditions.

Among the men, what they had in mind when they thought about going back to work was often their own most recent kind of work. This was generally some form of technical or manual work, for which they had previously earned '*a good wage*'. Some had qualifications or had served apprenticeships, and one had been self-employed. Some men still had contracts with former employers, or been told that their job was still open. Generally, such people were missing their work, especially those who had not been away from work long. They were hoping for some improvement in health that would enable them to return to that job or the same kind of work, for example, pain reduction or increased mobility after surgery on backs or knees, or less fatigue and easier breathing after further rehabilitation following heart attacks.

Among the women in this group, most had in mind a new job or different kind of job when they thought of going to work. Women who had not had paid work for several years had sometimes been caring for children or adult family members, and spoke of loss of confidence about doing paid work, in addition to health problems. Some women had already been receiving support and encouragement to think about work over several years from Jobcentre Plus advisers and DEAs, and had taken part in various New Deal programmes. One liked the idea of paid work and had once had a spell in a Remploy factory, but now perceived many barriers to getting another job. Another liked the idea of having a job, indeed, felt guilty that she did not work, but wondered whether she could really manage a job, look after her children and deal with the effects of her health condition. Also among the women in this group were some people in their late teens and early 20s who left their last job when they developed acute depression, sometimes linked with stressful conditions at work. They said that when they joined the Pilot they were still ill, but hoped to work again at some stage when they were better.

One man and one woman from this group dropped out of the panel after the first research interview, but from longitudinal analysis of data from those people who completed the series of interviews, we can see whether ideas about working changed during contact with the Pilot, and whether people lost interest in working or continued to see this as a possibility.

Men who joined the Pilot hoping to return to previous jobs or the same kind of work, proved not much interested in alternatives suggested by advisers. Some came to the first work-focused interview with a low opinion of support available from Jobcentre Plus, and had not changed their mind by the end of the research. They said they lacked motivation and skills to retrain, and doubted that employers would be much interested if they did. It was annoying when things like '*gardening jobs*' were suggested to men who had worked for 40 years in the same self-employed trade; or '*office jobs*' were suggested to men who considered they had no relevant skills and did not like to work inside. The possibility of working in a Remploy factory had briefly seemed attractive to one man who had some knowledge of such factories but this appeared not to have been discussed with the adviser. Men were sometimes wary of college courses which appeared to involve computers or literacy skills. There was some evidence, however, that a college course resisted when suggested by an adviser was reconsidered positively some months later, in relation to a leisure activity.

Further lengthy hospital stays for some men or development of depression set thoughts of returning to work further back. But there was also some evidence of gradual movement away from thinking only about their 'usual' work when men considered future possibilities. Finding a new interest or hobby was helpful in combating and lifting depression, and in one case, had begun to raise possibilities in a man's mind that the new interest and skills might lead to new opportunities for working if his health allowed this. By the end of the panel he had decided that he would not be returning to his previous work but was more positive about the future.

For several men financial pressures and debts grew as length of benefit claims increased, and the following section shows how this affected views on working.

We turn now to the women who, when they first met the incapacity benefits adviser, thought they would like to work at some time in the future. Among those who had been away from the labour market for many years (five to fifteen years), there was little evidence that views about working changed, despite several further contacts with the Personal Adviser. They still hoped to work eventually, but problems perceived in the first research interview were the same at the end of the panel period, including constraints of their health conditions; debilitating effects of medication; priorities in caring for children; lack of qualifications and skills; and low confidence. For women who had already received considerable support in looking for suitable work, lack of success had reinforced their ideas that it would be hard to get a suitable job. As explained in the following section, some of those who felt that extra income from earnings would be useful, feared problems with long-term benefits if they tried small jobs. Some feared ending up in low paid and unsuitable work. One person was continuing on her own long-term course of action, building up computer skills which she enjoyed and which might prove useful in the future.

There was more evidence of change in women's views about working among those who had fairly recently left jobs. All had mental health conditions, and had accepted various kinds of help from general health services and Personal Advisers, including, sometimes, joining a Condition Management Programme. When symptoms of depression gradually lifted, returning to work began to seem more realistic, and people were then influenced by their dislike of claiming benefits, wanting more money, hearing about financial incentives such as Return to Work Credit and, for a young woman, pressure from friends to get a job like everybody else in her social group. When symptoms of depression had generally worsened, women felt even further from paid work.

In conclusion, we draw together the broad findings about the way in which people's views about working changed, or did not, following contact with the Pilot. Much depended on trajectories of health, but people already strongly focused on returning to work, generally pursued their aim, even when conditions worsened or new health problems arose. Men whose initial idea of going back to work meant getting back to the same kind of work or job in which they had built up skills and experience over many years, found it specially hard to think about possibilities of doing anything else. People who had been in touch with Jobcentre Plus and other supporting agencies over many years were not surprised when they perceived no new or suitable opportunities through the Pilot. When people's views did change, deterioration in health, or disappointment in being offered no suitable opportunities, contributed to reduced motivation. On the other hand, greater interest in working came with improvements in health, discovery of a new skill and interest, dislike of claiming benefits and, for one of the youngest people, social group pressure.

In thinking about how the Pilot contributed to changes in views about working, the groups of key interest here are people who were not interested in work when they first met the Personal Adviser, and those who would or might like to work but could not. Among the former group there was a high rate of panel attrition, and those who did complete the series of interviews often experienced deterioration in health. These factors may be linked to our finding limited evidence that Personal Advisers influenced changes in views about working. The one person who did feel her outlook changed said discussion in the first interview broadened her view of choices she might make in the future.

Among people who felt they would or might like to work again when they first met the Personal Adviser, there was, again, limited evidence of Personal Advisers influencing changes of view about the kinds of work people might do or routes they might take. This was especially the case among men who thought of a return to work in terms of going back to their own, most recent, work and among women who had been away from the labour market for several years. Those who said ideas about working had been influenced by a Personal Adviser tended to be women who had left jobs fairly recently, whose health had begun to improve, who were interested in ways of getting back to work and saw opportunities here in financial support measures. Those who felt further from work after contact with the Pilot were generally people whose health had deteriorated, or who perceived no appropriate opportunities.

The next section looks in more detail at financial developments and influences.

4.3 Developments in financial situations

At the time of their first research interview, most panel members were already receiving an incapacity benefit, or had applied for one. Not everybody understood or remembered a sequence of events that had led to them being categorised by the Department for Work and Pensions (DWP) as having made a recent application. There were some examples of people currently receiving no benefit while they waited for complex benefit situations to be resolved, and one person who was subject to a benefit sanction, for previously undeclared work.

Chapter 2 explained people's experiences and views about early discussions with financial advisers after joining the Pilot. In this section, we look at developments in financial circumstances during the period of the panel, in particular, whether financial pressures or incentives influenced views about working and decisions taken.

What were perceived as low levels of incapacity benefit entitlement had been a shock to some people who had been used to regular earnings. Among people who had worked recently, it was common to feel financial pressures fairly soon into a period of claiming. Problem debts were reported by people who had been away from work for six months or less, especially people who were owner-occupiers and those who worked as self-employed. Being unable to pay a mortgage without

earnings had influenced one couple in selling their home and taking rented property; another couple feared losing their home. Some people reported receiving crisis loans from the Social Fund, and some said that problem debts contributed to development of depression.

As time went on, eventual mortgage relief for Income Support recipients had been helpful for some, while some debt problems were eased when people received lump sum payments for medical retirements or applied successfully for Disability Living Allowance (DLA).⁶ Increases in income that came on-stream for some during the panel period, included higher rates of incapacity benefit or DLA, and partners' pensions. Wanting to reduce debt and being able to live within income was influential in encouraging some people to stay focused on work, as we saw in the previous section. However, indebtedness could also be a reason for wanting to stay on benefit. Some people felt safe from creditors when they had no earned income. Responsibility for paying child support and arrears led one man to consider it worth returning to work only with high wages.

Those people in the panel who were long-term benefit recipients when they joined the Pilot were used to living on low incomes. The idea of having extra money from earnings was attractive, but what was often more important was not doing anything that might disrupt stable benefit incomes, or risked upsetting budgeting arrangements.

This variation in financial circumstances and experience helps to explain how people responded to being told about financial incentives such as the Return to Work Credit, or extra money available to help them return to work (Adviser Discretionary Fund), and the possibility of using Permitted Work rules to do small amounts of work. The Interim Report explained that people often remembered generally being told about such incentives although names and details were sometimes not clearly recalled. There was little evidence that people who initially viewed such incentives negatively as '*bribes*' started to feel differently. If early meetings with advisers had drawn little interest in the incentives people often did not mention them again in later research interviews.

Some people who had experience of other New Deal programmes before joining the Pilot had already thought carefully about financial issues arising from a move from benefit to work. For people who received housing benefit and council tax benefit, work at minimum wage level often seemed not financially worthwhile because they believed that tax credits would be clawed back. It appeared to the researchers that it was not widely understood that Return to Work Credit was not included in assessments for housing benefits. Loss of free prescriptions with a move from Income Support was also perceived by some as a reason why they were unlikely to be better off in work.

⁶ DLA is a non-contributory, non-means-tested benefit to help meet the extra costs incurred by disabled people. There are two components, for care and for mobility.

Problems perceived in using Permitted Work rules, among people who thought it might be hard to work 16 hours weekly or to try to build up to this amount of work, included the level to which Income Support was disregarded before earnings were taken fully into account. There seemed no point, financially, in working more than a few hours. Negative views about Return to Work Credit increased among people on income support who knew, from friends' experience, of the higher incomes of people who could manage 16 hours work. It seemed unfair to them that other people who did not face the constraints of the Income Support disregard, could gradually build to 16 hours and then get both tax credits and Return to Work Credit.

Some self-employed people maintained their view that their way of working depended on being ready to respond to clients' demands and schedules and was hard to fit to the rules of permitted work.

A small number of panel members were receiving Return to Work Credit by the end of the panel. Included here were people who had been strongly focused on going back to work when they joined the Pilot; had discussed Permitted Work rules with the adviser; used these rules and then increased hours of work and claimed Return to Work Credit. Return to Work Credit is the focus of a further study in the overall evaluation of the incapacity benefits Pilot, due to start in summer 2005.

People's views on hearing about extra money available (through the Adviser Discretionary Fund) were mostly reported in the internal Interim Report (Nice and Sainsbury, 2004). As time went on, some panel members appeared to learn more about financial incentives offered by some Job Brokers, sometimes through their friends. Details were usually not clearly recalled, and sometimes people's understanding appeared incorrect to the researchers. One person appeared to have received a number of grants from a Job Broker, before joining the Pilot. He had been surprised at the amounts of money that were available to him as he tried to update equipment and renew professional contacts.

The need for general welfare benefits advice, reported in the internal Interim Report, was a recurring theme throughout the panel interviews. Some people remained disappointed that the Personal Adviser was not able to offer advice about Housing Benefit and Council Tax Benefit, Income Tax rebates, free prescriptions, and DLA applications. There were examples of people who took the initiative in getting in touch with their Personal Adviser when they wanted specific financial information. When queries were about Return to Work Credit, people were pleased with advice given, but when advisers were unable to talk about housing benefit or tax rebates, they felt there was a gap in the service.

In summary, information about, and practical help to use, Permitted Work rules and Return to Work Credit had been useful to some people. This worked more in terms of smoothing the paths to work for people strongly focused on a return than in terms of increasing motivation among those who initially who did not want to or felt unready to try work. Findings underlined the persistence of financial concerns among some incapacity benefits recipients who were reluctant to risk disrupting

stable incomes, thought that low-paid work would not be worthwhile financially, or faced debt recovery from earned income.

4.4 Steps taken towards work

Whether people took any steps towards work after contact with the Pilot was, of course, closely linked with their health, views about working and the impact of financial issues, all of which have now been discussed. In this section we return to the sub-groups identified in Section 4.2 and continue the longitudinal analysis, looking at steps taken towards work or work-related activities.

4.4.1 People initially not thinking of working

As explained earlier, there was high panel attrition in this sub-group and we do not have a full picture. Some people who did not complete the panel interviews told the interviewer in the first or second research interviews that they had taken no steps towards work, and declined condition management programmes. Where someone had agreed to follow up job suggestions and accept physiotherapy within the Condition Management Programme, this was largely because of fear of effects on benefits for people perceived not to be cooperating.

When steps towards work were taken by people initially not thinking of working, these concerned college courses. Discussion in a first work-focused interview had influenced one person in thinking towards further education for more opportunities in the future, and filling in a college application form, for entry at a later date. Another person re-established contact with the adviser to check the benefits situation before joining a college course suggested by a friend.

These findings show the importance of advisers explaining their readiness to be available in the future, should people's circumstances change. Services initially rejected may become more attractive and acceptable in different situations.

4.4.2 People who were initially focused on working

We might expect to find, among people who were initially focused on working, examples of steps taken towards work as they tried to achieve their aim. By the end of the panel interviews, most such people who had been followed for nine months were indeed back at work. One who did not achieve work in this period reported declining health, and despite undertaking some tasks for friends in order to keep up skills and to keep active, was no longer looking for work.

Among those who remained focused on work, steps taken independently were important. Indeed, all those working by the end of the panel had found jobs themselves, or returned to former self-employed work. One person had a job in mind before the first work-focused interview; one was contacted by an employer who knew her and one was told by a friend about an opportunity. There was sometimes a preference for finding jobs independently, because of the stigma

perceived to be attached, by employers, to people getting work through *'the social'*. Trying a small job which proved unsuitable and lasted only days helped one person understand better what kind of work it was possible to do, given his condition. He was successful in finding a suitable job some ten months after joining the Pilot. Taking college courses (some suggested by Job Brokers), updating CVs, attending local jobs fairs, scanning local papers and using the Internet at the local library, helped to maintain momentum for a person who did not find work quickly, and one person returned to previous self-employed work.

Among those who did return to work, some had increased hours by the end of the panel, influenced by financial pressures, knowledge about Return to Work Credit or hearing about a new opportunity. Being referred by a Personal Adviser to a small business support agency, and taking part in a Condition Management Programme had been important to one. However, people in jobs whose health had deteriorated, were reconsidering their situation by the end of the panel period, and one person thought that returning to benefit was a possibility.

4.4.3 People who wanted to work in the future

We have already described the lack of interest in taking steps towards anything other than their previous kind of work among some men who said that they wanted to work in the future. Other people who wanted to work in the future had been prepared to try things, sometimes in response to suggestions from the Personal Adviser or a Job Broker, for example enrolling on a computer course, starting to look for jobs, meeting with a work psychologist, or accepting referral to a Condition Management Programme. A person who still had a contract and was considering returning to work accepted help to contest the employer's suggestions for medical retirement. The stage at which such steps were taken varied considerably, often linked with developments in health conditions. One person whose depression lifted was told about a job by a friend, and got it.

Some people pursued their own goals, continuing with college courses they had started before joining the Pilot, believing that gaining qualifications might be more useful in the long term than taking the kind of low paid, unskilled work suggested by Job Brokers.

Those people who said they had taken no steps towards work since meeting the Personal Adviser, despite initially wanting to return to work, were generally people whose condition had worsened, with hospital stays or deepened depression.

Looking generally at the findings about steps taken towards work, health trajectories were a strong influence. Actions and initiatives taken independently and outside the Pilot arrangements were again important. Those people who told the Personal Adviser at the first meeting that they wanted to work in the future and were found to be in work by the end of the panel interviews had all received support from the Pilot, although new jobs entered had been found independently. Among men whose idea of returning to work was initially one of going back to a previous kind of

work, there was some reluctance to engage in activities suggested by advisers when these were not perceived as relevant to their aim. Taking steps that might lead towards work through gaining college qualifications was an option chosen by some, and Personal Advisers had sometimes been influential here, in discussions about the courses available, or the benefits situation for people attending college.

4.5 Overall reflections on the Incapacity Benefits Reform Pilot

4.5.1 Data used

Thus far, this chapter has been based on longitudinal analysis of the data available from the series of panel interviews. We have discussed changes people perceived in their lives and influences on their decisions, as they reported these at three intervals in the panel study when people were at various stages in participation in the Pilot. The rest of this chapter now presents a different perspective, that which comes from asking people at the end of the panel period to reflect retrospectively on what happened. In the final interview in the panel study we asked people to think overall about what happened after they joined the Pilot. We asked people to reflect on their current circumstances, compare these with their circumstances when they joined the Pilot, think about their expectations for the future, and talk about the general picture of what difference the Pilot had made to their lives.

Findings in Sections 4.5 and 4.6, thus, draw on data from the 18 interviews with people who completed the series of panel interviews. They had all been followed for the same length of time and had three contacts with the researchers. Most were at least 12 months from their first contact with the Pilot. This kind of perspective does not provide detailed information about experience of service, or how views develop and decisions are taken. Rather, we have reflective comments and suggestions from people looking overall at their lives, and balancing up the positive and negative impacts of all their experiences of the Pilot. It is this picture of the Pilot that people may take forward into the future, when details of interactions have become more blurred but general impressions and beliefs may still be important in influencing views and behaviours.

It is important to remember that this and the following section draw on a different kind of data from preceding sections in the chapter and other earlier chapters presenting longitudinal analysis. Some views may appear more polarised than in preceding parts of the report, while some may seem more muted. This largely reflects the different way in which people were invited to reflect in the final panel interview. Findings in this chapter do not contradict what has been reported so far; they offer a different perspective which deepens our understanding.

4.5.2 Reflections on the experience of the service

Looking back, there were mixed views on the value of the interactions with Jobcentre Plus, and services offered and received in the Pilot. Not everybody judged the value of the service on how far it helped them move towards work. Some attached equal or more value to the way they were dealt with or made to feel about themselves.

People left with a generally positive view were people who had found the Personal Adviser or other staff easy to talk to and understanding, had not felt pressured towards work, and said they received useful information or support which proved to be of practical help. As we might expect, included here were most of the people who had help in using Permitted Work rules and Return to Work Credit, and people who found Condition Management Programmes to be helpful, but also people who had been referred to other agencies such as mental health services. Also left with positive views were people who valued their increased confidence and general morale, which had helped some take independent steps towards work, or feel more hopeful of working in the future.

Feelings of overall disappointment were expressed by some people who said although they had liked the Personal Adviser and learned useful things about services and support available, their expectations were not met. In particular, people mentioned not being told about suitable job opportunities by Personal Advisers or Job Brokers, or being told about jobs perceived as unsuitable. People who had strong negative feelings when they looked back on the overall experience were mostly men and they said, for example, that they had never expected anything useful, and had wasted their time. Some said they had felt pressured towards paid work throughout their contacts, and were relieved when it ended.

4.5.3 Reflections on the difference made in people's lives

In addition to weighing up positive and negative aspects of service, we asked people to judge how much difference in their lives the Pilot had made. People thought about 'difference made' in terms of work circumstances, knowledge gained and general feelings about themselves.

Those people who said taking part in the Pilot had made a big difference in terms of their current work circumstances included some of those who were already focused on work when they joined the Pilot. Taking part in the Pilot had given them confidence, useful information and contacts, and helped to maintain momentum towards their jobs. Among those who had not initially been focused on work but thought the Pilot had made a big difference, one person said her circumstances had changed considerably since joining the panel. Gaining increased confidence and morale from taking part in a condition management programme had helped her deal with depression, think about work as a real possibility again, and take a job opportunity when this arose.

Some people perceived the difference made in terms of knowledge gained about services and opportunities. Being told about extra money available (Return to Work Credit and the Adviser Discretionary Fund); Permitted Work rules; the role of Job Brokers; or how attending college courses affected benefits had enabled people to make decisions and take action. Being put in touch with agencies who subsequently provided helpful information and advice (for example, mental health services) had also made a difference in the lives of some people, even though they felt no nearer paid work.

Talking to a Personal Adviser had also made a difference in terms of general confidence and morale for some people, helping them adopt a more positive outlook. Some people said it had taken some time for them to feel positively about the service, however, and they observed that it was easier to see what they had gained by looking backwards.

One group of people said that the service had made no difference at all. Included here were people who had liked the Personal Adviser and not minded taking part in interviews but had gone on to do what they planned anyway. Also included were some who had received considerable help already in New Deal programmes or from DEAs, and felt that the Pilot had added nothing new. The group also included people whose overall view of the service was strongly negative and who felt taking part had no impact other than to make them feel frustrated and under pressure to attend unhelpful interviews.

4.6 Plans for the future

4.6.1 Expectations of employment

At the end of the panel period, nine months after the first research interview, the main hope for some people was for stability in their condition or improvement in their health. Some people still waiting for the outcomes of medical investigations or hoping for further treatment, said that they were going to wait to see what happened before thinking much more about work. Some whose health had deteriorated were no longer thinking much about working. Those who said they doubted that they would work again were in their 50s and had poor health. One person in this age group was hoping for a successful outcome of an application for DLA which would mean there would be no financial need to work. There were also people who felt they had urgent domestic and family issues to resolve before committing themselves to doing anything about work.

We asked those people in work at the time of the final panel interview how they felt about the future, in terms of employment. There was a wide spectrum of expectations. Using Permitted Work rules in a new job was working well for one person although reduction in income support meant there was no perceived financial benefit. The person did not reflect on what might happen at the time limit for permitted work. People no longer receiving incapacity benefit and working for

an employer were generally pleased with their job and expected to stay. One way of increasing hours of work was to look for a second job. One person had already been successful and was hopeful of keeping this going although there were likely to be seasonal fluctuations in income from this self-employed venture.

By contrast, leaving incapacity benefit by returning to previous self-employed work was not working well for a person whose health was deteriorating. Whether to stop working again would depend on whether the hospital consultant could offer any further treatment. Also not working out well for the person involved was returning to a job held open. Despite negotiations, it was proving hard to meet the employer's demands, in terms of tasks and hours required, and the person felt at risk of losing his job.

Finally, we look at those people who were not working at the end of the panel period, but were still interested in the idea of having paid work at some time in the future. Among this group, continuing a college course in order to obtain a qualification was often now a main aim. Such people were generally engaged in part-time courses leading to a qualification in information technology (computer literacy and word-processing). Some had been pleased to pass intermediate examinations and were studying for the next stage. At the same time, they scanned newspaper advertisements to see what jobs were available. For the time being, while they managed their health condition or cared for their family, they felt they were on the right course of action.

4.6.2 Services needed to achieve aims

The researchers asked whether there were any services that might help people achieve their aims, in terms of employment. Answers might, it was hoped, provide information about ways in which employment programmes might be developed further or show policy makers where links to other services might be strengthened.

As we might expect, faster response within NHS services would help some people who were on waiting lists for scans, consultant appointments or surgery.

Self-help groups for people in particular circumstances would have been welcome to some. Mentioned here were local self-help groups for people with severe pain, and support groups for women with health conditions who were socially isolated. The people concerned had searched themselves for such groups in their local area. One had found a group that might be helpful, but been unable to afford the fee.

Some people pointed to changes needed in the way that work was organised. There were some suggestions for work to be made available in different ways, with more employers offering work trials and work experience to people claiming incapacity benefit. One man had strong views here, and said that more creative strategies were needed, such as opportunities for non-standard hours and hours-based contracts. A person who argued for some kind of 'financial top-up' for people who left benefit but could not achieve sufficient earnings appeared not to take into account Working Tax Credit, but it was not clear if he understood how this might help.

4.6.3 Further contacts with the Pilot

The researchers asked people whether they expected further contact with their Personal Adviser. As well as showing how far people understood the nature of the programme and the sequence and aims of components, it was hoped that answers might throw light on whether people perceived the Personal Adviser and Jobcentre Plus services as a resource for the future.

At the time of the last panel interview, one person was still taking part in a Condition Management Programme and expected to continue further sessions. Some others who had valued the contact with the Personal Adviser were still calling in to see them from time to time to talk about what was happening, and expected to continue doing so. The formal status of such interactions was not always clear to the researchers.

People who had been told by the adviser that they would not be asked to go for further interviews thought that their involvement had probably come to an end. People who had left benefit were not generally expecting further contacts, other than to renew Return to Work Credit. However, some long-term benefit recipients thought they would be '*called in*' to the Jobcentre again at some stage, because in their experience that was what usually happened.

Otherwise, there was some uncertainty among people about whether there would be further contacts with the Personal Adviser. When the relationship with the Personal Adviser had been good, some people perceived possible future circumstances in which they would return for further information or advice, for example, if they found a job independently, or if health improved to the point at which they started to think about working. They would trust the adviser to give appropriate information about the impact on benefits, or welcome help in looking for suitable opportunities. People whose overall experience had been negative hoped to have no further contact.

4.7 Discussion

The chapter has underlined the importance of health trajectories in influencing whether incapacity benefits recipients can move towards work. The Condition Management Programme made some contribution in helping some people manage their condition or symptoms. Others perceived their condition to depend on medication, surgery, the way illnesses progress or changes in life circumstances beyond the influence of Jobcentre Plus services.

There was evidence of the incapacity benefits Pilot making some big differences in helping people towards work during the first few months after contact, particularly among people already strongly motivated towards returning to work. Here, information and advice about taking steps towards work and maintaining income smoothed people's returns, and personal support and encouragement helped to maintain morale and momentum. There was less evidence of the Pilot making big

differences during the first few months after contact, among people who initially felt less ready to move towards work or wanted to stay on benefits. Among those who found it hardest to think about trying new options or opportunities were older men who thought of going back to work mainly in terms of returning to their previous manual or technical occupation, with a good wage.

Managing debts by staying on benefits and safe from creditors was a powerful influence on some people, which was not addressed by the Pilot for anybody within this study group.

However, there were some examples of Pilot influence on people initially less ready to return to work, or not wanting to go back. Initial discussions with Personal Advisers about future options did widen some people's views of what was possible for them. For this group, however, important effects were sometimes less immediate. People who perceived Personal Advisers as easy to talk to and ready to offer information and help renewed contact with the Pilot when their circumstances changed. This happened especially among people whose depression began to lift, sometimes months after initial contact with the Pilot. In terms of service effectiveness, what mattered for some people was that when health and family circumstances changed, they remembered the Pilot service in positive terms, and the support they then sought was forthcoming.

5 Discussion and conclusions

By the end of the evaluation of the Incapacity Benefit Reforms Pilots in 2006, 105 people, in three cohorts, will have been included in the longitudinal qualitative study of the views and experiences of incapacity benefits recipients. The first cohort recruited 24 people across the first three Pilot areas, Bridgend, Renfrewshire and Derbyshire.

In this first part of the study we set out to explore a number of broad research topics:

- people's experiences and views of the nature and purpose of work-focused interviews;
- decision making in relation to the Choices package of services and interventions;
- people's experiences and views of services used;
- perceptions of quality of service, including delivery locations, methods and accessibility, staff expertise and manner, and coordination of services;
- the role of work-focused interviews and services accessed through the Pilot in influencing people's decisions and action about work.

In addressing these topics we have been able to explore changes in people's circumstances, perceptions, attitudes, expectations and decision making. We are also beginning to build a picture, which will be enhanced in later cohorts of the longitudinal study, of how services can help clients and how different aspects of people's lives influence their pathways back to work.

In this concluding chapter we will initially address each of the research topics above. Finally, in an overview of the Incapacity Benefit Pilot so far we will discuss some of the important emerging issues. In drawing conclusions we have kept in mind that the experiences of this first cohort of incapacity benefit recipients are of services in their early period of development. Participants in the later cohorts can be expected to experience services that will either be more established or will have changed.

5.1 Experiences and views of work-focused interviews

Chapter 2 presented detailed findings of people's views and experiences of the work-focused interviews. One of the core parts of the Pilot design is the series of up to six mandatory work-focused interviews at monthly intervals between incapacity benefit claimants and Personal Advisers. Among the panel in the study, the number of interviews and the intervals between them varied widely. Some people remembered attending five or six interviews, one person reported having had six at roughly monthly intervals. Some appeared to have had only the initial work-focused interview. Some did have regular meetings but at intervals longer than a month. It was not always clear from people's accounts whether their Personal Advisers had invoked their discretion to waive or defer interviews. For some people, the interviews seemed to have come to an end, though again, this was not always clear to them. This was welcomed by some clients but others felt 'left out'. This seems to indicate a need for Personal Advisers to ensure that their clients know and understand how they are managing the work-focused interview regime and when next contact is planned or might be expected.

The first work-focused interview was recalled with greatest clarity by most respondents. People had positive experiences when the Personal Adviser allayed fears about the purpose of the work-focused interviews and where information about options, for example about benefit entitlement, work or training, was given. Of those respondents who were concerned that the work-focused interviews would be used to check on the legitimacy of their claim and to push them into work, most were reassured at the first interview that this would not happen.

Referrals to services such as New Deal for Disabled People (NDDP) Job Brokers or to a Condition Management Programme were reported as useful, but people were disappointed when their expectations were not met, for example, with help in finding a suitable job, or where they did not feel that they were ready to look towards work. For those people who did not want to return to work, the work-focused interviews were reported as being a waste of time.

While there were similarities in many respondents' experiences of the first work-focused interview, for example, in being asked about themselves and being given information about some of the main elements of the Choices package, subsequent work-focused interviews tended to become more individually-focused. People remembered being given information and having referrals made at different times. Information on available services and opportunities appears to have made a positive impact where it was perceived as relevant and timely according to individuals' circumstances, or where it helped people to think differently about their situation by offering new ideas. Some people had more negative experiences where they did not feel ready to work or where they felt under pressure from Personal Advisers.

One important finding to emerge from the interviews with clients was that many did not object to being asked to attend a Jobcentre Plus office for a work-focused

interview. They saw this as a reasonable condition of receiving benefit. There was less consensus about the number and frequency of work-focused interviews. Some people found repeated attendance at interviews unhelpful and a burden. However, the evidence that people's views about working and about their capabilities changed in the period they were in contact with a Personal Adviser, suggests that some people derived benefit from a **series** of work-focused interviews.

5.2 Decision making and the Choices package

The research interviews allowed us to explore how people made, or contributed to, decisions about which parts of the Choices package to use. The experiences of the panel of clients shows that matching the individual needs of clients to the wide range of help available in the Choices package depends on the Personal Adviser.

The evidence so far suggests that clients were given a wide range of information about help through mainstream Jobcentre Plus services, new provisions associated with the Pilot and external services provided by organisations such as Job Brokers. What has emerged from the client interviews is the importance of the timing of this information. When information is given too early, at a time when someone does not feel ready to make moves to get back into work, there is the danger of people feeling 'pushed' and becoming resistant. Also, the potential value of available help might not be identified if information is seen as irrelevant at the time it is given.

However, it seems from the client interviews so far that most people who were aware of having options within the Choices package, contributed to decisions about which elements to pursue or not to pursue. While some people's perception was that they had to take part in something suggested by a Personal Adviser, most were content with what they were doing. The evidence that some clients described forms of help available that they did not take up, also suggests that they were making choices for themselves. There was evidence, however, about some decisions being ill-informed (such as turning down help from a Disability Employment Adviser (DEA) because of the perception that the client was not disabled), emphasising the important role of the Personal Adviser in ensuring that information about the opportunities available is comprehensive and understood correctly by their clients.

5.3 Experiences and views of services

The Choices package comprises help available through existing Jobcentre Plus services and financial resources, some services provided by external organisations such as local authorities, Job Brokers and other voluntary bodies, and new provisions only available in the Pathways Pilot areas (Condition Management Programme and Return to Work Credit).

Chapter 3 sets out people's experiences of the services they used, whether or not these were arranged through the Pilot. It is clear that many people had used, or were using services that were helpful to them in various ways. Others had more mixed

experiences. Some people identified needs that were either being addressed in some way, or were effectively outside the scope of the Pilot (such as the need for health interventions or perceived discrimination because of age).

It is useful, however, to reflect on the experiences of the panel members of the two innovative elements of the Choices package.

5.3.1 Condition Management Programmes

There was limited experience of Condition Management Programmes among this first cohort of incapacity benefit recipients. This is partly explained by the timing of the research interviews. Condition Management Programmes were still being developed and implemented in the early months of the Pilot.

The study group's experiences fell into two distinct types. This is not to suggest that this reflects the full range of activities and services available under Condition Management Programmes. We would expect to find different experiences in the later cohorts of the longitudinal study.

One type of experience reported by clients comprised one-to-one sessions with health professionals, including physiotherapists and mental health professionals such as cognitive behavioural therapists and counsellors. These were generally positive experiences, welcomed and appreciated by people. The second type of experience reported was described as taking part in 'group sessions' that were not perceived as being either individually tailored to their circumstances, nor specific to their health condition. There were mixed experiences here. Some people liked attending these but they did not speak so positively about them as the clients who had one-to-one sessions with appropriate professionals.

It is interesting how people talked about participation in one of the Condition Management Programmes. While no-one described perceptions of their health condition or its implications for their day-to-day physical or mental activities being altered, people with musculoskeletal or mental health conditions talked more about 'feeling better' from their participation (for example, having increased confidence to deal with members of the public after sessions with a cognitive behavioural therapist).⁷

⁷ The focused study planned for 2005, to explore the use and impact of the Condition Management Programmes will provide the opportunity for investigating in more depth whether providers think they are successful in changing people's perceptions of their health and capabilities. Further cohorts of the panel of clients will also generate more data on the experiences of Condition Management Programmes.

5.3.2 Return to Work Credit

Not many people were actually receiving Return to Work Credit at the time of the research interviews, though more had been told about it and saw it as a potential help in the future.

As explained in Chapter 3 the two people who talked positively about Return to Work Credit had different reasons for their views. For one person the additional £40 a week had allowed her to go back to work for fewer hours than she would otherwise have done (i.e. to enable her to take home a sufficient level of pay). For another respondent starting self-employment, the Return to Work Credit served as a guaranteed source of income without which she might not have started work again.

It has been mentioned earlier that the timing of information could be important. It was not always clear in the interviews when Return to Work Credit was mentioned, if at all, by Personal Advisers. Some respondents were not able to remember very clearly. Among those who had learned about it, some, in contrast to those holding positive views, construed Return to Work Credit negatively. One view was that it was unnecessary to motivate people to go back to work. Another view was simply that people out of work for only a short time should not be given money to return to work.

There was little evidence from this first cohort of clients that the Return to Work Credit had acted as an incentive for people to return to work in the sense of changing their attitudes about working. Further evidence about the effects of Return to Work Credit will emerge from later cohorts, but the two examples above show that it can work in other, constructive, ways.

5.3.3 Other services

People in the panel had experienced a range of other services during the time of their involvement with the Pilot, some of which had been accessed through a Personal Adviser while others had been accessed through other routes. These included working with NDDP Job Brokers, receiving treatment and care through mainstream health services, including GPs, and receiving help and advice from, for example, Citizens Advice Bureaux and local authority departments.

When people were asked about additional services that would help them, the most common response was about health services (for example, shorter waiting times for assessments and treatments). Enabling access to self-help groups was also mentioned. Other suggestions referred to some provisions (such as work trials with employers, and a wages 'top-up') that are already part of the Choices package but either were not known about by the panel member or perhaps not available locally.

5.3.4 Perceptions of the quality of service

Panel members' assessments of their Personal Advisers were largely very positive. As mentioned in Chapter 2 the personal attributes of Personal Advisers were considered important. The personal support and encouragement received was important for some clients in giving them confidence to make progress towards getting into work. For some clients, their relationship with a Personal Adviser developed positively over the course of several work-focused interviews.

Most people had no problems with the location or access of Jobcentre Plus offices where most work-focused interviews took place. There were some comments about lack of privacy in open plan offices and although this was not a particular concern for the people in this first cohort, it would be an enhancement to service if people were at least given the opportunity of a private interview room.

From the accounts of the panel members in this first cohort, it is clear that they can be involved in a wide range of services and support in their routes back to work only some of which will be accessed through the Choices package. It might be expected, therefore that there is a need to co-ordinate these in order to avoid duplication, confusion and possibly inconsistency or even conflict. It has been interesting, therefore that few comments were made about the way different services fitted together or were coordinated. At this stage it is too early to suggest that this is a gap in the role of the Personal Adviser (although as mentioned in Chapter 3, one person described the confusion of 'toing and froing' between advisers and employment schemes). There seemed little evidence from panel members' accounts of Personal Advisers taking on a coordinating role in the sense of liaising with other people and organisations on behalf of their clients (rather than just making initial referrals). Evidence from the later cohorts of the panel will allow us to address, more fully, whether there is a need for such a co-ordination role, and if so, who might be best placed to fulfil it.

5.3.5 The influence of work-focused interviews and services on decisions and action about work

In Chapter 4 we distinguished between members of the panel in terms of their motivation to work when they were first interviewed in the early stages of their involvement with the Pilot. One group was already highly motivated to work, a second group wanted to work at some point in the future but perceived short- or medium-term barriers (including health, financial and family circumstances) that prevented them from actively moving towards work, while the third group were not interested in work. We cannot say anything about the relative sizes of these groups from qualitative research, though other elements of the evaluation will be able to address this issue later. This will be important for assessing the balance of costs and benefits of the Pathways initiative for different types of incapacity benefit recipient.

For the first group, there was no initial need to motivate them or change negative attitudes. Their accounts suggest that Personal Advisers acted to support and reinforce already positive attitudes. For the second group, the need was more for

information and practical help that maintained interest in work, and which could lead to more active moves towards work when the client felt able.

For the third group, the task of Personal Advisers is more difficult. The premise of the Pathways Pilot is that most people on incapacity benefits can, and should, be helped to find work although there is no expectation that all of those capable of work will actively pursue this outcome, nor that all of those who do will be successful. Only people with the most serious health conditions are, therefore, excluded from the requirement to attend mandatory work-focused interviews. However, although all Pilot participants had been screened in, some of these had different perceptions about themselves and their capabilities. A combination of their health, financial circumstances, age and labour market opportunities had led them to conclude that work was either not possible or even not desirable. It is unfortunate, but perhaps not surprising, that we experienced a high rate of attrition among this group of people, with few completing the series of longitudinal research interviews. The conclusions that can be drawn from the panel members not interested in work must, therefore, remain tentative at this stage, but it does appear that stimulating an interest in work among this group of incapacity benefit recipients will continue to pose a considerable challenge to the Pilot. However, the evidence that one person had become much more positive about working by the time of the final research interview (albeit not linked to input from the Pilot), and that another person commented that the information provided by the Personal Adviser had given her a broader view of the options open to her, suggests that the attitudes of people not initially interested in work can change over time. There does at least appear to be value in informing people of the opportunities and options available to them, and in maintaining contact, through a series of interviews or some other form of contact, so that help can be provided at a time when people are ready to think about work.

By the time of the final research interview, a number of the panel were in work, some of them for a considerable length of time. It is interesting that all of these said that they had gone back to their previous job or found work themselves through their own job searching. One of the disappointments expressed by some people was that they were not informed about suitable job opportunities; a criticism applied not only to incapacity benefit Personal Advisers but also some Job Brokers.

As explained in Chapter 4, panel members were asked to reflect in the final research interview, about the difference the Pilot had made to them. Some people pointed to positive contributions of involvement in the Pilot in terms of their work circumstances, knowledge gained about services and financial assistance, and general feelings about themselves, such as increased confidence and morale. For some people who already had a clear idea about what they wanted to do, the Pilot made no difference to them, though this assessment was often accompanied by generally positive comments about Personal Advisers. A final group of panel members had negative views and reported feeling frustrated and under pressure from having to take part in compulsory work-focused interviews.

5.4 Overview of the Incapacity Benefit Pilots – emerging findings

One finding from the first cohort of the panel is that the Incapacity Benefit Pilots have provided a range of inputs that some people have responded to positively. These people have mostly been those who were strongly motivated to get into work in the short-term, and those for whom work was an aspiration in the future, though not immediately. Aspects of the Pilot that were helpful included personal support, advice and financial assistance, and referrals to services, such as the Condition Management Programme and NDDP Job Brokers. These have contributed to moving people towards work where they match people's own wishes and aspirations, and have been provided at the appropriate time. In contrast, there have been criticisms of particular aspects of the Choices package, where people have found they did not meet needs or expectations, and some people have been frustrated by a lack of progress in getting into work.

Other respondents, however, did not see work as either possible or desirable. This group tended to be more negative in their accounts of their experiences of the Pilot, and were critical of work-focused interviews as a 'waste of time' and of Personal Advisers for putting pressure on them to move towards work. They tended to ascribe cynical motives to the Pilots, as ways of reducing the number of people receiving benefits.

This study has emphasised how people's work trajectories are influenced by a large number of factors, including health, employment, finances and household, and by involvement with a wide range of individuals and organisations other than Jobcentre Plus. For many people, initial participation in the Pilot occurred at a time when they were already involved in activities intended to move them towards a return to work. This might have been a course of health treatment, engagement with Jobcentre Plus services, engagement with programmes such as NDDP or, New Deal for Lone Parents (NDLP), or self-directed activity such as job searching.

People's changing health status clearly has an important impact on their feelings about work. The Pilot has been designed to screen out two groups of people from the regime of six work-focused interviews – those whose the most severe health conditions and disabilities and those who could be expected to return to work quickly with the minimum of additional support. From the first cohort, however, it is clear that some people experience changes in health status that reduce (sometimes greatly) their prospects of work. Examples here include deterioration of an existing condition or the onset of a different condition. It is clear that for these people the range of help and services available thorough the Pilots becomes, temporarily at least, inappropriate.

People's financial circumstances also constitute an important context for thinking about work. Among the panel we have identified some of the concerns that people have about money, including overall level of income, interactions between benefits

and wages (particularly Housing Benefit and Council Tax Benefit), tax rebates and credits, mortgage payments and other forms of debt. Not everyone will require advice about money, and for some, the existence of extra forms of financial help (for example through the Return to Work Credit, Permitted Work rules, Adviser Discretionary Fund or other sources) is sufficient to reinforce positive attitudes about working. However, there does appear to be a need from some people for more complex financial assessments and advice, including debt management, that is beyond the current remit of Personal Advisers.

Overall, the findings show the importance of advisers explaining their readiness to be available in the future, should people's circumstances change. Services initially rejected may become more attractive and acceptable in different situations.

5.4.1 Implications for policy

The Incapacity Benefit Reforms Pilots started implementation in October 2003 and were originally designed for new claimants and to cover seven Pilot districts only. Since then, the coverage of the mandatory elements of the Pilot provisions has been extended to people receiving incapacity benefits for up to three years in existing Pilots, and will be introduced in phases into 14 new areas commencing in October 2005.

Findings from this first cohort of the panel of Pilot clients is, therefore, timely, particularly for thinking about designing services for the new Pilot areas. We summarise below some of the key messages for practice and policy to emerge so far, though we must again emphasise that the first cohort was intentionally small and covered the relatively early implementation of the Pilot. We would expect the second and third cohorts to experience some differences.

5.4.2 The need for good communication

- This is an issue for both practice and policy. Pilot clients need to be kept informed about process issues (how work-focused interviews are being managed) and substantive issues (i.e. range of information and services) to respond to the evidence that some people do not hear about things that would appear to be of use to them.
- Timing has been identified as important here – the need to give the right information at the right time and also not to rely on a single mention at the first work-focused interview but to reintroduce information at appropriate times later.
- An issue for policy is the extent to which Personal Advisers should take on a co-ordinating role for the possibly wide range of services being received by their clients.

5.4.3 Lessons about work-focused interviews

- The principle of attending interviews as a condition of benefit receipt appears to be accepted.
- The model of six, monthly work-focused interviews does not appear to be adhered to very often, but does seem to be operating flexibly in response to individuals' changing lives.
- The first work-focused interview is important, particularly for dispelling negative views about the purpose of the interviews.
- There is evidence that a series of interviews, rather than a one-off interview, is beneficial – relationships between Personal Advisers and clients can develop, and information and services become useful at different times as people's health and other circumstances change.

5.4.4 Lessons about the Choices package

- The services available through the Choices package seem to fit the requirements of some people although there was evidence that some people did not receive appropriate services. Consideration could be given to how to link up clients with appropriate self-help groups. However, the provision of adequate financial information and advice seems to be a gap.
- Help and advice provided through the Condition Management Programmes was mostly positively received.
- Financial assistance was generally very welcome. There was no evidence so far about whether the amounts available through the Return to Work Credit and Adviser Discretionary Fund caused any difficulties.
- People's need for help with finding jobs was not always met through either Personal Advisers or NDDP Job Brokers.

The final lesson derived from the analysis of the attitudes and motivations of new incapacity benefits claimants is that policy thinking needs to address two different, but related issues: how to improve the range and quality of services and other types of help, and whether and how to engage with a subgroup of Incapacity Benefit recipients who appear not to agree with the central premise of the policy, that they should be expected to move towards work. This research with the first cohort of the larger panel of clients has identified where improvements might be made, but the second issue remains problematic.

Appendix A

Client panel study, cohort one: research methods

A.1 Recruiting the panel

An extract from the Department’s screening tool database was used to select a panel of 24 people receiving incapacity benefits (eight from each district) who had not been screened out and had had their second work-focused interview. People deemed to be exempt from a Personal Capability Assessment or most likely to leave benefits without assistance were, therefore, excluded. We used purposive sampling to obtain diversity across the panel. The sampling criteria used included sex, age, main health condition and occupation. Table A.1 outlines the range sought within each criterion and the targets for each.

Table A.1 Sampling strategy

	Target for achieved sample (across all 3 Pilot areas)
Sex	
Male	9-15
Female	9-15
Age	
18-30	6
30-50	9-12
50+	6-9

Continued

Table A.1 Continued

	Target for achieved sample (across all 3 Pilot areas)
Health	
Mental health	6-9
Cardio-vascular	6-9
Musculoskeletal	6-9
Other	1-6
Occupation	
Professional/management/administration	6-9
Skilled	6-9
Service	6-9
Other	1-6

A letter from an officer at the Department was sent to 126 people in receipt of incapacity benefits, identified through the Department's database in March 2004. The letter (see Appendix B) introduced the research as a series of interviews and explained how the Department was interested in finding out people's experiences and views of the service they had recently received at their local Jobcentre Plus. Recipients were asked to reply within two weeks using a prepared reply slip and pre-paid envelope if they did not want to take part in the study. The letter and reply slip were written in both English and Welsh for recipients in Bridgend.

Twenty-six people chose not to take part at this stage, with some of their opt-out slips arriving after the two-week deadline. The reply slip did not ask people to give a reason for their self-exclusion from the study but some people chose to note this down, saying they were no longer in receipt of an incapacity benefit. Another recipient did not want to take part in an interview but stated he would be willing to complete written questionnaires. One recipient used their reply slip to bring attention to their concerns about the management of Disability Living Allowance (DLA) claims. Another decided to opt-in to the study by indicating this explicitly on their reply slip.

After the deadline for the opt-out period, potential panel members were selected according to the sampling frame in Table A.1 and contact was attempted by a researcher by telephone. As Table A.2 shows, some people declined to take part at this stage. Recruiting people with mental health conditions proved particularly difficult in one Pilot district, and younger clients seemed more elusive where they did not return messages or answer their mobile phones. Reasons given for not taking part included being too ill; going on holiday; being back at work, no longer receiving incapacity benefit and not wanting to revisit their experiences of illness or being on benefits; and being too busy. Others did not state a reason.

In some cases, phone numbers were not given in the Department's database and it was important not to exclude these potential participants. Here, letters were sent

inviting the benefit recipient to take part and, if willing, to indicate a convenient date by using the reply slip and pre-paid envelope provided. One panel member was interviewed after responding in this way.

Table A.2 Recruitment

	Bridgend	Derbyshire	Renfrewshire
Invitation letters sent	42	42	42
Opt-out through reply slip	8	13	5
Telephone contact made		10	9
Declined to take part		2	1
First interviews achieved	8	8	8

When contact with a potential participant was made by phone, the researcher was able to further explain the study, answer any questions and ask people to participate in the series of three interviews. Researchers could refer to a short information sheet in explaining the Pilot and answering questions, thus, ensuring that their responses were standardised as far as possible (see Appendix B). Appointments for the initial face-to-face interview were arranged during this phone call, at a time and place convenient for those who agreed to take part. All chose to be interviewed at home. Letters confirming the date, time and place of the interview were sent to participants prior to the interview, with information sheets about the evaluation (see Appendix B).

A.2 Panel participation and attrition

The research was conducted in three stages over a period of nine months, beginning in April 2004 with a face-to-face interview. Further telephone interviews followed after three months, and another six months, so that the panel was concluded in December 2004.

Previous longitudinal research with people who were not in work due to health problems (Corden *et al.*, 2004) has shown that a level of attrition in the composition of the panel is to be expected. As Table A.2 shows, two panel members were lost from each district over the course of the study, leaving six panel members who completed all three interviews in each district. Three people could not be contacted by phone for the first follow-up telephone interview or the final interview, and in each case, letters were sent asking the panel member to return a reply slip indicating dates and times when they would be available for an interview. None of these respondents chose to reply and their interviews were abandoned. Another person agreed a date for the follow-up interview but their repeated cancellation and renewal of appointments followed by the early termination of a phone call by the researcher, was interpreted as their withdrawal from the study. Two more panel members did not take part in the final interview.

Table A.3 Panel participation and attrition

	Panel members per district		
	Bridgend	Derbyshire	Renfrewshire
Initial interview			
Three months	* * * * *	* * * * *	* * * * *
1 st follow-up interview			
Six months	* * * * *	* * * * *	* * * * *
Final interview	* * * * *	* * * * *	* * * * *

A.3 Conducting the research interviews

A.3.1 Initial interviews

The initial face-to-face qualitative interviews were used to gather data on people’s current circumstances and attitudes with regard to health, work, finances and household, as well as their experiences and views about their participation in the work-focused interview regime and any subsequent Pilot services or schemes of support. Researchers used a topic guide of themes and suggested questions to guide discussion and were able to be responsive in spending time exploring the issues and views salient to the participant. The topic guide used during the initial interview is at Appendix B.

Before each interview, researchers again explained the purpose of the research and that it was hoped the respondent would be willing to continue their participation in two further interviews later in the year. The confidential nature of the interview was also explained and people were told that they could withdraw from the research at any time. People were asked to sign a consent form, agreeing that they had understood the nature and purpose of the research and that they would take part in a series of interviews. The consent form can be found in Appendix B. In general, the interviews lasted between 60 and 90 minutes and all gave their consent to be tape-recorded. Participants received £20 as a token of thanks.

As indicated above, participants were asked for permission to conduct two further telephone interviews on at least three occasions before the end of the initial interview: in the initial ‘opt-out’ letter from the Department; during the researcher’s telephone call inviting people to take part; and at the participant’s home before the interview commenced. At the end of the interview, researchers again checked respondents’ willingness to continue their participation in the study and all expressed their agreement, in principle. Arrangements for contacting the respondent for the first follow-up interview three months later in July were then made.

A.3.2 First follow-up telephone interviews

The purpose of the first follow-up telephone interviews was to bring the research team up-to-date with participants' circumstances. In particular, the aim was to explore whether there had been any changes and developments, since the initial interview, in participants':

- health, work and personal circumstances;
- thoughts about work and expectations for the future;
- experiences and views of contact with the Pilot and related services.

Respondents were asked to think back over the preceding three months to compare their current and past situations and reflect on what had happened and how this matched their expectations. Their thoughts on current and future needs were also explored.

It was important for discussion to be guided by the respondent's own experiences and the topic guide was, therefore, designed to be flexible and responsive to what they had to say. Researchers prepared for the interview by reviewing the data extracted from the initial interview.

Typically, contact was re-established with panel members by telephone in July and August, when a date and time for the interview was arranged. As discussed above, contact was not achieved with four panel members and proved difficult with others, for example, where they had acquired a new mobile phone number. One interview was delayed until September because the respondent had spent long periods in hospital receiving treatment.

The interviews lasted between 15 and 30 minutes. Permission to tape-record the interview was again sought and obtained. Panel members were asked for permission to be re-contacted for the remaining telephone interview, to take place six months later in December, at the end of this interview. Their agreement to participate was again obtained.

A.3.3 Final follow-up telephone interviews

The final interview was conducted around four broad themes:

- the respondent's current situation and expectations, regarding their health, work and personal circumstances;
- their experiences and views of services and support received, both within, and external to, the Pilot;
- their overall reflections on their participation in the Pilot, thinking about its usefulness and impact; and
- their reflections on participating in the research study.

New sections were added to the end of the topic guide employed at the first follow-up interview, to guide the new areas of discussion asking for participants' reflections on the last nine to 12 months (see Appendix B). In reflecting on their involvement in the Pilot, respondents were asked for their views on what elements had been helpful or unhelpful, whether and how their expectations had been met, and their suggestions for programme improvements.

The final telephone interviews took place in late November and December 2004. Contact was established by phone and a date for the interview arranged. In addition to the four panel members who did not take part in the first follow-up interview, two more could not be contacted for the final interview.

Problems associated with the use of mobile telephones in research interviews were encountered in the final interviews. Difficulties included flat phone batteries and respondents becoming distracted when using their phone to participate in the interview away from home. In general, interviews lasted longer than the first follow-up interview, with most taking between 20 and 45 minutes. Permission to tape-record was again obtained. A final gift of £20 was sent to the participating panel members after the final interview.

A.4 Data analysis

The tape-recordings from the face-to-face interviews were transcribed for qualitative analysis. Data from the telephone interviews were extracted directly from the tape recordings; and data from fieldnotes was also extracted directly. The data was analysed systematically and transparently, building on the *Framework* method originally developed by the National Centre for Social Research, such that display of data from the three waves of research would enable both 'snapshot' pictures and longitudinal perspectives.

Data were extracted as soon as possible after each interview, by either the researcher who conducted the interview or a member of their own research unit team. This helped individual researchers focus on what was happening for each participant at each research stage, and prepare for the next interview in the series, which involved reflecting on previous discussions.

Data management and extraction developed throughout the period of the panel enquiry, as follows. A thematic framework was developed for classification and summary of the data from the first wave of interviews according to the themes emerging. This approach meant that the analysis was grounded in respondents' own accounts, at the same time enabling analysis to address key policy interests and issues. The building of the charts enabled data interrogation and comparison both between cases, and within each case, and the researchers used the data to build descriptions and search for explanations.

The original thematic framework was adapted for the data emerging from the two waves of follow-up telephone interviews. The main headings for classification and summary of data remained largely the same (with one extra sub-heading to enable data on one particular experience to be brought together in a more useful way). The thematic framework was expanded for display and analysis of data from the first follow-up interview; and, again, expanded and further developed for the final telephone interviews. The expansion of the framework was an important part of the overall panel analysis, displaying the respondents' own summaries and reflections on changes in their personal circumstances, health and work situation; perceptions of progress and match with expectations; current and future need for support; and, from the final interview, their overall reflections on participation in the Pilot and its impact; the helpfulness or otherwise of the key Pilot elements, and other services received, and suggestions for programme improvements, and reflections on the experience of taking part in the research.

For this report, the accounts of all respondents were explored within the common thematic framework, with in-case and between-case analysis at different points in time. The detailed information collected at the first set of interviews enabled a cross-sectional analysis (Nice and Sainsbury, 2004) of views on working; knowledge, awareness and understanding of the Pilot; experiences and views of the work-focused interview regime; experiences and views of services and interventions, and expectations of future involvement with the Pilot.

Against this background, comparative analysis of the longitudinal data sets was conducted, exploring participants' experiences of and views about the work-focused interview regime and service components, changes in their health and personal circumstances, and experiences of, and views about, paid work. The researchers looked for explanations for any changes, especially in relation to different stages in participation in the Pilot and service use. This required deciding what might be called 'base-lines' for situating data against which comparisons might be made. One such base-line for purposes of analysis was the point of application for incapacity benefit, and another was the first face-to-face contact with the Pilot such as the first work-focused interview.

In this way, the analysts searched for understanding of the different ways in which the incapacity benefit Pilot might have affected people's lives, including how they perceived their capacity for work, thoughts about and management of their health, and decisions made about trying paid work or taking steps towards working.

Three members of the research team took responsibility for this analysis of the overall panel data and first draft of the report.

A.5 Characteristics of participants

A.5.1 Household arrangements

Thirteen men and 11 women were recruited to the panel. Of these, ten men and eight women stayed with the panel and took part in three interviews.

The aim, in selecting the panel, was to give greater emphasis to the middle age range, 35-49 years, to reflect the age range of people making claims for incapacity benefit and entering the Pilot. Table A.4 shows the ages of recruits to the panel.

Table A.4 Age and sex of panel recruits, at first interview

Ages	Men	Women
18-34 years	3	4
35-49 years	6	4
50 years and older	4	3

Those who left the panel included representatives from each of the age groups.

The panel included people from different kinds of households. Some lived alone, and some with a partner. Some of those in the youngest age group, both men and women, lived with parents or grandparents. The panel included two parent families and lone parents, with children from different age groups. Some men had responsibilities for children who did not live with them, in one case, sharing care at weekends. Among those who stayed with the panel there was very little change in these household arrangements during the period of research.

All tenure groups were represented (owner-occupation, private rental, local authority and housing association rental) and people lived in a range of properties (houses, ground-floor and first-floor flats, and flats in high rise blocks), in urban and rural locations. Nobody who stayed with the panel moved to another home during the period of research.

It appeared that the panel did not include anybody from a minority ethnic group.

A.5.2 Health

One criterion used for purposive selection of panel members was their health condition, recorded as the primary condition on the Department for Work and Pension’s database of incapacity benefit recipients. The aim was to achieve a roughly equal number of people (six to nine) with mental health, musculoskeletal and cardio-vascular conditions because these are the most frequently reported types of conditions among incapacity benefit recipients generally, and the main conditions targeted by the Condition Management Programme. The aim also was to achieve a smaller number of people (one to six) with other conditions.

Achieving the desired distribution of primary conditions proved hard in practice. The Department's database sample had few people recorded with cardio-vascular conditions compared with other categories of conditions. There were some problems recruiting people recorded as having mental health conditions, some of whom did not want to take part. When contacted, people's own descriptions of their condition sometimes did not match the information recorded on the database. Some people described the effects of more than one condition, each of which had considerable impact.

During the interviews respondents discussed how their conditions affected their capacity to work. Taking into account these self-reported conditions and descriptions of effects we see in Table A.5 that the number of people recruited to the panel met the target ranges, although there was a predominance of musculoskeletal conditions.

Table A.5 Health conditions of panel members, on recruitment to research

	Target	Panel recruited Primary condition on DWP database	All (self- reported) conditions
Mental health	6-9	4	9
Musculoskeletal	6-9	10	17
Cardio-vascular	6-9	6	6
Other	1-6	4	9

People who said they had mental health problems generally reported depression, anxiety, phobias, or effects of stress. Long-term conditions included manic depression. People who reported musculoskeletal conditions generally described arthritis, and pain and mobility problems following injury or accident. Some panel members named their condition as spondylosis or cerebral palsy. Cardio-vascular conditions reported included heart disease and angina, and 'other' conditions included effects of cancer treatment, diabetes and emphysema.

Patterns of development of these health problems showed wide variation. Some people described long-term conditions, sometimes from childhood, and for some there had already been many years of treatment and medication, or a number of operations. Others related their current health problem to a more recent injury or road traffic accident, or an unexpected heart attack, after previously fairly good health. For some, the pattern had been of gradual deterioration in health, or recurrence of symptoms. Some panel members described previous long periods of rehabilitation. Patterns of development of or recurrence of health problems and impairments can be important influences on employment histories and views about working.

The health trajectories of panel members are discussed in the main text. Those people who left the panel without completing the series of three interviews included people who reported mental health, musculoskeletal and cardio-vascular problems.

A.5.3 Financial situation

All the panel members had made a claim for benefit for incapacity for work, and by the time of the first research interview most were receiving incapacity benefit or income support with a disability premium, or both. It appeared that nobody in this panel was receiving National Insurance credits only. A few were not receiving any benefit because of processing delays or problems, or waiting for reinstatement.

Several panel members received other benefits, mainly Housing Benefit and Council Tax Benefit and DLA and some parents received Child Tax Credit. Details of the amounts of each source of income were not sought.

By the time of the first interview two people had earnings from part-time jobs, supplementing incapacity benefit income under Permitted Work rules. Two people were also doing some self-employed work when they felt able; one of these had left incapacity benefit, the other apparently using Permitted Work rules to try to build up his business, with support from a number of agencies. One other person was keeping a watching eye on his self-employed business, and hoped to be able to do some work at some point.

A few panel members said their partners had earnings from part-time or full-time jobs, and their household income included working tax credit.

Indebtedness was a problem for some panel members, on recruitment, and some men owed money to the Child Support Agency, which they knew would be recovered if they started paid work.

A.6 Reflections on participation in the panel study

Those who took part in the final interview in the series were asked to reflect on this research process.

In general, people had not found the interviews intrusive or inconvenient, although discussion about interactions with Jobcentre Plus had seemed repetitive to some people. Talking to the researcher had often been enjoyable. Taking part in the interviews had been helpful in two ways. Some people said it had been useful to reflect on their situation, and some said it had been a good experience to have somebody interested in them.

People were generally happy with the duration of the research. Some said that a full picture of what was happening would not have emerged if the research period had been shorter, especially people whose circumstances changed considerably over the nine months, or people who were waiting for medical appointments that might take several months to arrange. There were some suggestions that it would be useful to follow participants for even longer periods.

People were also generally satisfied with the number and frequency of contacts from the researcher. However, some observed that it had been hard to remember things that had happened at the level of detail hoped for by the researcher, and thought that they would have been able to remember things better if they had more frequent interviews. One suggestion was for the researcher to send an '*aide memoire*' in advance of the interviews, to help people think about things before the researcher phoned them. Not everybody would welcome more frequent contacts, however. Some people whose situations did not change much said there would have been little to talk about if the researcher got in touch every month.

The mix of face-to-face interviews and telephone interviews had been acceptable to everybody who commented. Several people said they had liked the initial face-to-face interview because they felt more comfortable meeting the researcher at the first contact. Face-to-face interviews were felt to lead to deeper discussions. Participants had a chance to see to whom they were talking, and this could help to build trust. Indeed, one man said he was uncertain he wanted to take part and waited to meet the researcher before deciding. He said he would not have taken part in a first interview conducted by telephone. Another man who was irritated by unwanted commercial calls also said he was unlikely to have agreed to take part in research based solely on telephone calls.

A few people who did not generally enjoy talking on the telephone said they would have liked the researcher to visit them each time. Some, who found the follow-up interviews rather short in comparison with the initial interview, felt that a follow-up interview at home would have been more enjoyable because it would have taken longer. People who were at home for long periods of the day with little to do often did not mind long interviews. Shorter discussions suited people who tired easily or needed to move around.

Appendix B

Research instruments

Research Organisation
XXXX
XXXX

March 2004

Dear

I am writing to ask for your help with some important research commissioned by the Department for Work and Pensions with people involved in the government's new scheme to give more support to people claiming Incapacity Benefit. Your name was selected from those people who have recently made a new claim for Incapacity Benefit and we would like to find out about your experiences and views of the service.

The research is being carried out by a group of independent research organisations: the Social Policy Research Unit at the University of York, the National Centre for Social Research and the Policy Studies Institute. We want to understand people's experiences of using the service throughout the duration of their participation, so we would like to talk to you now, again after three months, and finally after a further six months. We are interested in what you have to say, whatever your circumstances and thoughts about working.

A researcher from the [RESEARCH ORGANISATION] may be in touch in the next few weeks to see if you would like to take part in the three interviews and to answer any questions you might have. They will also talk to you about a suitable time to meet for the first interview and discuss any requirements you may have which will make it easier for you to take part. The first interview would last about 60 - 90 minutes. **Your answers will be treated in strict confidence in accordance with the Data Protection Act.** Everyone who is interviewed will be given £20 as a small token of thanks for their help after the first interview, and a further £20 after the final interview.

I hope that if contacted by a researcher you do decide to take part in the study. If you do not wish to take part, please let us know by [DATE]. You can either use the reply slip at the end of this letter and the pre-paid envelope or telephone [NAME] on [NUMBER]. If you would like to know more about the research, you can also call me, Elizabeth Cole on 0114 2098256.

Please be assured that your involvement is completely voluntary and will not affect any benefit you receive, or any dealings you have with any government department or agency. I hope you will be able to take part in this important study and enjoy talking to the researcher.

Yours sincerely

A handwritten signature in black ink, appearing to read 'El', with a long horizontal flourish extending to the right.

Elizabeth Cole
Department for Work and Pensions

IF YOU REQUIRE THIS INFORMATION IN LARGER PRINT, ON AUDIO TAPE, IN BRAILLE OR IN ANOTHER FORMAT PLEASE CONTACT XXXX (DETAILS AS ABOVE)

I do not wish to take part in a series of interviews as part of a research study for the Department for Work and Pensions.

Name _____

Signed _____

Date _____

Information for researchers in responding to participants' queries

The scheme involves a series of meetings (up to six) at the Jobcentre with a specially trained official called a Personal Adviser. They talk with you about your circumstances and discuss ways in which you could receive more support for your condition and the possibility of moving towards work.

If they ask – these meetings are compulsory.

If they ask about benefit sanctions – there will be sanctions applied for non-attendance - a percentage cut of their benefits.

The PAs might offer you some kind of training, help with job seeking or help with making adjustments at work. There are also some new programmes run with the NHS for some health conditions (back pain, mild mental health problems, some cardiovascular problems) to look at ways of supporting people.

If people ask – this support is NOT compulsory, so they don't have to take it up if they don't want to.

There are some financial incentives to return to work - a Return to Work Credit of £40 payable for 52 weeks for people working 16 hours or more a week and earning less than £15,000 a year. This money does not affect any other tax credits or benefits. There is also money available at the discretion of the PA to support people back into work (e.g. buying new clothes for interview, work tools).



Policy Studies Institute



Research exploring health and employment

We have been asked by the government to carry out an important research study exploring people's experiences of health and employment. We have been asked to find out about people's experiences of receiving Incapacity Benefit (IB) in seven areas (South Wales, Renfrewshire, Derbyshire, Somerset, Essex, Gateshead and Lancashire). The research began in the autumn of 2003 and will continue for three years.

Our team is made up of researchers from three different organisations. Although we are doing the research for the Department for Work and Pensions (DWP) **our organisations are independent and we are not part of the government or of DWP**. We are interested in hearing your views about the support or help you have been offered from JobCentre Plus and other organisations since you started receiving IB. DWP hope that by listening to your views they can improve the services and support they offer to people receiving IB.

You might be asked to take part in this research either by participating in a focus group in your local area or taking part in a one-to-one interview. A focus group would involve you taking part in a discussion with 7 or 8 other people who have also been receiving IB. One-to-one interviews with a researcher could take place at your home or another location if you prefer. We might want to talk to you just once or on more than one occasion.

- **Your participation is voluntary and you can say no at any time.**
- **If you participate your benefits will not be affected, nor will the services you use be affected.**
- **We will not tell DWP or your local Jobcentre that you are taking part in the research.**
- **Everything you tell us during the research will be dealt with in confidence in line with the Data Protection Act.**
- **We will not report the findings in a way which would identify people who have taken part.**
- **The findings from the research will be made available to the general public.**
- **Everyone taking part will be given a small financial gift to thank them for their time.**
- **We can also help you to participate – perhaps by meeting your transport or childcare costs, or by arranging for a translator or interpreter to assist you.**

If you would like to contact us or have any questions about taking part in the research then you can contact us by telephone or in writing:

Helen Barnes

The Policy Studies Institute (PSI),
100 Park Village East,
LONDON NW1 3SR

barnesh@psi.org.uk

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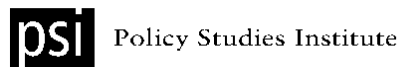
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IB Reforms Evaluation
Longitudinal Study Wave One, Cohort One
Initial Interview: Topic Guide

The aims of the first interview in the longitudinal study are to:

- provide information about the claimant's personal background and circumstances;
- explore their work history and current attitudes towards work;
- explore how the claimant's health condition affects their ability to work;
- understand their knowledge of the Pilot, the decisions they have made with regard to their participation and their experiences of it;
- understand their expectations and aspirations regarding work and their participation in the Pilot;
- seek their views on the quality and effectiveness of the services offered and received.

- *Introduce self, the evaluation and organisations involved (NatCen, SPRU, PSI).*
- *Stress independence of evaluation from DWP:*
 - *Different strands of research, qualitative elements involve interviews with range of staff and claimants.*
 - *The aim of this part of the research is to understand the new process of claiming IB as claimants experience it and how, if at all, claimants' circumstances change over this period. In order to track their involvement and any changes we would also like to speak to them on the telephone in three months time and in a further six months time. Check their willingness to participate in further interviews.*
 - *This interview will focus on the claimant's employment experience and current employment situation; their attitude to work; their recent claim for IB and future involvement with the Pilot; and their overall impression of their involvement so far and expectations for the future.*
- *Payment.*
- *Explain about confidentiality. If respondent happy, ask them to sign consent form. Explain about tape recording and length of discussion – seek permission.*

A. Background and personal circumstances

Q1. I would like to begin by asking for some basic information about yourself and your family

- ☐ Can you tell me your age?
- ☐ Who lives with you? Any children? How old are they?
- ☐ Do you have any other caring responsibilities?
- ☐ Any recent changes – moved house, household composition

B. Employment, barriers to work and attitude to work

★ **Q2. Can you tell me about your current employment situation?**

FOR THOSE NOT IN WORK:

- ▲ Probe for reasons why they are not working
- ☐ How long have you been out of work?
- ☐ Do they still have a contract of employment?
- ☐ Prompt for any job searching activity prior to participation in the Pilot
- ☐ Prompt for any voluntary work undertaken

Q3. What work do you normally do or what was the last job you had?

- ☐ Have they generally worked?
- ☐ Prompt for type of work and main responsibilities held
- ☐ Prompt for hours, working conditions, in work benefits
- ☐ Prompt for any skills and qualifications held in relation to the work
- ☐ Prompt for length of service/job duration
- ☐ What did they think of the work? (e.g. what they enjoyed, what they disliked)
- ☐ Did they have any problems at work (health-related or otherwise) prior to their spell of sickness/disability?

FOR THOSE IN WORK:

- ☐ Prompt for type of work and main responsibilities held
- ☐ Prompt for hours, working conditions, in work benefits
- ☐ Prompt for any skills and qualifications held in relation to the work;
- ☐ Prompt for length of service/job duration
- ☐ How did you get back to work?
- ☐ What/who was involved?
- ✱ Follow-up any references made to IB Pilots
- ▲ Probe for thoughts on what was helpful in getting work
- ☐ Prompt for any further contact with JCP
- ☐ How are they finding work?
- ☐ Are they experiencing any problems? Prompt for any support received to help solve problems

FOR ALL:**★ Q4. What are your thoughts about work at the moment?**

- ☐ Do you feel able to work at present?
- ▲ Probe fully for reasons

WHERE APPROPRIATE**★ Q5. Do you think working will be a possibility for you in the future?**

- ▲ Probe for reasons
- ☐ If they think work will be possible prompt for the type of work, conditions and responsibilities envisaged
- ▲ Probe for any ideas and plans about **how** and **when** they will get work

WHERE APPROPRIATE**★ Q6. Is there anything stopping you from working at the moment?**

- ▲ Probe fully for the major obstacles affecting their ability to both **look for** and **find** work
- ☐ Is there a **main** barrier stopping them from working?
- ▲ Probe for effect of health on everyday activities and work-related activities
- ▲ Probe for anything that needs to happen before they can get into work (e.g. operation, move house, access to practical help, access to childcare)

FOR ALL:**★ Q7. Is paid work important to you?**

- ▲ Probe for any personal reasons
- ▲ Probe for any financial reasons

C. Claiming benefits and the use of employment services**Q8. Now that we've talked about your background and your thoughts about working I'd like to ask you about the claim for Incapacity Benefit which you made at the end of last year. How did that come about?**

- ▲ Probe for factors and influences in making claim (inc RTWC)

Q9. Before you made a claim for Incapacity Benefit, did you talk to anyone about getting into work (or going back to work)?

- ☐ Prompt for contact with GP, Jobcentre/Jobcentre Plus, Job Brokers, any other employment programmes
- ☐ Have they had contact with them for any other purpose (e.g. health condition, benefits)
- ▲ Probe for the nature, purpose and outcome of all contact
- ▲ Probe for thoughts on adequacy and value of service received

Q10. Have you ever claimed and received any benefits or tax credits before?

[N.B. We're not looking for a detailed history here. We want to know if the respondent is an (in)experienced claimant]

- ☐ Benefits/tax credits claimed
- ☐ Duration of benefit/tax credit receipt
- ▲ Probe for reasons why claims were made

D. Involvement with the Pathways to Work Pilot**★ Q11. You may know that the government is trying a new way of delivering benefits and support to people who make claims for incapacity benefit. This is being tested in the Derby/Bridgend/Renfrewshire area. Did you know about this?**

- ▲ Probe for their understanding of the purpose of the Pilot services
- ▲ Probe for their understanding of the available services and support options and the sequence of services

- ▲ Probe for their understanding of their participation in the Pilot (that WFIs are mandatory and support options in the Choices package are voluntary)
- ▲ Probe for their views on the Pilot's rationale and main components

★ **Q12. How did you go about making your claim for incapacity benefit this time?**

First contact (on phone)

- ☐ Who did you make contact with?
- ☐ What was explained?
- ▲ Probe for whether any explanation of the nature and purpose of work-focused interviews was given
- ☐ Any mention of a Financial Assessment with a Financial Assessor?
- ☐ How were future appointments arranged?
- ☐ How do you feel this first contact went?

Financial assessment [if respondent attended a meeting with a Financial Assessor]

- ▲ Probe for their understanding of the purpose of this meeting
- ▲ Probe for reasons why they chose to meet with a FA
- ▲ Probe for whether work focused interviews explained to them
- ▲ Probe for impressions of manner and expertise of FA
- ▲ Probe for their thoughts on the value of this meeting

1st WFI, screening tool

- ☐ When did this take place?
- ☐ What happened? Where did the interview take place – comfort, unease? Any difficulties in attending? What did the PA do?
- ☐ What information was given? What was discussed?
- ▲ Probe for their thoughts on their involvement in the discussion and decision making
- ☐ What was agreed?
- ☐ Was an **Action Plan** made? Did they receive a copy?
- ▲ Probe for their understanding of the nature and purpose of the Action Plan
- ▲ Probe for their involvement in drawing it up

- ▲ Probe for their understanding of the purpose of the meeting
- ▲ Probe for impressions of manner and expertise of staff
- ▲ Probe for views on the usefulness of the meeting and support offered/received
- ▲ Probe for thoughts on the amount of information received
- ▲ Probe for whether respondent felt the meeting had focused on their individual needs
- ✱ If mentioned, follow-up any references respondent makes to CMP/other service providers

2nd WFI

- ☐ When/where did this take place? Same place as 1st WFI? Did they meet with the same PA as for the 1st WFI?
- ☐ What information was given? What was discussed?
 - ▲ Probe for their thoughts on their involvement in the discussion and decision making (see possible probes above)
- ☐ What was agreed?
- ☐ Was an **Action Plan** made (*if not done in 1st WFI*)?
 - ▲ Probe for their understanding of the nature and purpose of the Action Plan
 - ▲ Probe for their involvement in drawing it up
- ☐ Was the Action Plan updated? Did they receive a copy?
 - ▲ Probe for their understanding of the purpose of the meeting
 - ▲ Probe for impressions of manner and expertise of staff
 - ▲ Probe for views on the usefulness of the meeting and support offered/received
 - ▲ Probe for thoughts on the amount of information received
 - ▲ Probe for whether respondent felt the meeting had focused on their individual needs
 - ▲ Probe for their perception of whether or not any progress was/is being made (feel they're moving towards work; better able to manage their situation; feel the process did not help)
- ✱ If mentioned, follow-up any references respondent makes to CMP/other service providers

Q13. Have you stayed in touch with the PA between meetings?

- ☐ Prompt for use of phone, emails, visits to JCP
- ☐ Who initiated the contact?
- ▲ Probe for purpose and outcome of making contact

Q14. What else has happened?

- ☐ Any **experiences** of support/services provided through their contact with PA in WFI (e.g. CMP; RTWC; ADF; NDDP; other work preparation)
- ▲ Probe for impressions of staff
- ▲ Probe for their views on the value of each service

E. Future involvement with the Pilot**Q15. We've explored what has been happening since you made your claim for incapacity benefit and who you have had contact with so far. Can you tell me what will be happening next?**

- ☐ Do they know what options are available to them?
- ☐ Prompt for plans to participate in/receive CMP; RTWC; ADF; NDDP; any other work preparation
- ▲ Probe for their understanding of the purpose and process of each service
- ▲ Probe for their awareness that their participation is voluntary and for the factors influencing their decision whether or not to participate in the services available
- ▲ Probe for their expectations regarding their involvement in the services

F. Involvement with other services and professionals**Q16. At the same time as you have been seeing a PA at the Jobcentre have you been in contact with any other services, organisations, schemes or professionals?**

- ☐ Any contact with GP/other health professionals; DEA; voluntary organisations; occupational health services; Job Brokers
- ▲ Probe for nature, purpose
- ▲ Probe for outcome of contact – including any information, advice and support received (in particular about their prospects for working)
- ▲ Probe for views on the adequacy and value of service received and impressions of any staff they met
- ☐ Any future use of services intended or planned

G. Reflections on their participation in the Pilot so far

- ★ **Q17. So far we've talked about your experiences of each meeting in turn. Can I now ask you to think about your experiences overall. What are your impressions so far?**

- ☐ What have you valued/gained so far?
- ☐ What have you been displeased/disappointed with?
- ▲ Probe fully
- ▲ Probe for whether they feel the process has affected their health
- ☐ Are there any changes you would like to see?

- ★ **Q18. What expectations do you have about your involvement from now?**

- ☐ Regarding future service provision
- ☐ Regarding their own progress towards readiness for work

- Q19. Finally, we will be interested in your experiences over the next nine months, but do you have any other thoughts, comments or suggestions that you would like to offer at this stage?**

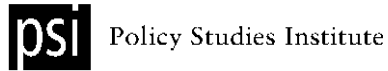
- ✱ **If not mentioned earlier check the following:**

- ☐ Do you own your house?
- ☐ What are your sources of income? Does anyone in your household work? Part-time/full-time? (or are they sick/disabled – and claiming benefits?)
- ☐ Health condition(s)
- ☐ Ethnic group

Thank you very much

Remind about confidentiality and use of the data

Confirm availability to participate in further interviews at three months and then six months thereafter. Give details about how they will be contacted nearer the time. Check for suitability of using the telephone for follow-ups.



STUDY OF HEALTH AND EMPLOYMENT CONSENT FORM

I have received the information sheet and understand the purpose of the research and what it involves. I understand that the information I give to the researchers will be treated in strict confidence according to the Data Protection Act and that I will not be identified in any reports. I understand that I can withdraw from the research at any time without giving a reason.

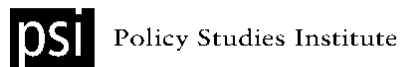
I agree to take part in a series of interviews
with a researcher

YES/NO

Name

Signature

Date



**IB Reforms Evaluation
Longitudinal Study Wave One, Cohort One
Final follow-up interview: Topic Guide**

The aims of the final follow-up interview in the longitudinal study are to:

- review clients' work, health and personal circumstances and understand the reasons for any change and development;
- explore their current attitudes and expectations regarding work, and whether and how their health condition affects their ability to work;
- investigate any participation in the Pilot, including experiences of WFIs and the Choices Package, seeking their views on the quality and impact of individual services offered and received;
- invite reflection on their overall experiences and views of the Jobcentre and any services received, and any impact it has had on their thinking about work;
- invite clients' to reflect on their experience of taking part in the research.

Again, make references to status, experiences and expected developments described by respondent in the initial interview but be careful not to influence their present outlook by referring to any views and attitudes they expressed at that time.

Although identifying changes and developments is very important for the longitudinal aspect of this study, we need to be mindful of those who have not experienced any change/development since the initial interview – change may not have been expected or desired; seek their thoughts on the stability of their circumstances.

Remind of date of last interview

We are using this interview to get up-to-date by asking questions about your situation now and what has been happening over the past six months. So, we are interested in any further meetings at the Jobcentre and any other contacts you have had as a result, and we'll talk again about your thoughts on work. As this is our last contact with you this interview is slightly different. We will be asking you to look back over the last year or so and think about your contact with the jobcentre. We will also ask some questions about your experience of taking part in this research.

Remind of confidentiality

Seek permission to tape-record.

A. Current situation and expectations
1. How are you? How have the last 6 months been?

- ☐ Any changes in personal/family circumstances
- ☐ Any changes in health
- ☐ Any changes in financial circumstances (receipt of benefits, income and expenditure)
- ☐ Any changes in work circumstances

FOR THOSE IN WORK AT LAST INTERVIEW
2(a). Can you tell me about your job?

- ☐ How are you finding work?
 - ▲ meeting expectations;
 - ▲ positive and negative aspects of working,
 - ▲ impact on health,
 - ▲ impact on financial situation

☐ Are you experiencing any problems?

☐ Any in work support received

If they are no longer in work:
Can you tell me how you came to stop working?

- ☐ Reasons (possible factors: impact of health condition, employer attitude, labour market, type of job and working conditions, personal circumstances)
- ☐ Did you receive any help to stay in work? From whom? How accessed?
 - ▲ Thoughts on the usefulness and value of help received
 - ▲ Could anyone have done anything more to help you stay in work?
(Use prompts and probes in Q2(c))

FOR THOSE IN WORK SINCE LAST INTERVIEW
2(b). Can you tell me about your job?

- ☐ Prompt for type of work and main responsibilities held
- ☐ Prompt for hours, working conditions, in work benefits
- ☐ Prompt for level of wages/salary and how this compares with benefits
- ☐ How did you get back to work?

- ☐ What/who was involved?
 - ✱ Follow-up any references made to IB Pilots
 - ▲ Probe for thoughts on what was helpful in getting work
- ☐ Prompt for any further contact with JC
- ☐ How are you finding work? - meeting expectations; positive and negative aspects of working, impact on health
- ☐ Are you experiencing any problems?
- ☐ Any in work support received

FOR THOSE NOT IN WORK:

2(c). What are your thoughts about work at the moment? (*Ask this question before reminding them of their thoughts on work at last interview – see below*)

- ☐ Current health situation and effect on capacity to work
- ☐ Is work a possibility for you in the future?
- ☐ What needs to happen before you can get into work?

Remind respondent of thoughts about work at last interview:

- ▲ Probe for their thoughts on whether there has been a change or not
- ▲ Probe for reasons why change or no change

FOR ALL:

3. What are your thoughts and feelings about your current situation?

- ▲ e.g. happy, content, frustrated, disappointed
- ▲ Reasons

ASK IF NOT RAISED SO FAR:

4. Looking ahead, what are your thoughts and expectations regarding work in the future?

B. Involvement with the Pilot and any services regarding preparation for work

Remind respondent about their contact with the Jobcentre up until the last interview.

5. Have you had any contact with the Jobcentre since we last spoke?

Ask either 5(a) or 5(b)

5(a). IF HAD CONTACT WITH JOBCENTRE:

- ☐ Who did you see/speak to? (inc telephone contact)
- ☐ How many times? Where?
 - ▲ Thoughts on location and accessibility
- ☐ How did this contact come about?
 - ▲ Understanding of purpose of contact
 - ▲ Were you required to make this contact; or required to do anything as a result of this contact?
 - ▲ If aware that WFIs are compulsory, ask for their views about this requirement
- ☐ What happened? What did you talk about?
 - ▲ Any discussion of services/interventions/support options (e.g. Choices package)
 - ▲ Probe for thoughts on the amount of information received
- ☐ Any decisions made about action/steps to take? Action Plan made/ reviewed/updated?
- ☐ Any contact with PA between meetings?
 - ▲ Probe for purpose and outcome of making contact
- ☐ Thoughts on the usefulness and value of meeting(s) and support offered/ received
 - ▲ Any gaps; could they have offered something else?
 - ▲ Impressions of manner and expertise of PA
 - ▲ Perception of PA role and value
 - ▲ Probe for whether respondent felt meeting focused on their individual needs
 - ▲ Probe for thoughts on their involvement in the discussion and decision making

- ▲ Probe for views on the timing of the meetings (fit with personal circumstances)
- ▲ Probe for their perception of whether or not subsequent WFIs have built on the info and discussion in 1st WFI
- ✱ If mentioned, follow-up references made to PCA and probe for impact on their participation in the Pilot and their views on the Pilot
- ✱ If mentioned, follow-up references to their awareness and understanding of their involvement with the Pilot

5(b). IF NO CONTACT WITH JOBCENTRE:

- ☐ Reasons for no contact
 - ▲ Probe for thoughts about no contact
- ☐ Any intention to make contact again and reasons – who with; when/in what circumstances; for what purpose(s)
 - ▲ Probe for thoughts about prospect of no further contact (e.g. if WFIs waived); including thoughts on whether continued involvement in the Pilot could have benefited them
 - ✱ **If mentioned, follow-up references made to PCA and probe for impact on their participation in the Pilot and their views on the Pilot**
 - ✱ If mentioned, follow-up references to their awareness and understanding of their involvement with the Pilot

If relevant, remind respondent about their involvement with Choices package up until the initial interview.

FOR ALL:

- 6. Have you been taking part in any programmes or services offered to you through the Jobcentre?** *(Be aware that some may have received services in the Choices package but not visited the JC or seen their PA – e.g. clients participating in CMP who do not continue with WFIs until CMP completed)*
- ☐ Use of services provided through their contact with PA in WFI (e.g. CMP; RTWC; ADF; NDDP; other work preparation)
 - ☐ Nature and frequency of contact with service provider
 - ▲ Understanding of purpose of service(s)
 - ☐ Who did you see?

- ☐ What happened? (any discussions, assessments, advice, information given, decisions made about future action/steps to take)
 - ▲ Probe for impressions of staff
 - ▲ Probe for views on the timing of the support/service (fit with personal circumstances)
 - ▲ Probe for whether respondent felt the support/service had focused on their individual needs
 - ▲ Probe for views on the value of each service

IF INVOLVEMENT WITH A PROGRAMME OR SERVICE HAS ENDED:

7. Can you tell me how your involvement with the programme/service came to an end?

- ☐ Feelings about the service ending/their involvement ending; and its timing
- ☐ Any possibility of future contact

Thinking about this service in particular, has it affected your thoughts about work?

- ☐ Any other impacts
- ☐ What's been helpful/beneficial?
 - ▲ Reasons
 - ▲ At what time?
- ☐ What's been unhelpful?
 - ▲ Reasons
 - ▲ At what time?
- ☐ Any suggestions for improvements

FOR ALL:

8. Do you expect to have any more contact with the Jobcentre?

- ☐ Meetings planned with PA
- ☐ Do you know what service options are available to you?
- ☐ Prompt for plans to participate in/receive CMP; RTWC; ADF; NDDP; any other work preparation (appointments, intentions, expectations)
 - ▲ Probe for their understanding of the purpose and process of each service

- ▲ Probe for their awareness that their participation is voluntary and for the factors influencing their decision whether or not to participate in the services available
- ▲ Expectations for the outcome of their involvement with individual services

FOR ALL:

9. Apart from the services you may have received through the Jobcentre, have you been in contact with any other services, organisations, schemes or professionals with regard to preparing for or finding work?

- ☐ Any contact with GP/other health professionals; voluntary organisations; occupational health services; Job Brokers (if accessed by an alternative route)
- ▲ Probe for nature, purpose
 - ▲ Probe for outcome of contact – including any information, advice and support received (in particular about their prospects for working)
 - ▲ Probe for views on the adequacy, value and impact of service received and impressions of any staff they met
- ☐ Any future use of services intended or planned

<p>C. Reflections on participation in the Pilot</p>
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May we now look back on what has happened since you made contact with the Jobcentre about a year ago. Looking back helps us get an understanding of your overall experience.

10. Looking back over the last year, has your contact with the Jobcentre affected your thoughts about work? *(in asking this question refer to the client's responses to qu 2(c) and 4 about their current thoughts re work and expectations for work in the future)*

- ☐ What kind of impact and how
- ▲ Any closer to work?
 - ▲ Any impact on health, confidence?
- ☐ What would have happened/done if there had been no contact with the Jobcentre?

- ☐ Thoughts when compare current situation with situation before contact with the Jobcentre

- ▲ e.g. happy, content, frustrated, disappointed - and reasons
- ▲ Any progress and reasons?

11. What other things have been important in your thinking/action regarding work?

12. How did your involvement with the Jobcentre fit alongside your contact with other sources of support?

(from GP, other health professionals, employer, other employment services)

- ☐ Any communication/coordination
- ☐ Similarities/differences in support offered/received
- ☐ Any perception of added value from JC (Pilot) support
- ☐ Any preference for source of support and reasons

13. Overall, did the contact with and support you received from the Jobcentre match what you hoped or expected?

- ☐ Thinking about the staff; location and accessibility; range of available support and choice; timing of support; communication between different organisations and individuals and co-ordination of service provision

and whether:

- ▲ expectations fulfilled/not met
- ▲ any changes in expectations throughout contact with Jobcentre
- ▲ additional/extra parts of service not initially expected
- ▲ gaps, disappointments, frustrations

14. Looking back, was any part of your experience of the Jobcentre helpful?

- ☐ Which part of service, in what way? (draw out distinction between WFIs and support from Choices package)
- ☐ At what stage/time was it helpful?
- ☐ Which people were involved?
- ☐ Could it have been improved even further?

15. Was any part of your experience of the Jobcentre unhelpful?

- ☐ Which part of service, in what way? (draw out distinction between WFIs and support from Choices package)
- ☐ At what stage/time was it unhelpful?
- ☐ Could it have been improved or made more helpful; how?

16. From your experience, should the government require all Incapacity Benefit recipients to speak to an adviser about work (and receive additional help through them) or try to find other ways of helping people to get back to work?

- ☐ What kind of support would you like to receive?

D. Experience of taking part in the research

I would like to finish by asking you about the experience of taking part in the research. We don't often get an opportunity to stay in touch with people over a period of time and we would like to know what you think of this way of doing research

17. What did you think of the length of time we stayed in touch with you?

- ☐ Long enough to gather a full picture of what happens
- ☐ Length of time between interviews (and ability to present a full picture of what happened in between)
- ☐ Amount of respondent's time taken up
- ☐ Any repetition, tedium

18. What did you think about the different ways we talked to you: coming to talk to you face to face and then keeping in touch by telephone?

- ☐ Suitability of, preferences for medium
- ☐ Looking forward to calls or not
- ☐ Intrusion, inconvenience

19. Do you think that taking part in the research has had any impact on how you have been involved with the Jobcentre?

Thank you very much

Remind no further contacts.

Thank them for their participation and explain that the final £20 will follow in the mail as a thank-you.

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