

## Routes onto incapacity benefits: Findings from qualitative research

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This report presents findings from a qualitative research project to investigate the routes by which people become recipients of incapacity benefits. The study was aimed at increasing understanding of how people become Incapacity Benefit (IB) recipients so that further policy development can take place around more 'preventive' job retention and rehabilitation measures.

The research was based on:

- literature review;
- in-depth face-to-face interviews with 60 new claimants of incapacity benefits;
- follow up telephone interviews with 54 of the original sample six to seven months later.

The sample comprised people who had made recent claims for Incapacity Benefit and was constructed in order to capture a range of relevant characteristics and circumstances (including gender, health conditions, and educational backgrounds). The initial interviews were carried out in March and April 2005 and the follow ups in October 2005.

The literature review suggested that in understanding moves on and off Incapacity Benefit, it is important to situate people in the social context of their labour market opportunities, health conditions, and access to healthcare and wider social networks.

### Overview of findings

There were a number of distinctive routes by which people became Incapacity Benefit recipients:

- from long-term work to IB;
- from long-term 'non-work' to IB;
- rapid transitions from work to 'non-work' to IB.

'Non-work' refers to a range of situations including being a recipient of Jobseeker's Allowance or other social security benefit, early retirement, studying, or carer.

### Moving from work to Incapacity Benefit

People who moved from work to IB could be split into two sub groups according to whether they experienced (a) a gradual or (b) a sudden health change. The former tended to have some warning or knowledge of their (often deteriorating) health condition while the latter had a health change that was more sudden in nature and caused them to go off sick or leave work abruptly.

Everyone who experienced a gradual health change had had some contact with their GP or other health professional prior to going off sick, but for some the contact was limited to an initial meeting with a GP at which they were given an initial sickness certificate but having no direct, face-to-face contact after that. On the whole the periods of deteriorating health before going off sick were characterised by GPs mainly being concerned with immediate treatment or making

referrals for tests and investigations, rather than discussions about work.

People with gradual health changes often reported a period of 'struggling on' at work before going off sick. During this time some did not tell their employer about their health condition but continued to do their job with help from colleagues. Others did tell their employers and were treated sympathetically. There were examples of efforts to adjust work roles or hours of work and of input from occupational health departments. Others had less positive experiences where employers were uncooperative. For some the period of 'struggling on' ended in their employment being terminated.

People had very varied experiences of the period of being off sick from work during which they might receive Occupational Sick Pay or Statutory Sick Pay. For some the period was relatively lengthy during which time they had contact with health services, employers and others, such as Jobcentre Plus staff. However for others this period was very short. The length of the period was often determined by sick pay arrangements and sickness management procedures, and by the responses of employers. Where employers kept in contact with employees to find out how they were, employees often took this as a sign that they were valued in their job. Some people reported positive input from occupational health staff but for others there was a (sometimes strong) perception that occupational health staff were ultimately on the 'side' of the employer.

Some people initiated a discussion about work with GPs and reported being met with supportive responses but GPs themselves rarely raised the topic. Work was not discussed with other health professionals. There was little evidence of either family or friends or staff of Jobcentre Plus offices having much impact on decisions to claim Incapacity Benefit.

People's likelihood of experiencing a period off sick was linked to their labour market position. People in low paid, low status, insecure employment with little or no occupational benefits contrasted with those with more stable jobs who enjoyed (differing degrees of) employment rights and benefits.

## Moving from 'non-work' to Incapacity Benefit

There was a great deal of heterogeneity in this group in terms of attachment to the labour market and stage in the life course. It was clear however that health, whether conditions were relatively new, longstanding or fluctuating, was a key factor in all of the claims and that this interacted with the circumstances in which people found themselves in relation to paid work. Other people were at particular stages in life where securing paid work was not their only or primary concern, for example those with very young children or those who wanted to retire.

Some claims in this route were associated with the structure of the wider social security system and in particular the thresholds of National Insurance contributions needed to be eligible for benefit. Some people had effectively undergone a 'waiting period' for Incapacity Benefit.

Many of this sub sample were not on any kind of social security benefit prior to claiming Incapacity Benefit but had other types of 'non-work' status and were therefore not in contact with any statutory benefit or employment agencies prior to becoming unwell.

Some people had the experience of GPs acting **responsively** to their changing health either offering sickness certificates, or more **proactively**, by suggesting and encouraging a claim for Incapacity Benefit (in this study this occurred when the person had also discussed wider problems with their GP, especially financial problems). Other people made the initial request for a certificate, which their GP then supplied. There was evidence of Jobcentre Plus staff advising existing recipients of JSA who report to them that they are not available for work due to ill health that they should seek a sickness certificate from their GP.

In some ways there is evidence in this chapter of health and benefit services working in a joined up way. A picture emerges in the accounts of some people in the study of well-established processes being set in motion when someone presents themselves as unwell either to their GP or to someone from Jobcentre Plus. As one research participant put it '*I just went with the flow basically*'.

## Moving from work to 'non-work' to Incapacity Benefit

Some people had a more complex route to Incapacity Benefit rather than a clearly identified path from either long-term work or 'non-work'. In this group people flowed onto Incapacity Benefit from 'non-work' but they also had recently been in work.

Within this more complex route, two sub groups were identified. The first sub group comprised people who had left their job (for example because of having being made redundant) and had subsequently become ill. The second sub group of people conversely had become ill and then lost their job and for many their route was characterised by time spent moving between lower service sector work, ill health and benefits.

People in both sub groups had no opportunity of occupational sick pay, or of retaining their employment because they had either already lost it when they became ill or they subsequently lost their employment upon becoming ill.

No one in this small group had left their employment on the advice of their GP. Rather it seems that GPs were contributory to people staying in work for as long as they did. Some of the people did not know the full nature or extent of their conditions; others had managed their condition for some time previously. The contact that people had with Jobcentre Plus staff in this group was principally to process their benefit claim. None said that the staff had had an influential role in the decision to claim Incapacity Benefit.

There was therefore no evidence among this sub group that people were in any sense 'pushed' towards Incapacity Benefit by health professionals, family and friends or Jobcentre Plus staff. Rather, Jobcentre Plus staff acted more in what could be termed a 'claimant-centred' way by providing people with advice about what benefits might be appropriate for them when they become sick.

## Routes off Incapacity Benefit

The follow up interviews in October 2005 generated data on the labour market position of the sample six or seven months after the initial

research interview. It was possible to recontact 54 people from the original sample of 60.

Benefit and employment statuses fell into four main groups:

- in paid employment and no longer receiving Incapacity Benefit (11 people);
- not in receipt of IB, nor in work (seven);
- in a new period of claiming IB (six);
- in the same period of benefit receipt (30).

Seven people had returned to their old employer, two had started new jobs and two had begun self-employed work. There was a wide range of types of employment, including professional, skilled and manual jobs. All but one of the 11 people in work had taken on full-time jobs; none had come from the 'non-work' to Incapacity Benefit route. Most people who had returned to work mentioned that improvements in their health (often the result of treatments received) or input from their GP as important factors in their return to work. No one said contact with Jobcentre Plus staff was a factor.

People who had left Incapacity Benefit but were not in work were either on Jobseeker's Allowance or Income Support, or had other sources of income and were not in receipt of any social security benefits. Most of these viewed their situation positively; four of the seven people here wanted to work and three thought they would be in work within the following three months.

A small number of people had been employed between the two research interviews but were not at the time of the follow up interview. Thirty people had remained on Incapacity Benefit for the duration of the research study. Only five said their health had improved, although of these three said that the improvement was not enough for them to consider working. Nearly half reported that their health had worsened and nearly as many reported no change. One of the most striking findings from this group was the change in thoughts about working between the two research interviews. Most had initially expressed positive aspirations about working in the future, but at the second interview only a few were confident of returning to work in the short to medium term. Most people cited health as the main barrier.

Many of the people who returned to work and were still in work at the follow up interview appeared to have benefited from the combination of improved or stabilised health conditions, a strong commitment to work and one or more of other favourable factors such as having a job to return to or transferable skills.

## Conclusions

Because the issue of health dominated most people's accounts of their route on and either their route off or their continued receipt of Incapacity Benefit, the following questions arise for policy: (a) can the onset or deterioration of health problems be avoided, (b) if they cannot then what can be done to prevent health conditions leading to a period of sickness, and (c) what can be done when people are off sick to avoid the need to claim Incapacity Benefit?

Current government initiatives are to an extent addressing these. The potential for more employer involvement and for occupational health services is suggested by the findings from this study. Healthy working practices and safe and healthy environments could act as very early preventive measures that might halt an eventual route onto Incapacity Benefit. Proposals for an increase in occupational health services for employers can therefore be seen as a helpful policy response here.

Many people in this study spent time on health service waiting lists for consultations, investigations and treatment. Clearly for them access to speedy and appropriate health interventions had the obvious potential to help them hopefully return to work before a claim to Incapacity Benefit becomes necessary. There is also scope for GPs to become more proactive in encouraging their patients to consider their own return-to-work plans. Any possibilities for preventing people who have a 'non-work' status from eventually moving on to Incapacity Benefit would appear to be very restricted and limited to health care that might for some maintain them as job seekers.

The finding that the aspirations and expectations about work of many of the people still on Incapacity Benefit at the second research interview had changed (with fewer people expecting to work again in the medium term)

suggests that more effective policy interventions in the earlier months of a claim would be useful.

Any measure or arrangements that help maintain contact between employer and employee would be valuable. Included here might be formal sickness management policies and procedures (properly implemented) and, again, access to occupational health services.

The study did not generate suggestions, either from analysis of the data, or from the research participants themselves, about how a greater preventive role could be played by GPs or by Jobcentre Plus staff.

This study will inform the development of a large quantitative survey of new Incapacity Benefit recipients planned for later in 2006. Many of the findings have been necessarily tentative or raised as hypotheses therefore. However, the opportunity to pursue them further should generate findings that are generalisable to the wider Incapacity Benefit population and which can further inform policy.

The full report of these research findings is published for the Department for Work and Pensions by Corporate Document Services (ISBN 1 84712 026 1. Research Report 350. May 2006).

It is available from Paul Noakes at the address below.

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