

**Department for Work and Pensions**

**Research Report No 398**

# **Pathways to Work: Findings from the final cohort in a qualitative longitudinal panel of incapacity benefits recipients**

**Anne Corden and Katharine Nice**

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

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# Glossary

**Adviser Discretionary Fund**

An Adviser Discretionary Fund is at the disposal of Personal Advisers to make an award of up to £100 per person, to support activities that can improve the likelihood of finding or taking up a job. For example, it may enable the purchase of new clothes for job interviews.

**Choices package**

The Choices package of interventions is a range of new and existing provision available at Jobcentre Plus and offered to people taking part in Pathways to Work Work Focused Interviews. New support in the package includes the Condition Management Programme, Return to Work Credit and enhanced In-Work Support. The package also includes easier access to existing support such as the Adviser Discretionary Fund (ADF), and programmes such as the New Deal for Disabled People (NDDP), Work Preparation and Work-Based Learning for Adults (WBLA).

**Condition Management Programme**

The Condition Management Programme has been developed jointly between Jobcentre Plus and local NHS providers in response to the three main health conditions reported by people claiming incapacity benefits. The programme adopts a bio-psychosocial model with an emphasis on enabling people to better manage health conditions, to improve quality of life and employability.

**In-Work Support**

In-Work Support provides people who have returned to work with voluntary access to help to stay in work. The provision comprises an 'aftercare service', offering regular contact with a case worker, plus specialist support including mentoring, job coaching, occupational health support, counselling and debt advice.

**NDDP Job Brokers**

New Deal for Disabled People Job Brokers offer voluntary support to people in receipt of sickness and disability-related benefits. A range of organisations have been contracted as Job Brokers and they aim to help people find, secure and sustain paid employment. Benefit recipients often have a choice of Job Brokers in the local area, but can only register with one Broker at a time.

**Permitted Work**

Permitted Work is paid work which may be done while receiving incapacity benefits, with agreement of the Department for Work and Pensions. There are rules covering the level of earnings allowed, the number of hours permitted and periods during which work may be done.

**Personal Capability Assessment**

The Personal Capability Assessment assesses a person's ability to do any work, and is applied after 28 weeks of incapacity, for purposes of determining entitlement to incapacity benefits. The test looks at ability to carry out a range of activities such as walking, standing and sitting, and includes an assessment of mental health where appropriate.

**Return to Work Credit**

A Return to Work Credit of £40 a week and payable for a maximum of 52 weeks is available to people returning to or finding new work of 16 hours or more, where gross earnings are less than £15,000 a year.

**Working Tax Credit**

Working Tax Credit is a boost to earnings which may be paid to people who work 16 hours or more each week (in some cases 30 hours) and have low income. Entitlement depends on personal and family circumstances and there are disability elements. Administration and delivery of Working Tax Credit is the responsibility of Her Majesty's Revenue and Customs (HMRC).



# Summary

## Introduction

The Pathways to Work Pilot for reform of incapacity benefits was introduced in October 2003 and aims to increase the number of incapacity benefits recipients who move towards and into paid work. The package of measures which comprises the reforms was initially introduced in seven Jobcentre Plus districts in England, Scotland and Wales. Pathways is being phased into a further 14 districts between October 2005 and October 2006.

The Department for Work and Pensions has commissioned comprehensive evaluation of the Pilot. One component of this evaluation is a longitudinal qualitative study of the views and experiences of three cohorts of incapacity benefits recipients who take part in Pathways to Work. Findings from the first and second cohorts have been published (Corden *et al.*, 2005; Corden and Nice, 2006a). This report presents findings from the third and final cohort, and draws together the main conclusions from the overall panel.

The first cohort started in April 2004 and included 24 incapacity benefit recipients from the three districts in which Pathways to Work was introduced: Derbyshire; Bridgend, Rhondda, Cynon and Taff; and Renfrewshire, Inverclyde, Argyll and Bute. The second cohort which began in September 2004, included 53 recipients from these and a further four districts: Essex; Gateshead and South Tyneside; East Lancashire and Somerset. In the third cohort, which started in March 2005, were 28 incapacity benefit recipients recruited from the latter four districts, bringing the overall longitudinal research panel to 105 participants across all seven of the Pilot districts.

In each cohort, the researchers conducted initial qualitative interviews to gather data on people's circumstances, and their experiences of and views about their participation in Pathways to Work. Follow-up telephone interviews were conducted three months later, and again after a further six months, to gain understanding of any changes which took place in people's circumstances, perceptions, beliefs and expectations as they progressed through the Pilot, and how they made decisions about work.

There was some attrition in the panel, due mainly to problems in re-contacting people and keeping appointments. Of the 105 recruits to the overall panel, 78 people took part in a second interview and 70 in a third. In the third cohort, 18 of 28 initial recruits took part in a final research interview and were thus followed for around nine months.

The researchers used similar topic guides across the overall panel to steer discussion in the research interviews, apart from the guide used in the final interviews in the third cohort. Here, the researchers focused on participants' retrospective views about any differences made in their lives through taking part in Pathways to Work.

In the second cohort of the panel, a picture emerged of chronic ill-health and widespread and intensive use of NHS services among the incapacity benefits recipients taking part in the research. There was a similar picture in the third cohort. It seems likely, therefore, that the overall panel was largely composed of people who may face particular disadvantages and problems in thinking about and making progress towards work.

In what follows in the rest of this summary, we emphasise the main findings emerging across the overall panel.

## Experiences and views of the Work Focused Interview regime

Many people said they had been apprehensive before attending their first Work Focused Interview. There was some evidence that telephone calls from Personal Advisers, after people had been notified of appointments by letter, were effective in explaining the purpose of the interview and quelling concerns about the implications for benefit receipt.

Not all Pathways participants attended a series of regular Work Focused Interviews, and some people had very little contact with Pathways. People whose Personal Adviser had agreed they did not need to keep attending and that this was the right course of action for them, felt relieved and pleased. People who kept in touch with their adviser outside the series of formal Work Focused Interviews were those who were focused on working, those seeking advice on specific topics, those who agreed to keep their adviser informed of their circumstances and those experiencing problems with benefit receipt. People could be pleased or disappointed when Personal Advisers did not make contact as expected.

When contact with Pathways ended after withdrawal of incapacity benefits following a Personal Capability Assessment, some people felt without support at a time when contact with their adviser or access to services within Choices would be useful to them.

There was general agreement with the principle of attending a meeting at Jobcentre Plus. People found value in having an opportunity to explain their circumstances, in obtaining information they had not heard before about available help and in being

helped to think differently about their prospects. There was more uncertainty about the value of attending a series of interviews when people felt discussions had been repeated, when there had been no sense of progression, and when the offers of help seemed irrelevant to current circumstances and needs. Timing was therefore important. People who went to Work Focused Interviews ready to think about work were happy that help was available to them at that time. However, among people with uncertain health trajectories there were feelings that the Pilot support may have been more welcome at a later date, when more was known about health conditions and there had perhaps been improvement or stabilisation.

People made decisions about taking up Choices package support based on their perceptions of their readiness for work and of their health, the possible financial implications, and their knowledge, understanding and expectations of the support offered. Information about financial support was high up in people's memories about what they had been told and what they had wanted to know more about. Similarly, in every cohort, some people who sought advice on entitlement to benefits, were frustrated when this was not forthcoming at Jobcentre Plus and pleased when Personal Advisers gave benefits advice. Learning about available financial help could be encouraging to people intending to work at some stage, some of whom had plans to go to college or to undertake training activities.

People's impressions of Personal Advisers were mostly positive, and they felt that advisers had made a valuable contribution. Some people described a more personal relationship, where the support from the Personal Adviser was especially valued in supporting their progress to better health and towards work. People had negative views of advisers where they felt they had not been listened to, had been put under pressure and had not received answers to their questions.

Problems with access in Jobcentre Plus emerged across the panel. Aspects of access were often salient memories of people's experience of Jobcentre Plus. Many people would have preferred somewhere private to wait and to talk to an adviser.

## Experiences of services used in moving towards work

We discuss people's use of services in relation to their interest in work, and situate their experiences of services within any movements towards work. Across the overall panel, three groups of people were identified:

- people not thinking about working when they first met an Incapacity Benefit Personal Adviser;
- people already focused on working; and
- people who saw work as a possibility some time in the future.

The largest group comprised those people who said they were not yet ready to work but thought this was a future possibility.

Some people already had considerable experience of Jobcentre Plus services through repeated benefit claims and other New Deal programmes. We know from separate research (Blyth, 2006) that around 20 per cent of Pathways participants use Choices services. It was, therefore, not surprising that there was relatively limited experience among people in this panel of use of services from the Choices package. The general finding was that people who were not motivated to work did not use Choices services. People who used most services tended to be people initially focused on working.

There was considerable interest in the Condition Management Programme, but few people in this panel went on to take part. There was evidence of lack of understanding of the aim of the programme or what the process might entail. Not all who agreed to take part actually met a practitioner. People were easily put off keeping appointments or continuing with sessions. Some did not like the idea of having to meet other people in group settings. People who took part in an initial assessment by a practitioner but were told they were not ready or did not need the service were not disappointed. Some of those who did go on to take part in the programme had their contact ended when their incapacity benefits were withdrawn following a Personal Capability Assessment. The small number of people who had taken part regularly in one-to-one therapy sessions over a period of months found these helped them understand more about themselves, including how to maintain work relationships.

Across the panel, some people had already been in touch with Job Brokers before joining Pathways. Among the group of people who used Job Brokers during the panel period, there were mixed experiences. Initiating and maintaining contact with Job Brokers was related to perceived improvement in, or stability of, health conditions. There was some evidence that Job Brokers were helpful when people had no previous work experience.

Not everybody who went into work during the panel period had applied for Return to Work Credit, and findings confirm that some incapacity benefits recipients return to work without knowing about their potential entitlement. There were, overall, mixed experiences of using Return to Work Credit. Some people were pleased with the boost to earnings. Delays in receiving payments led to financial problems for some.

Across the overall panel, there was widespread use of NHS specialist, hospital and general practice services during the time people were in touch with the researchers. Some people who could afford to had gone outside the NHS for private health care, and some had tried complementary therapies. Social services departments, and charities and trusts supporting people with particular health conditions had proved helpful to some. Domestic partners, parents or siblings were identified as key people in providing the support and help needed.

## Reflections on the difference made in people's lives

People reflected on what had happened to them since they first became involved in Pathways to Work. People talked about perceived changes or developments over this time in health, thoughts about work, steps taken towards work, finances and overall impressions of Pathways.

Across the overall panel people's perceptions of their health were a significant influence in whether or not views about work changed during the panel study. Those who started taking steps towards work or started work during the panel study, generally did so after improvements in health. Health trajectories were also important in changing job goals of those who moved into work and then faced deteriorating health. Worsening health generally reduced interest in work or motivation among people initially focused on work or considering the possibility of work in the future.

A number of other influences were evident in explaining why people's views about working changed or not. Being formally retired by employers on health grounds generally put an end to thinking about work. Mostly, older people approaching state pension age did not change their views about not working again. Those people whose views or behaviour did change ascribed this to being self-motivated to work; having support from family; feeling financial pressure to work, and finding suitable jobs.

There was mixed evidence of the impact of Pathways. In the second and third cohorts in particular, there was little evidence of Pathways making a significant contribution to changes in views and circumstances during the panel period. In reflecting back, most people who moved into work during the panel study thought the Pilot had done little to influence this move as they had continued on paths they were already taking. There was, however, some evidence of information and advice helping to smooth people's returns and of personal support maintaining morale. The small group of people who were initially thinking of work as something possible in the future and thought the Pilot had made some impact on health, or thoughts and steps regarding work, had made some use of the Condition Management Programme or Job Brokers. Some people not yet ready to work had positive impressions of the information and advice they received at Jobcentre Plus and intended to return when their circumstances changed.

Across the panel, people's overall views about their contact with Pathways were often stronger when looking back compared to those given closer to the event in earlier research interviews. There were generally positive memories of Personal Advisers and of having become more informed about available help. Generally, negative retrospective perspectives focused on how attendance at interviews was an unwanted imposition when people felt they were not ready for work or not considering working again. Other overriding impressions centred on problems with benefit processing and having benefits withdrawn. Issues of access to Jobcentre Plus remained significant in people's memories.

## Discussion and conclusions

People recruited to the panel included broadly similar numbers of people recorded by the Department for Work and Pensions as having mental health conditions, musculoskeletal and cardiovascular conditions, and a smaller group of people with other conditions. However, it was common for people to describe to the researchers more than one kind of condition which affected their daily activities. Pain, fatigue and depression were common aspects of the lives of many people taking part, and medication to control symptoms often had further effect on memory or concentration, or caused people to sleep during parts of the day. People's different trajectories of recovery of health, deterioration or chronic unchanging conditions, and their different hopes and expectations of such trajectories are key to understanding experience of, and response to, Pathways interventions.

The research showed general support for the principles of Pathways, but strong emphasis on the importance of the intervention coming at the right time and the support offered suiting the circumstances of individual people. Understanding the effects of a range of conditions and being able to tailor information giving, and timely and appropriate support requires considerable skill and training among Personal Advisers, and this will have major resource implications for extending and maintaining Pathways.

The first Work Focused Interview was important in clarifying the purpose in meetings, establishing trust and rapport and reducing anxieties, and the adviser's personal approach was critical. While some people value a series of regular contacts, the general view was that a series of interviews can become repetitive and unnecessary when circumstances do not change.

Knowing that failure to attend might jeopardise benefits was influential in maintaining compliance. However, there was little evidence of increasing interest in or movement towards work among people whose compliance was driven by fear of losing benefits.

More attention might be paid to the way in which people perceive the end of contacts with Pathways, so that people are encouraged to get back in touch if circumstances change.

Findings emphasise again the importance of the practicalities of visiting Jobcentre Plus, in terms of access, environment and privacy.

Getting the balance right between giving information that is timely and relevant and giving information that may be useful in the future depends largely on Personal Advisers' skills in assessing people's situations and responding appropriately. It can be particularly hard for people to understand, in advance, the processes involved in the Condition Management Programme. Basic information about financial aspects of different ways of working was understood and remembered, however, and practical help with applications for in-work financial support was appreciated.

However, for people not yet ready to think about in-work financial support it was getting good advice about benefits for people not in work that was needed, and some were frustrated when they could not discuss housing benefits or Disability Living Allowance.

There was limited use of services within the Choices package by people in the panel. People who used services were those already focused on working and those who saw some possibility of working in the future. Despite considerable interest in the Condition Management Programme, few people went on to use this programme. Findings showed how fragile contacts were between the programme and incapacity benefits recipients, and that processes involved were often unfamiliar and uncomfortable. More proactive approaches may be necessary to encourage people to take up opportunities to take part, keep appointments and feel supported during a process of learning about themselves and their behaviour.

In retrospect, looking back over the year since initial contact with Pathways, the most important influence for many was their perception of their health. Few people in the panel felt that it had been taking part in Pathways that had made a major difference in their views about work or their behaviour in relation to work. Some felt that the Pilot had perhaps made things easier for them, or made things happen more quickly, although not changing their overall views or general direction. There was certainly evidence of satisfaction with what had been offered. Feelings of satisfaction or, for some, resignation with taking part, may be quite distinct from perception of any impact, although they may be a strong influence on people's readiness to use the service again.

Gaps in current provision within Pathways which were identified were:

- debt management advice;
- access to drug and alcohol rehabilitation services;
- bereavement support;
- improvements to the environment within Jobcentre Plus;
- more general benefits advice (including housing benefits and Disability Living Allowance).



# 1 Introduction

The Pathways to Work Pilots were introduced in October 2003 and aim to increase the number of incapacity benefits recipients who move towards and into paid work. The package of measures which comprises the Pilots was initially introduced in seven Jobcentre Plus districts in England, Scotland and Wales. Pathways is being phased into a further 14 districts between October 2005 and October 2006.

The Department for Work and Pensions (DWP) has commissioned a research consortium<sup>1</sup> led by the PSI to undertake comprehensive evaluation of the Pilots. One component of this evaluation is a longitudinal qualitative study of the views and experiences of three cohorts of incapacity benefits recipients who take part in the Pilots. Findings from the first and second cohorts have been published separately (Corden *et al.*, 2005; Corden and Nice, 2006a). This report is based on research with the third cohort of people who have taken part in the Pilots, conducted in 2005/06 by SPRU, NatCen and PSI.

This introductory chapter explains the main elements of the Pathways package (Section 1.1). Section 1.2 summarises the overall evaluation programme. Section 1.3 explains the research questions for which the longitudinal study provides some answers. Section 1.4 summarises the research design and methods adopted in the full longitudinal study (which we call the panel study), and the following section explains the approach taken in using data from this third cohort. The chapter concludes (Section 1.6) with an explanation of the structure of the rest of the report.

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<sup>1</sup> The consortium comprises teams of quantitative and qualitative researchers from the Policy Studies Institute (PSI), the Social Policy Research Unit at the University of York (SPRU), the National Centre for Social Research (NatCen), the Institute for Fiscal Studies (IFS), Mathematical Policy Research Inc. (USA) and David Greenberg of the University of Maryland, Baltimore County.

## 1.1 Incapacity Benefit Reform: Pathways to Work

The Pilots were based on proposals outlined in the Green Paper '*Pathways to Work*' (DWP, 2002) and are central to the Government's strategy of reducing the numbers of people moving onto and continuing to receive incapacity benefits. The Pilots seek to transform what it means to be receiving an incapacity benefit, so people coming onto such benefits are actively encouraged to think about how to plan a return to work, and offered information and access to a range of interventions aimed at enhancing their employment prospects.

The first tranche of the Pilot with people making **new** claims for incapacity benefits began in October 2003 in three Jobcentre Plus districts, and the second tranche in a further four districts in April 2004. The longitudinal qualitative study reported here includes views and experiences of people living in these seven districts.

In February 2005 the scope of the provisions in these seven districts was widened to include existing benefit recipients who made a claim for incapacity benefits in the two years prior to the introduction of the Pilots, and expansion of the Pathways programme began in 14 further Jobcentre Plus districts in October 2005. The Welfare Reform Green Paper '*A New Deal for Welfare: Empowering people to work*' (DWP, 2006) announced the intention to extend the provision across the country by 2008.

The main elements of the Pilot provision for people making new claims for incapacity benefits are as follows:

- new, specialist teams to advise and support people, including specially trained Incapacity Benefit Personal Advisers, Disability Employment Advisers and Work Psychologists;
- a requirement on people making new claims for an incapacity benefit to take part in a Work Focused Interview (WFI) with an Incapacity Benefit Personal Adviser eight weeks after their claim (now a standard requirement for all people making a new claim), with further requirements for some people to take part in a series of five further interviews. Non-attendance can result in deductions from benefits (sanctions);
- a range of interventions, known as the Choices package<sup>2</sup>, offering people a range of provision to support their return to work. Included are easier access to existing programmes such as New Deal for Disabled People<sup>3</sup> (NDDP), Work Preparation and Work-Based Learning for Adults (WBLA), and new-work focused Condition Management Programmes<sup>4</sup> (CMPs). The latter are developed jointly between Jobcentre Plus and local NHS providers;
- a Return to Work Credit<sup>5</sup> (RTWC) of £40 per week, payable for a maximum of 52 weeks and available to people who move into or return to work of at least 16 hours weekly, and whose gross earnings are less than £15,000 a year;

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<sup>2-5</sup> See Glossary.

- access for Incapacity Benefit Personal Advisers to an Adviser Discretionary Fund<sup>6</sup> (ADF) which allows them to award grants of up to £100 per person, to support activities that can improve the likelihood of finding or taking up a job;
- Pathways to Work is focused on people considered most likely to benefit from the provision. Only people who are exempt from the Personal Capability Assessment<sup>7</sup>, and thus identified as having the most severe functional limitations, and people identified through a screening tool as least likely to need additional help in returning to work are not required to attend mandatory WFIs. However, there is equal, voluntary access for all incapacity benefits recipients in the Pilot areas to the Choices package, RTWC and ADF.

## 1.2 Evaluation of Pathways to Work

The aim of the overall evaluation is to establish whether, and by how much, the package of measures in Pathways to Work helps people claiming incapacity benefits move towards work and into paid jobs. As part of this aim, the evaluation includes description and exploration of processes and factors that influence people's experiences of the Pilots and different outcomes achieved.

The overall evaluation includes research with incapacity benefits recipients, Jobcentre Plus staff and service providers. The programme includes qualitative and quantitative evaluations of processes and outcomes, net impact analysis and cost benefit analysis. The following is a brief summary of the overall approach and findings available thus far.

### 1.2.1 Net impact analysis

The impact analysis will estimate the overall impact of the Pilots on a number of outcomes related to different aspects of the labour market. Outcomes of primary interest include employment, exit from benefit, earnings, employability and health. In addition, analysis will estimate the impact of the Choices package, RTWC and whether the Pilot has caused substitution effects. The methodology combines a difference-in-differences approach, propensity score matching and micro-simulation techniques. Early findings have been published (Adam *et al.*, 2006).

### 1.2.2 Cost benefit analysis

The cost benefit analysis will indicate whether the monetary benefits from Pilot measures outweigh their monetary costs from a societal point of view, and hence whether they are economically efficient. It will indicate whether the Pilot measures improve the well-being of those who receive the services provided, and what the net effects of the measures on the Government's budget are. Thus, it will provide information critical to any decisions concerning whether to introduce some or all of the interventions in other Jobcentre Plus districts.

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<sup>6-7</sup> See Glossary.

### 1.2.3 Quantitative research

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

### 1.2.4 Qualitative research

The evaluation includes qualitative exploration of perspectives from Jobcentre Plus staff, service providers and incapacity benefits recipients, in a number of ways. The main elements of the qualitative programme include:

- site visits, to familiarise research staff with the implementation of the Pilot in each area, to identify differences in aspects of delivery of the reforms, and to establish contacts and working relationships. Visits to the seven sites took place in late 2003/early 2004 and May 2004;
- six early focus groups with Incapacity Benefit Personal Advisers and benefit recipients (reported in Dickens, Mowlam and Woodfield, 2004a);
- a longitudinal panel study of incapacity benefits recipients. An interim report based on the first research interviews was submitted to DWP in 2004 (Nice and Sainsbury, 2004). The findings from the first full panel, with a cohort of 24 incapacity benefits recipients, were published in 2005 (Corden, Nice and Sainsbury, 2005) and findings from the second cohort of 53 recipients were published in 2006 (Corden and Nice, 2006a);
- a series of short, self-contained focused studies to provide rapid feedback on topics of interest such as the role of Incapacity Benefit Personal Advisers (Dickens *et al.*, 2004b; Knight *et al.*, 2005), the Condition Management Programme (Barnes and Hudson, 2006b), the RTWC (Corden and Nice, 2006b) and the provision of In-Work Support. 'Focused study' methodology identifies important research questions that can be explored in depth at the most appropriate time during the Pilot. Varying in size and scope each focused study has identified the relevant respondent group (or sub-group) and, using concise topic guides, explored a specific topic in depth;
- group discussions and telephone interviews with incapacity benefits recipients and Personal Advisers for evaluative work on the Pilot's extension to existing clients. Early findings have been published (Barnes and Hudson, 2006a);
- further work on the Pilot's extension is now underway, involving observation of WFIs, and follow-up interviews with those Personal Advisers and incapacity benefits recipients observed.

### 1.3 Research aims

The longitudinal study of incapacity benefits recipients aims to explore experiences and views of incapacity benefits recipients taking part in Pathways. Specific topics for exploration included:

- experiences and views of the nature and purpose of WFIs with Personal Advisers;
- 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, including delivery locations, methods and accessibility; staff expertise and manner, and coordination of services;
- the role of WFIs and services accessed through Pathways in influencing people's decisions about work and action taken.

A key component of the longitudinal analysis was understanding any changes that took place in people's circumstances, perceptions, beliefs and expectations as they progressed through the Pilot, and how they made decisions. Findings from the panel provide information about how services can help people, why some people stop using services, and the role of other factors in people's lives that influence pathways back to work. Services may have a range of effects on different people, including their thoughts about working, their feelings about their capacity for work, and their confidence and self-esteem, as well as actual moves towards work. Such effects have different time spans and the longitudinal design enabled exploration of chronology and trajectories.

### 1.4 Design and methods

As explained in the earlier panel study reports, longitudinal qualitative research fits well into the pragmatic approach adopted in this kind of policy evaluation (Molloy, Woodfield and Bacon, 2002; Snape and Spencer, 2003). This approach is based on the belief that people's own interpretations of what happens in their lives is of value in evidence-based policy making. A series of interviews with individual people enables descriptions of the kinds of changes that take place, alongside participants' perspectives on what lies behind such changes or prevents different outcomes. The reform Pilot was designed to prompt and encourage change, and longitudinal research provides an appropriate and useful tool for evaluation (Lewis, 2003).

In this study, the panel was designed so that each participant took part in a series of three interviews. The aim was to conduct the first research interview as soon as possible after the second WFI, with opportunities to capture immediate response to the interaction, and good recall. The intervals between follow-up interviews were specified in advance, at three and nine months after the initial research interview. This time span meant that researchers stayed in contact with people for the same

length of time, independent of their involvement with the Pilot. For some people, contact with the Pilot would end during the panel period; others would be expecting further contacts with Pathways beyond their participation in the research. This approach, the researchers believed, offered the best opportunity for hearing about relevant developments and changes in people's lives that might have an impact on decisions about work, such as health or family circumstances. The alternative approach, conducting follow-up interviews at times triggered by interaction with the Pilot, such as dates of further WFIs or appointments with service providers, would be hard to manage and, more fundamentally, constrain the exploration by putting undue emphasis on contact with the Pilot service, and missing opportunities for relevant exploration of other key information, for example, paths onto other benefits, experiences in work, and longer term financial impacts.

The panel study was designed with three cohorts of incapacity benefits recipients, both to accommodate the phasing in of the Pilot in two tranches and to provide an opportunity to capture any changes that might be due largely to developments in delivery or services, as local programmes matured. Table 1.1 shows the overall design of the panel, the numbers of people recruited to the three cohorts in two waves, and how the overall study group of 105 respondents built up.

**Table 1.1 Components of panel study**

Cohort	Interview schedule			Number of recruits		
	1	2	3	Derbyshire, Bridgend and Renfrewshire	Essex, Gateshead/ South Tyneside, East Lancashire and Somerset	Total
1	April 04	July 04	Dec 04	24	-	24
2	Sept 04	Jan 05	July 05	21	32	53
3	March 05	June 05	Jan 06	-	28	28
						105

The overall panel comprised 15 people recruited from each Pilot district. Cohort 1 comprised eight people from each of the first three Pilot districts. In Cohort 2 were seven more participants from each of the first districts, and eight from each of the second wave districts, and in Cohort 3 another seven people from each of the second Pilot wave districts.

This report is concerned with the third cohort of recipients. Research methods used were largely the same as those used in the earlier research with the first and second cohorts. Briefly, an extract from the Department's screening tool database was used to recruit a panel of 28 incapacity benefits recipients who had not been screened out of Pathways and who had had their first WFI at least a month previously. We used purposive sampling to obtain diversity across the panel. Full details of selection and recruitment are presented in Section A.1.

In initial face-to-face interviews, the researchers gathered data on people's current circumstances and expectations of working, as well as their experiences of, and views about, their participation in Pathways. Follow-up interviews were conducted by telephone, approximately three months later. Six months after that a further follow-up telephone interview was conducted with those who could be 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 C. The topic guide used for the final follow-up interview in earlier cohorts was redesigned for use with the third cohort. Reasons for doing this are discussed in full in Section A.4.

Of 28 incapacity benefits recipients recruited for the first interview in the series in this third cohort, no further contact was made with seven people. A further three people dropped out at the final interview, leaving 18 people who were followed for nine months or more.

The main characteristics and household circumstances of the 28 panel recruits are presented in Section A.5.

## 1.5 Data from the third panel cohort

This is the third report from the longitudinal panel. Findings reported here from the third cohort of incapacity benefits recipients are new, but also build up the knowledge and understanding gained from analysis of data from the two earlier cohorts. There are detailed findings from the third cohort about people's experiences and views of the WFI regime, and their experiences and views of services used while taking part in Pathways. We have taken the same approach in analysis and reporting on these topics as in the earlier reports from the first and second cohorts. Thus, we have used a similar process-related framework for exploring and reporting contacts, participation, access, interaction, information transfer, self-perception and assessment, use of services, decision making and behaviour. These findings are reported in Chapters 2 and 3, where we indicate how data from the third cohort confirms and strengthens earlier findings, without describing again in detail findings that have already been reported. Where findings are different from those reported earlier, or where there are new perspectives, these are reported in full.

In some parts of the report we have continued to present findings in relation to people's reported initial interest in working when they were first in touch with the Pilot. These analytic groupings, introduced in the report from the first cohort, held throughout analysis of data from all three cohorts, and prove useful for exploration and presentational purposes. Thus, this report, as those published earlier, also describes people in three groupings: those who said they were not initially interested in working; those already focused on work, and those who would like to work sometime in the future.

As explained in the earlier reports, the longitudinal analysis explores changes in experiences or views during the series of research interviews. Taking the first WFI as

the baseline, people's experiences and thoughts about work have been traced as far as they are known. Data relating to change has been incorporated, where possible, from people who took part in only one or two interviews. This approach not only focuses on how changes occur at different moments, at different rates and within individual circumstances of people's lives, but also ensures maximum use of all participants' contributions.

For reasons discussed in detail in Appendix A, the topic guide was revised for use in the final interviews with people in the third cohort. As a result, these interviews generated rich data from retrospective reflections over the whole period since joining the Pilot. Retrospective reflection was also invited in the final interviews with people in both the earlier cohorts, but the topic was generally addressed toward the end of the interviews and allocated less time. As explained in Appendix A, introducing reflection at an earlier stage in the discussion, with more emphasis and encouragement for this line of thought, produced richer material. Findings here are, thus, particularly interesting in this report, and we indicate where any reflections offered by participants in the first and second cohorts were similar or different.

The data available did not enable analysis at the level of comparison of the operation of the Pilot and delivery of services between different Jobcentre Plus districts.

## 1.6 Structure of the report

Each section of the report identifies and explains which components of the panel data the researchers draw on. Throughout the report attention is drawn to relevant findings from other qualitative components of the overall evaluation. In the text of the report, words and short phrases taken directly from transcripts of interviews are shown in italics. Respondents' spoken words are used in this way when they provide greater clarity or fuller meaning than the authors would otherwise achieve. We use the general term 'incapacity benefit(s)' to include the range of benefits received in relation to incapacity for work including Income Support and National Insurance credits. We use 'Incapacity Benefit' when referring to this specific benefit.

Chapter 2 is concerned with people's experience of the WFI regime. We describe views about the conduct of the interviews in Jobcentre Plus; the content and focus of discussion; the information provided, and any decisions people made about services mentioned to them.

Chapter 3 goes on to explore the experiences and views of people who used services or support available through the Choices package. The context for these findings about service use is the amount of interest in paid work which people felt when they first met their Personal Adviser, and during any subsequent change in circumstances or views.

Chapter 4 reports people's reflections on developments in their lives during the time they were in contact with the researchers, their perceptions of influences both within and outside the Pilot and any differences these made. We report their suggestions for changes or improvements in Pathways, and perceptions of unmet needs.

Chapter 5 draws together findings from all three cohorts in the full panel study, and suggests some implications for policy and practice.

There follow technical appendices. Appendix A describes research methods, the personal characteristics of people recruited to this cohort of the panel and, in Table A.5, numbers of people who actually used components of the Choices package. As this is the final report from the overall panel, it is also useful to aggregate in additional tables in Appendix B, some of the technical and descriptive data reported separately from the three cohorts. The research instruments are at Appendix C.



## 2 Experiences and views of the Work Focused Interview regime

Chapter 2 looks in detail at participants' experiences and views of Work Focused Interviews (WFIs). This chapter mirrors similar chapters in reports on the two previous panel cohorts. The material presented here is intended not to repeat detailed findings, but to show how experiences support or differ from accounts in earlier cohorts and to pick out new findings.

The chapter begins with an overview of how panel participants moved through a series of meetings and contacts with Jobcentre Plus staff. Section 2.2 focuses on people's memories of discussions with Personal Advisers during WFIs and whether and how progression through a series of discussions was achieved. Decision making about whether to take up help offered by Personal Advisers is discussed in Section 2.3. Finally, people's overall views of taking part in WFIs are presented and discussed, paying particular attention to how, if at all, views changed over time.

### 2.1 Patterns of participation

At the core of the Pathways to Work design are six mandatory, monthly WFIs with Incapacity Benefit Personal Advisers. In practice, however, six regular WFIs are not achieved with every benefit recipient, as Personal Advisers have the option to waive or defer interviews.

This section draws on data collected in interviews with all 28 panel recruits. The follow-up research interviews were not designed to fit with the chronology of WFIs. Conducting research interviews in stages enabled researchers to observe patterns of participation in WFIs, but not necessarily to capture the full story of people's involvement with Pathways.

### **2.1.1 Contact prior to the first Work Focused Interview**

Various forms of contact were described in relation to making claims for incapacity benefits, as in previous cohorts. Much of this contact was initiated by applicants seeking help and advice in completing their application for benefits. Some people found the help they needed at Jobcentre Plus or by ringing a designated phone line. There were, however, people who experienced problems in making their claim. Looking back, memories of taking part in WFIs, could be dominated by recollections of such problems. Again, there were frustrations that Jobcentre Plus staff could not give general advice about entitlement to benefits. In addition to delays in processing benefits, lost paperwork and complaints about the size and complexity of application forms, there were the following newly reported experiences:

- having to queue to submit an application form and being concerned about being recognised by other people in the Jobcentre Plus office;
- waiting for an appointment for advice on making a claim, not being called and subsequently being told that the appointment had been missed;
- visiting more than one Jobcentre Plus office in order to make a claim.

This cohort demonstrated different ways in which benefit recipients and Personal Advisers made contact prior to the first WFI. In contrast to practice described in previous cohorts, some people explained how a Personal Adviser had first made contact with them by telephone. This had been an opportunity to make introductions, explain that they would need to visit the Jobcentre Plus office for an interview, to answer questions and to make appointments at convenient times. Receiving a phone call from a Personal Adviser after having received a letter reassured some people who had been concerned that their benefits might be at risk. It seemed important to be able to speak to an individual who could answer queries and calm concerns. There were also several people who had made phone calls themselves to Jobcentre Plus after receiving a letter informing them about their impending WFI. One woman wanted to check that, as someone still employed and claiming Incapacity Benefit for National Insurance credits only, she would still be required to attend the WFI. Others sought reassurances about the availability of facilities and to confirm appointment times.

Some people who had not spoken personally to an adviser prior to their WFI were not sure why they needed to attend an interview and some were worried about what it would mean for their entitlement to benefits.

### **2.1.2 Participating in Work Focused Interviews**

As in previous cohorts, the way that people participated in WFIs fell into various patterns. By the end of the panel there were people who were participating in a series of regular WFIs and contacts, people who expected to resume contact with their Personal Adviser after a break in contact, and people whose contact with Jobcentre Plus had seemingly ended.

Most people who attended regular meetings with their Personal Adviser, even if these were less frequent than once a month, were people who wanted to work or who hoped to do so at some point in the future. An exception was one woman who was close to retirement and had told the adviser that she did not expect to work again, but nonetheless attended a series of regular WFIs. Some of these people expected to be involved in a series of six WFIs. It was more common, however, to expect contact to continue for an undefined period. Some people thought WFIs would continue for as long as their claim lasted or until they found a job. Nobody in this cohort had yet reached the end of six WFIs and seen contact cease, though there were some people who kept in touch on an informal basis.

In this cohort, there were a few examples of people continuing contact with Jobcentre Plus after they had been transferred to a different benefit during a series of WFIs. Having established a rapport, some people in this situation continued to seek advice from their Incapacity Benefit Personal Adviser, while others received help and advice from different advisers in the same Jobcentre Plus office.

A number of people were in touch with Jobcentre Plus staff, apparently outside the formal series of WFIs. As reported previously, telephone and postal contacts between clients and Personal Advisers were made between WFIs to make, check and rearrange appointments, to pass on information and to ask the Personal Adviser questions. People made visits to Jobcentre Plus and spoke to a number of advisers when actively looking for work, information and advice (about available financial help for example), or when experiencing problems receiving benefits. Contact was resumed for some people after the formal WFIs had apparently ended. People here had either returned to work and were seeking advice about the impact on their entitlement to benefits, had lost their benefits and were asked to visit to give an update on their situation, or had agreed to ring their Personal Adviser periodically to keep them informed of their circumstances. This informal contact led one person to meet with a Disability Employment Adviser after telling her Personal Adviser about her employer's attitude to making adjustments to aid rehabilitation at work.

As before, there were people who experienced breaks in contact and expected their adviser to be in touch again. This happened when people were waiting for developments in health and work circumstances, or had agreed with their Personal Adviser that there was little to talk about at more frequent intervals. In this cohort, the maximum gap experienced between interviews lasted four months. WFIs were resumed with a new adviser at Jobcentre Plus when one woman returned to benefits after a brief spell in work.

Again, there were also people whose contact with Jobcentre Plus had seemingly been discontinued during the panel period, some after just one WFI. A number of these people knew that they were supposed to attend six WFIs but that their remaining WFIs had been waived. People's accounts suggest that there had been mutual agreement that further WFIs would not be of use because the client was too ill to work and their health and other circumstances remained uncertain. Sometimes

this followed news about health conditions after seeing hospital specialists or upon being awarded additional benefits.<sup>8</sup> People who knew contact had definitely ended had also been invited to get in touch with their Personal Adviser if their circumstances changed or they wanted help. There were also people who were not aware of any definite end to their contact with Jobcentre Plus. Some people said they had not been invited back. Others had been told that their Personal Adviser would be in touch again but this contact had not occurred at the time expected.

In general, those who knew WFIs had been waived were pleased about this. There was agreement with the Personal Adviser that their health problems were significant barriers to working. Exceptionally, one man's relief that Jobcentre Plus was no longer interested in him, and that his perception of a threat to his entitlement to benefits had receded, later turned to disappointment after a period of no contact. Although no nearer to being ready for work, he wanted to make sure he continued to be aware of everything on offer to him. Some people were also disappointed when they did not receive a phone call as expected. They thought that contact would have shown that someone cared and wanted to offer help.

There was some uncertainty about the compulsory nature of participation in WFIs, as found in earlier cohorts of the panel. However, this time most people were aware that they were required to attend interviews with the adviser and that benefits might be affected if they did not do so. People referred to recent media coverage, having heard the Prime Minister speak on television about incapacity benefits, and the impending 2005 general election, as reasons why they perceived the Government as having become stricter about entitlement to incapacity benefits. Having missed one appointment and received a letter reminding him of the possibility of benefit sanctions, one man was motivated to act quickly in rescheduling his appointment. In support of findings from the second cohort, there were comments that it was fair to be required to attend meetings in return for getting financial assistance and in order to check that claims were legitimate.

### **2.1.3 Access and location**

Most WFIs took place at Personal Advisers' desks in open plan Jobcentre Plus offices. A small number of people in one Pilot district met their Personal Adviser in the offices of a local Job Broker<sup>9</sup>. This created confusion for some who were not sure who their adviser worked for. However, the Job Broker's office did feel more relaxed than the Jobcentre Plus environment.

Views about Jobcentre Plus offices were mixed. Positive comments were made about the interior decoration, the ease of parking nearby and being reimbursed for travel expenses. However, some people who had not visited Jobcentre Plus before had found the experience '*degrading*' and felt uncomfortable surrounded by the

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<sup>8</sup> For example, higher rate Disability Living Allowance.

<sup>9</sup> See Glossary.

other people who used the facilities. Other criticisms were that there was insufficient seating in the waiting areas and it was not always clear where to go upon arrival, when there were no staff on the front desk. The arrangement of desks and chairs could lead to discomfort for some people. Problems in getting good access were again prominent, with panel recruits talking about the lack of suitable parking space and difficulties accessing upper floors.

Again, there was both indifference and irritation at being interviewed in an open plan office. Some people felt that partitions or the distance between desks had helped make the interview feel private, or that they had not discussed anything too sensitive that they would not want overheard. In contrast, some people were uncomfortable because they felt their discussion was not kept private and were worried about being recognised. There had been some expectations that discussions about health and other personal issues would take place in private rooms. People with hearing difficulties found it hard to hear during discussions because of noise in the background.

#### **2.1.4 Medical assessment and Work Focused Interviews**

Experiences of medical assessments were not a main focus of this study. However, there is some information about people's perceptions of links between the medical assessment process and the series of WFIs.

In the second cohort of the panel, there were people whose entitlement to incapacity benefits was withdrawn following medical assessment. The end of WFIs and access to the Choices package seemed further withdrawal of support. This third panel cohort also included people with this experience. There was disappointment among people who had been interested in, and sometimes referred to, support offered, such as the Condition Management Programme, and who now felt they were being pushed into work and did not have this help open to them. Again, there was no evidence of renewal of contact with Personal Advisers after reinstatement of incapacity benefits following appeal.

There were opposing views about whether the medical assessment was linked to the WFI process. One view was that participation in WFIs and working with Job Brokers was at odds with having passed the medical assessment and been pronounced unfit for work by NHS and Department for Work and Pensions (DWP) doctors. In contrast, a link was assumed when WFIs were waived apparently on the basis of the Personal Adviser being notified of the medical assessment result.

## **2.2 Experiences of Work Focused Interviews and information giving**

This section presents data from all of the panel recruits about experiences of a first WFI. Analysis of how progress was made or how developments occurred in a series of interviews then draws on data from participants who took part in subsequent interviews.

Findings confirmed again that some people did not perceive much difference between each interview. Their circumstances had not changed and they felt they were being told the same things or asked the same questions. Although some people had the overall impression that they had talked about the same things at each interview, they were also able to pick out differences in information they had been given. As before, previous contact with Jobcentre Plus over a number of years led some to perceive the WFI as part of a continuous support process.

### **2.2.1 Experiences of the first Work Focused Interview**

As in the two previous cohorts there were positive and negative impressions of the first WFI. It stood out for being a new experience, for dispelling prior expectations and for being the first time for receiving information about available support and, in some cases, being referred to services. There was more emphasis this time in people being told about a wide range of support at the first interview and for being surprised and impressed that this was available. Being handed leaflets about support options to take away and read also seemed commonplace. However, the experience was again unpleasant when people felt unwell, felt pushed to do things they did not feel ready for, and were confused about why they had to attend.

The three key elements of discussion identified in the previous two cohorts were again evident for most people: thoughts about and plans for work; health and employment circumstances; and service and support options.

As found earlier, some people did not remember talking much about work, but mainly about health circumstances and entitlement to benefits. There were some reports of interviews in which the Personal Adviser's computer was not working and personal details could not be taken fully. Those who did not talk about any services or support said they were very ill, thought that the Personal Adviser recognised that they were unlikely to take work, and sometimes had become upset during the discussion.

A number of people went to their first interview thinking about starting college courses or training activities and had questions about the availability of funding and the possible impact on entitlement to benefits. There were also people wanting advice on different job opportunities and the financial implications of working. One person perceived the Personal Adviser as not having time or sufficient understanding of his desired field of work to help directly with job searches.

A number of people in this cohort recalled being told that the interviews they attended and the forms of support offered were part of a Pilot. Most people had neutral views about this, but one person was annoyed that she had not been forewarned and felt she might have better understood the range of services offered if she had known earlier.

The following subsection explores experiences of WFIs among people who did perceive differences between interviews.

### 2.2.2 Subsequent Work Focused Interviews

Aside from finding follow-up WFIs shorter and, for some, having a different Personal Adviser, later interviews seemed different in terms of developments in what was discussed, feeling a sense of progress, and in giving feedback to the adviser about personal changes and involvement with services. These general findings were similar to those of the previous cohorts.

Developments in what was discussed included being introduced to new options such as the various ways of getting extra money whilst working; doing a better-off calculation and looking at job vacancies; and talking in more depth about the options listed in leaflets that had been taken away and read between WFIs. One man had specifically asked questions about the Condition Management Programme having read the leaflet given to him at the first interview. He felt that this way of doing things – going away and reading about it first – was especially helpful as it would mean people would ask about the things that interested them and would, therefore, listen to what the Personal Adviser had to say about it. He felt that otherwise there would be too much information in one go and therefore it would not be taken in.

As before, subsequent interviews were also different from the first when changes in people's circumstances were discussed with the Personal Adviser.

New topics were also explored in WFIs when people gave advisers new information about their circumstances or thoughts about working. One woman talked about her ideas regarding going to college and had questions about funding, and the Personal Adviser responded by making enquiries and sending information about potential courses.

### 2.2.3 Gaps in information

Many of the ways in which gaps were perceived in earlier cohorts were mirrored in this cohort. Thus, some information was too general and did not offer the level of detail people looked for; explanations were not always clear; people felt they had missed information because there was a lot to take in or because they were not focused on what was being discussed; and things were learned later and sometimes elsewhere when it was felt they should have been mentioned earlier by the Personal Adviser.

Particular to some people in this cohort was a feeling that specific questions asked had not been answered. Included here were examples of not getting clear or definitive answers about funding for college course fees or the impact of doing part-time work on benefits and tax positions; and how to obtain a car 'badge' for disabled parking facilities. One man felt his Personal Adviser had '*cleverly avoided*' his questions about entitlement to benefits by quickly moving on to talk about other topics.

## 2.3 Decision making regarding the Choices package

This section reports on people's reactions to what was learned about the options in the Choices package and the influences on their decisions about the suggestions made to them. There were a number of people who did not discuss options with their Personal Adviser or demonstrated little knowledge. Included here were people who attended only one WFI and people who went through a full series of WFIs but who were looking to retire shortly and did not intend to work again. There were also people for whom help offered by the adviser did not seem important because they had good support from elsewhere, such as family members, church communities, health professionals and services, and voluntary organisations. The analysis that follows draws on data from those who recalled talking about support options.

The analysis has again identified the three main influences on people's thinking and decision making regarding the Choices package:

- perceptions of their own readiness for work, including perceptions of health;
- perspectives on their current and prospective financial situations in and out of work; and
- knowledge, understanding and expectations of the options offered.

### 2.3.1 Perceptions of readiness for work, including perceptions of health

The broad picture across this cohort, as in previous cohorts, was that for many people the offer of support did not come at the right time. People were mainly focused on their health problems and perceived a need for improvement before they could take part in what had been offered. For example, a change to a more positive attitude, or feeling less '*battered*' by pain and other problems, was thought necessary to feel ready to do group work as part of the Condition Management Programme; being provided with a hearing aid was necessary before considering doing a training course. Some people talked about how they could see the options being useful at a later stage. Thus, finding out more about Permitted Work rules<sup>10</sup> and accessing funding for equipment would be more relevant when making plans to return to work.

However, as before, there were a smaller number of people who felt able to pursue suggestions made to them. For these people, meeting with a Job Broker fitted with their aspirations to find suitable employment, or participating in the Condition Management Programme provided an opportunity that they did not have before. They also felt that they did not want to decline any offer of help.

As before, there were many reasons why people felt they did not need support at the time it was offered. As found earlier, some already felt well supported and hoped to

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<sup>10</sup> See Glossary.

return to their old job, for which they felt sufficiently skilled. New reasons given by these panel recruits were:

- feeling strongly personally motivated and confident about returning to work when ready to do so, without extra help;
- having already learned to cope with the effects of health problems;
- feeling that it would be a waste of time because there had been improvements in health and they expected to return to work soon.

As before, there was little evidence of people re-contacting their Personal Adviser to access support they had discussed with them earlier. One person who rejected the Personal Adviser's offer of physiotherapy because he was already accessing it through the NHS, later reflected that he would have liked to have changed his mind because it would have saved him paying for it. There were, however, people who returned to Jobcentre Plus after hearing about available support for the first time from other sources.

### **2.3.2 Financial perspectives**

Findings from this cohort confirm that across the panel, information about financial assistance was particularly prominent in people's memories of what was discussed and offered during WFIs. As before, seeking financial stability, whether in work or on benefits, was an important motivating factor.

People with intentions to return to work in the short- and longer-term talked about how information about financial help had aided their thinking and been encouraging to some who took steps to getting work. A better-off calculation which incorporated Working Tax Credit<sup>11</sup> showed one young woman that it would be financially viable to take work. As in previous cohorts, there were expectations that extra money would support gradual returns to work, help pay for extras during the transition into work, and compensate for the loss in income between benefits stopping and earnings being paid.

One man was interested to learn about the possibility of gradually easing his way back into work by taking advantage of Permitted Work rules, but did not want to take up low paid work topped up by WTC because he perceived this as a long-term arrangement. There were also concerns about being able to regain benefits amongst people considering gradual transitions into longer hours and higher earnings.

As before, there were people who were interested to know what financial support was available should they choose to go to college or undertake other training activities.

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<sup>11</sup> See Glossary.

Again, people were not always convinced that they would be better-off financially in work. People both near and far from working were amongst those who expressed concern about managing without the extra £40 a week from Return to Work Credit (RTWC) when it expired after a year. However, as before, there were also people who thought RTWC was an attractive offer, even when they felt they did not need an incentive to work.

One view was that there was too much emphasis on financial support available to people in work. People who said this felt there was little financial help available whilst on benefits, and to support job-searching in particular.

### **2.3.3 Knowledge, understanding and expectations regarding service provision offered**

What people knew, understood and expected of the support they heard about was another significant influence on their decision-making.

The role of the Personal Adviser again seemed instrumental in whether people tried services and support, and when. Many people talked of how their Personal Adviser had encouraged them to take up particular support, most commonly the Condition Management Programme, but also Job Brokers. This encouragement was sometimes perceived as pressure, perhaps arising from the need to meet targets. There were suggestions that people who later met with Job Brokers and CMP assessors and practitioners were led by what their Personal Adviser thought was a good idea for them.

There was evidence that it was important for people to know details of services, in making decisions about taking part. The possibility of doing things not done before, such as learning interview techniques and writing CVs, was a reason for going to a Job Broker. However, people were not always encouraged by hearing more about individual services, and learning about some details had put people off. For example, there was discomfort amongst panel participants in relation to attending group sessions and one-to-one sessions with a '*counsellor*'.

People were also influenced by their expectations of the impact of participation. People who hoped for positive impacts included one woman who thought the CMP might provide time and guidance to learn how to cope with her condition, having been disappointed with the service given by her GP. It was also hoped that employers would be more willing to take people on if the Personal Adviser contacted them first and explained about health conditions. Some people thought participation might have a negative impact. Included here were people with concerns that physiotherapy or exercise sessions might make them feel worse, or that they might become angry with other people in group discussions.

Like people in earlier cohorts, some were sceptical that they could be helped by what was offered, because they had been told by health professionals that nothing more could be done to improve their condition, or they were unsure staff had the requisite expertise. Negative perceptions were also influenced by previous experience of

similar support, such as confidence-building courses, where the experience had been unhelpful. One comment was that complementary therapies were not a worthwhile investment for public money. A bonus of £200 for starting work was felt to be insufficient by someone who had high travel expenses to cover.

### **2.3.4 Use of Action Plans**

As in both previous panel cohorts, there was little evidence about the use and helpfulness of action plans. What evidence there is supports earlier findings that action plans had little relevance or meaning for people. People with the clearest recollection of a plan being completed were not always sure what it was for and guessed that it might be an incentive for people to take action or be a formal record of their discussion. One view was that the plan was something that had to be done, so that the adviser satisfied a requirement of their job. When mention was made of a plan being reviewed, this highlighted how the client perceived the Personal Adviser as struggling to know what to write because the discussion had been the same at each interview. Some people understood that a plan had not been made because they did not feel able to work or were awaiting improvements in their health.

## **2.4 Overall views of the Work Focused Interview regime**

This section gives an overview of panel recruits' positive and negative views of the WFI regime. Findings come from cross-sectional analysis of all interviews. The general picture remains unchanged from that presented in earlier panel reports: there were ways in which the provision responded to needs, was timed, and provided information and support that were liked; elements that were not liked related to the fit between the requirement to attend interviews and people's circumstances, a lack of responsiveness and the way Personal Advisers interacted with people.

### **2.4.1 Positive elements**

#### *Responsiveness*

Findings were broadly similar to previous findings regarding people's positive impressions of the responsiveness of their Personal Adviser.

There were comments about the Personal Adviser responding to specific concerns, circumstances and needs, and providing information and advice that was relevant to individual circumstances. This time there were a number of appreciative remarks about Personal Advisers' understanding that they were too ill to work, or that they could not hope to do or think about anything until their next hospital appointment, and responding by waiving further WFIs or by making appointments far enough in advance.

Some people identified a sense of personal control in being able to lead discussion about their own ideas for work or training.

### *Timeliness*

There were few positive comments about the timing of WFIs, but those that were made offer new insights. One woman who was starting to think about work but was not yet ready to look for jobs was pleased that the Personal Adviser was happy to provide help at the pace she felt she needed it. Another woman who perceived her first WFI as an opportunity for the Personal Adviser to check she was receiving the right benefits, thought that just after making a claim was the right time for such a meeting. The interview had been helpful for clarifying the details of her claim and what she would need to do with regard to renewing sickness certificates.

### *Feeling informed*

Findings confirmed those from earlier cohorts, that people who felt informed after attending WFIs said that they did so because they learnt about available support they had not heard of previously, and were helped to think differently about their circumstances and plans.

Some people who said they had heard about new things were not interested in accessing support because they had a job to return to or because they felt too unwell, but were nonetheless impressed with the range of available support. Having leaflets to take away and read seemed important in people's learning, especially when the interview felt long and there had been a lot to take in.

Discussing options that had previously not been considered, such as doing a college course rather than taking a job, or introducing new ideas such as work experience, gradual returns to work using Permitted Work rules and particular ways of looking for jobs, were ways in which being informed had helped people to think differently about their prospects.

### *Feeling supported*

As reported previously, feeling supported was particularly prominent amongst positive comments made about participating in WFIs.

There was again broad support for the idea of meeting with an adviser to talk about their circumstances and to find out about available services and support. Even people who did not think they could work or saw it as a long way off were amongst those who said they appreciated having a chat with their Personal Adviser, getting the adviser's views on their circumstances and prospects, and knowing that the support existed. For some people hoping to return to work at some point, it was good to know that someone was there to help them when they felt ready and were not put under pressure. Some people talked of how their general impression of Government benefits and employment services had changed. Their perception of Jobcentre Plus was now of somewhere that provided help when ready to work, and not just somewhere that handed out money.

Although, as reported in Section 2.4.2, there were a number of criticisms of the requirement to attend a series of WFIs, one view was that a number of contacts provided regular support and was not a burden on time.

There were again many favourable impressions of Personal Advisers, with people describing them as competent, polite, understanding and sympathetic. A new finding was the perception that the Personal Adviser acted in the interests of the individual and not of the DWP. Some people described their Personal Adviser as having become a valuable contact for times when they had queries or perhaps when they felt ready to take steps towards work.

As in earlier cohorts, some people talked about how the personal support of their adviser had been very important in making their experience of the Pilot positive and perhaps in helping them to make progress. One person who saw a Lone Parent Adviser regularly said that this adviser had been a real help in getting back to work, claiming Working Tax Credit (WTC) and in starting to think about a change in job. Another person said their Personal Adviser's encouragement, ideas and guidance meant they found work and were not still looking for jobs. Another Personal Adviser was important in helping a man build his self-confidence and therefore, his belief that he was capable of doing many things. The listening, understanding and guiding role performed by Personal Advisers and reported previously was also described by people in this cohort. Likening Personal Advisers to '*counsellors*' and '*social workers*' were some ways in which people conveyed this message.

Perhaps more so in this cohort than previously, Personal Advisers supported people personally by being an important contact to return to with questions, concerns and when seeking help to take steps. In a few cases, support was extended to people who came back for financial advice or had incapacity benefits withdrawn. In such cases it was helpful to meet with the same Personal Adviser who was familiar with their circumstances.

Mirroring earlier findings, Personal Advisers impressed when they did what they said they were going to do, such as acting immediately in contacting service providers and sending information about available college courses.

Sometimes, it was what Personal Advisers did not do that was valuable to people in this cohort. One woman was especially thankful that her Personal Adviser had not questioned her much about her health condition which she was sensitive about discussing.

### **2.4.2 Negative elements**

#### *Mismatch between WFIs and people's circumstances*

Views amongst people in this cohort supported those of earlier cohorts with regard to the focus of the interviews appearing to be on '*forcing*' people to work; on taking people off benefits rather than considering the extent to which they were not fit to work; and how the focus on work seemed inappropriate given that they had a sick

note and Personal Advisers were not medically trained. Some people felt vulnerable because they perceived a real threat to their benefit entitlement if they did not attend interviews and show interest in working, even if they felt they could not work and had plans to retire in the near future. A finding new to this cohort was that phone calls and letters from Personal Advisers can appear as pressure to people who miss an appointment and are unsuccessful in making contact themselves to make a new appointment. As before, some people described being advised to do things that they were already doing or planned to do, and to feeling patronised or '*lectured*' to. An exceptional and previously unheard view was that the WFIs would not help people because they did not push some people hard enough to work. The person who said this had expected less discussion about health and practical guidance towards suitable jobs.

Findings from this third cohort were similar to those reported earlier in that some people were compliant with the requirement to attend interviews even when they perceived no value in attending. Having to do something that seemed futile was in some cases reconciled by an impression that it was a '*regulation*' to deal with '*dole cheats*'.

The timing of WFIs did not always seem to match circumstances, particularly to those people whose conditions and outlook were uncertain when they were asked to attend their first WFI because they were yet to consult hospital specialists.

Even when there were feelings that the WFIs were not personally worthwhile because they did not fit people's positions in relation to work, there were some perceptions that it could be useful to other people. People with physical injuries and people who needed someone to talk to or be guided by were thought likely to benefit from the interviews and support offered.

#### *Lack of responsiveness*

There were some accounts, confirming earlier findings, of how Personal Advisers did not appear to listen and how the Pilot did not meet needs and expectations.

Some people with past experience of Jobcentre Plus expected that their needs and preferences would not be met, such as a man who had been disappointed in the past when he was '*sent*' on a course that he would not have chosen. There were examples of Personal Advisers doing better-off calculations and picking out job vacancies which people felt were inappropriate because they did not want to take low paid work or did not feel physically capable of doing the jobs chosen. These people felt the Personal Adviser had not listened to them and that they had been told what the Personal Adviser thought they **should** know rather than what they wanted to know.

Not following up after giving information and not responding to financial needs were ways in which people in this cohort felt their needs had not been responded to by Personal Advisers. A man keen to get back to work was disappointed that he was left to read information leaflets about the support available and told to make

appointments if he wanted to try anything. He had wanted to come back the following week to discuss what he had read with his Personal Adviser. Financial needs were not responded to when Personal Advisers failed to clearly answer queries about the availability of funding, for college courses for example.

Some people felt their financial needs were not met by the kinds of financial help available. This was the perception of homeowners who said they could not access help to pay housing costs and people who wanted help to meet job-searching expenses, such as travelling costs.

### *Negative views of the Personal Adviser*

Although most comments about Personal Advisers were positive there were some criticisms regarding some Personal Advisers' attitudes and behaviour.

There were further reports from this cohort about some Personal Advisers applying pressure and being persistent about trying particular services, and about some Personal Advisers appearing apathetic and sometimes negative. Not giving straight answers, being hesitant, giving inconsistent advice and talking about support in a 'muddled' way, were ways in which the adequacy of Personal Advisers' training was questioned. A man who had held professional jobs in the past felt 'downsized' because his Personal Adviser appeared to read from a script and did not hold a free-flowing conversation.

Other negative perceptions were feeling that the Personal Adviser had been discourteous in answering incoming phone calls during WFIs, and 'offensive' in making unsuitable suggestions for work.

### **2.4.3 Developments and changes in views over time**

This final subsection draws on data from people who had more than one contact with Jobcentre Plus within the Pilot provisions. This analysis does not exclude panel recruits who did not take part in all of the research interviews, as some people were able to retrace their steps through the Pilot at the time researchers spoke to them.

Most views about the WFI process remained unchanged over the period of contact with researchers, and explanations for this are mainly similar to those reported previously: having had little contact with the Pilot after deferral or discontinuation of WFIs; experiencing little or no change in circumstances which might have made WFIs more or less relevant; or not yet reaching a stage where WFIs become more useful.

This cohort perhaps offers further insight into why views do not change. There were people whose overall opinion of Jobcentre Plus support remained fairly positive, even when they were disappointed that their benefits had been withdrawn, because they continued to feel supported by their Personal Adviser who provided advice about their financial position and options, and helped them make an appeal. People who felt motivated to get back to work without assistance from Jobcentre Plus, some of whom had jobs to return to, did not change their views that it had been welcome to be offered support but that it was not needed.

### *Becoming more positive*

There were a number of ways in which people described the first WFI as a more positive experience than they had been expecting. Following the introductory letter some people had been anxious, had expected to be '*interrogated*', and had expected to be told they should be at work. These expectations had not been met and people had been reassured once they met their Personal Adviser. Some people spoke of how their initial impression that the interview was a way of keeping an eye on benefit recipients changed when they found their Personal Adviser was offering support. One surprised woman said she would have gone to Jobcentre Plus sooner if she had known there were people available to speak to. Expectations of staff attitudes and behaviour were not met when Personal Advisers were not '*officious*', '*aggressive*' or '*guarded*', and could not have been more helpful.

Changes in circumstances again played a part in views that became more positive. Although some people were always positively disposed towards the help offered from Jobcentre Plus, the support from an adviser could become more relevant and valuable once health conditions eased. Receiving a diagnosis and prognosis and having time to reflect on this knowledge and thoughts about working, helped some to feel offers of support would now be welcome, having previously been upset at what was suggested in WFIs.

The reasons for some people's changes in views were perhaps less perceptible. A gradual softening in attitude or greater emphasis on talking about positive experiences sometimes became apparent in later interviews with researchers, but it was hard to pinpoint an explanation for this change.

### *Becoming more negative*

In contrast to people whose views remained unchanged, most people whose incapacity benefits were withdrawn during the research period became more negative about the support from Jobcentre Plus after this change in circumstances. These people had wanted to take steps towards work and had been happy with the offers of support through the Choices package. When their participation in services became uncertain or access was denied they expressed strong disappointment. One perception was that there was no longer any help for them.

One finding was that views of the same interview could change over time, depending on what did or did not happen after the interview. Thus, one woman's first impression of her first WFI when interviewed soon after, was that she was pleased with the offers of support. However, when she spoke to a researcher again there had been no further contact with the Pilot and she had begun see the WFI as a '*dead end conversation*' and that the Personal Adviser could not help her to do the two-year college course that she hoped to start.

In this cohort, disappointment with what was and was not offered contributed to increasingly negative views. One man who wanted to work but felt limited in the work he could take, was initially pleased that he had been asked what he wanted to

do and was given the impression that something appropriate could be found. He was later disappointed when he felt his Personal Adviser was pushing him to take jobs that were unsuitable for his health condition.

Some views became more negative with having to attend repeat WFIs. Early interviews, where lots of information had been received, could be perceived as 'eye-openers' and, therefore, helpful. However, if later WFIs merely retraced steps over the same information, this exercise became tired, especially when people felt self-motivated to work when they were ready.

## 2.5 Discussion

This chapter has explored people's experiences and views of attending WFIs with a Personal Adviser at Jobcentre Plus. We have seen throughout that findings from the third cohort are broadly similar to those found in the earlier cohorts.

We have learned that attending a series of regular WFIs is not the experience of all incapacity benefits recipients and that some people can have very little contact with Pathways. Although people who attend only one WFI have limited experience of the Pilot, their memories of this one interview are still valid and useful. Amongst people who had few interviews in this cohort, there was a particular emphasis on feeling relieved and pleased that the Personal Adviser had agreed they did not need to keep attending and that this was the right course of action for them.

There was confirmation from this cohort that the withdrawal of benefits can leave people without support offered through attending WFIs and accessing the Choices package, at a time when they feel it will be useful to them.

Across the study group, it was clear that people were pleased to attend a meeting, or did not mind, when they felt they had been given information they had not heard before about available help. In particular, some people had been helped to think differently about their future by the knowledge learned and the advice given by their adviser. There was more uncertainty about the value of attending a series of interviews, when people felt discussions had been repeated, there had been no sense of progression, and when the offers of help seemed irrelevant to current circumstances and needs. Timing was therefore important. People who went to WFIs ready to think about work were happy that help was available to them at that time. However, among people with uncertain health trajectories there were feelings that the Pilot support may have been more welcome at a later date, when more was known about health conditions and there had perhaps been improvement or stabilisation.

Information about financial support was again high up in people's memories about what they had been told and what they had wanted to know more about. In every cohort, people have wanted advice on entitlement to benefits, been frustrated when this was not forthcoming at Jobcentre Plus and pleased when Personal Advisers have given benefits advice. Learning about available financial help could be

encouraging to people intending to work at some stage, some of whom had plans to go to college or to undertake training activities. However, in this cohort, there was a small number of people who were not satisfied with the information and advice they received about financial support for training.

Across the entire panel, people felt positively about the Personal Advisers they met and most felt that they had made a valuable contribution. Some people described a more personal relationship, where the support from the Personal Adviser was especially valued in supporting their progress to better health and towards work. There were also people who found it useful to have a familiar, named contact who could be approached for help and advice, sometimes outside the series of WFIs.

# 3 Experiences of services used in moving towards work

In Chapter 2 we saw what people remembered about services they were told were accessible through Jobcentre Plus. They talked about their understanding of the purpose and content of the services and whether they might use them. Findings from the earlier cohorts showed that people who were interested in services, and expressed intentions to get in touch did not always go on to use the services. There were similar findings from the third panel cohort, in somewhat limited use of services from the Choices package. It is important, however, to look at the experiences of those people in this cohort who did use the services, in order to build up the picture emerging across the full panel.

This chapter has a similar structure as the equivalent chapters in reports from the earlier cohorts, to enable comparison and consolidation. Thus, we do not replicate detailed findings already presented and explained. We explain which of the earlier findings were reinforced by data collected from participants in the third cohort, and describe in detail any differences or new material.

Earlier reports have related use of services to people's interests in work. We situated what people told us about their experiences of services within any moves towards work. This approach remains useful, and we adopt it again here. Thus, the first part of the chapter draws on cross-sectional analysis from the first research interviews and presents people in three groupings, according to what they said about their interests in paid work at the time of their early contacts with Pathways.

## 3.1 Initial views about working

Reports from earlier cohorts identified participants in three groupings, on the basis of what they remembered about their thoughts about work at the time of their initial contacts with staff at Jobcentre Plus within the Pathways procedures. Again, in this

third cohort, there were the same three broad groupings: people who said they thought it unlikely they would do any more paid work; people who, by contrast, were already focused on working and taking steps towards this, and people who said they were not ready to work now but hoped they might work again some time in the future.

### **3.1.1 People not thinking about working**

As in both earlier cohorts, there was a small group of people in the third cohort who went to their first interview at Jobcentre Plus feeling that it was unlikely that they would do paid work again. All in this group were approaching 60 years of age, and described chronic ill health or impairments which put severe constraints on their day to day activities. They talked about continuous pain and fatigue, limited mobility, problems in managing incontinence, and severe depression. One person said his being in a work situation would be risky for other people and himself. People who had conditions they knew would not improve, spoke of managing symptoms, and making the best of what they could still do at home. They were all thinking of themselves as approaching retirement, and there were some feelings of loss and regret as they acknowledged that they would not be able to return to work.

As in the second cohort, people in this sub-group were generally not currently facing pressing financial problems. People had got used to living on low incomes; some had partners with earnings, and some were already drawing or had applied for occupational pensions. The one person whose financial situation was hard had experienced long delays and difficulties with incapacity benefits. Lack of income had led to debt, anxiety and depression, and money gifts from friends had been essential.

All in this group were filling some of the gaps in their lives related to loss of paid work with activities that could be fitted around their health condition. People described being part of a church community, supporting a frail relative or neighbour, small scale volunteering and home-based creative activities. None of these activities were being undertaken with a view that they might be a step towards paid work.

### **3.1.2 People already focused on working**

In contrast to those who did not expect to work again were people who were already taking steps towards work when they went to their first interview with the Personal Adviser. As in earlier cohorts, this group included people who were hoping for improvement in their condition or eventual recovery, for example, following an injury or unexpected infection, or better control of symptoms with medication or therapy. Where jobs were still open, people were keeping in touch with their employer and negotiating ways of returning gradually to work. Among people who needed new jobs some were already making applications for advertised posts or visiting Jobcentre Plus to look for work. Some had already decided to try working in a different way to suit their condition better, and had already invested in setting up self-employed work.

In this sub-group were people who said they were well known to Jobcentre Plus staff and were already receiving employment support before joining Pathways.

As found in the earlier cohorts, motivations to return to work included boredom, wanting to regain self-esteem and a sense of purpose, and financial pressures. People who had run up big debts while not working and people whose family life had previously been underpinned by high professional salaries said they just could not afford living on benefits any longer. In one such case, determination to return to work was reported as contrary to medical advice. However, there were also people who perceived returning to work as more likely to lead to financial problems, rather than solve them. One person with a pattern of moving between low paid jobs, spells on benefits and employment programmes knew how hard it would be trying to meet living expenses from low pay.

### **3.1.3 People who saw work as a possibility sometime in the future**

The largest sub-group, as in both the earlier cohorts, comprised those people who said they were not yet ready to work when they went to talk to a Personal Adviser but thought this was a possibility sometime in the future. Some still had a contract for employment when they joined Pathways or were confident that jobs were being held open. However, unhelpful attitudes among managers meant that one person was losing confidence that she would be able to return to her job.

Few people in this group had a definite time scale in mind in relation to going back to work, as also found in earlier cohorts. For work to become a real possibility, such people said they needed more relief from pain or chronic fatigue, greater mobility, better control of addictions and mental health problems, recovery from bereavement trauma, or finding a way of working that suited complex or deteriorating conditions.

In contrast to the person described in the previous sub-group, who was going ahead and applying for jobs despite medical advice, people in this sub-group were taking serious account of medical advice not to work at the moment. For example, a person whose psychiatrist advised waiting a bit longer before engaging with the stress of trying to work again, thought this was sensible.

There was in this third cohort a wide spectrum of levels of interest in work among those who felt that work was a possibility for the future. At one end were people who saw paid work as an essential part of their future life, when their health had improved. There were several people in the youngest age group here, including people with children and one person attending college to get educational qualifications. Such people talked about wanting earned income in the future, rather than living on benefits, and the social advantages of having a job. Some were already thinking about the kind of work they might do. One woman felt confident that she would be back in work as soon as she was well. Others thought it would be harder, and they would need support and help from their counsellors and NHS personnel, but were hopeful that work would be part of their lives eventually.

At the other end of the spectrum were people who explained they felt ambivalent about work. On 'a good day' paid work seemed attractive; they realised how much they missed having a job and they felt more optimistic about getting back to work. On 'a bad day' the possibility of working seemed a long way away, and those without financial pressures wondered why they were bothering to think about it.

Within the spectrum were people who held on to the idea of working as a goal they hoped to achieve at some stage. The range of problems perceived in moving into work was similar to that described in earlier cohorts – a mix of problems related to health conditions, and other factors such as employer attitudes, age, fitting work alongside family responsibilities including child care, perceived lack of skills or qualifications, availability of jobs, poor public transport to places of work and being able to earn enough.

Some people suggested that, psychologically, they were not yet ready to accept that they might not work again, although the odds seemed stacked against them.

### 3.2 Use of services: the overall picture

This section draws on longitudinal data from the series of interviews, and shows which people went on to use services both through participation in Pathways, and outside their contact with Jobcentre Plus. As before, the picture may be partial because those who did not complete the interview series may have gone on to use services which we do not know about.

The general finding from both earlier cohorts was that people who said they were not motivated to think about work when they first went to meet their Personal Adviser did not go on to use services through Jobcentre Plus. This was also true in this third cohort. All those people who said in the first research interview that they were not thinking of working again when called for an interview at Jobcentre Plus went on to complete the series of three research interviews, but none had used any services through Jobcentre Plus by the end of the panel period. There was heavy use of hospital and GP services among people in this group throughout their contact with the researchers. Some had been to Citizens Advice Bureaux to get information about benefits available to disabled people, and support in dealing with problems about receipt of incapacity benefits. Support and help from voluntary organisations and members of local communities was valued.

Another general picture from the larger second cohort was that those people who, individually, used most Pilot services were people who were initially focused on working and went on to start work. In this smaller cohort, however, it was hard to trace such patterns among those initially focused on working because half were lost to the panel through attrition, including some whose incapacity benefits had been withdrawn by the time of the first research interview. There was some annoyance among those whose incapacity benefits were withdrawn that services they had learned about from Personal Advisers were no longer available. Those initially

focused on working who completed the panel series, did include people who had used components of Choices and other services through Jobcentre Plus, but for one person most of this advice and support came before joining Pathways. As in the second cohort, several people had considerable experience of work focused support from Jobcentre Plus through previous periods of claiming Jobseeker's Allowance, and some were in contact already with Disability Employment Advisers (DEAs) and Job Brokers.

There was again limited experience among people in this third cohort of use of services from the Choices package. Table A.5 shows use of such services in numerical terms. This chapter continues by looking at each service in turn. We explained in the report from the second cohort that the presentation of data from relatively few people in these following sections puts some constraints on the amount of detail we offer, for reasons of anonymity and confidentiality.

### 3.3 Jobcentre Plus staff and services

There is relatively little new information about experience of support and advice from Jobcentre Plus staff, other than Incapacity Benefit Personal Advisers, which adds anything to the general picture from earlier cohorts. People with previous spells claiming Jobseeker's Allowance were used to using Jobcentre Plus as a resource for looking for jobs. Some remembered talking to DEAs, and had taken part in various training or work preparation programmes, including programmes to help people thinking of self-employment.

Support from Jobcentre Plus Lone Parent Advisers was particularly valued by one young woman who returned to work during the panel period. It was these staff who talked to her about the kind of work she might do, helped her to look for vacancies and make job applications, and helped her claim WTC. At the time of the final research interview this person had tried work but still went regularly into Jobcentre Plus to talk things through with the Lone Parent Advisers.

A person who talked about being referred by their Incapacity Benefit Personal Adviser to an 'occupational therapist' at Jobcentre Plus, in order to gain better understanding of ways of dealing with problems in relation to work, may have met a work psychologist. The experience was remembered positively, for the way in which she felt valued during the discussion. One outcome remembered was learning about the availability of the Condition Management Programme, which her Incapacity Benefit Personal Adviser also talked about.

### 3.4 Using the Condition Management Programme

There was a similar pattern as observed in earlier cohorts that, although there was considerable discussion with Personal Advisers and interest in the programme, there was relatively little experience of use of this service.

All those who agreed to an initial appointment were people who saw possibilities of working again in the future but were not yet ready. People who agreed to take part included people who already had experience of therapeutic discussions with mental health workers and psychiatrists and thought it would be worth trying something new, and people who were interested in anything that might help manage pain. Understanding that participation was voluntary and would have no effect on benefits entitlement was important.

There was again evidence of lack of understanding of the aim of the programme or what might happen, with one person thinking that one purpose was to enable people to meet and interact with others in the same situation. This was not always attractive, as explained by one person who wanted to get on with her life, not spend time with other people dwelling on problems.

As found earlier, not all who agreed to take part actually met Condition Management Programme staff during the time they were in touch with the researchers. Both practitioners and incapacity benefits recipients cancelled appointments and we do not know if these appointments were remade or kept. Among those who did meet a practitioner for an initial assessment, one was advised to wait for further improvement in health before taking part, and one was told they did not need the service because they were making good progress on their own. Being told that the service was inappropriate was not a disappointment to the people concerned, but one regretted the time and effort spent in the lengthy personal assessment procedure.

Those who got as far as taking part in therapy sessions spoke positively about the approach and understanding of their practitioner. One met only once with the practitioner before incapacity benefits were withdrawn. There had been no further contact, but the person concerned was uncertain whether he would have been offered further sessions anyway had he remained on incapacity benefits. The practitioner shared his view that he was not yet ready to be encouraged back to work.

There was one example in the third cohort of a person who had taken part regularly in one-to-one sessions with a person described variously as a 'therapist' or a 'psychiatrist' over a period of several months. She was encouraged to talk at length about her feelings and the way her illness affected her, and she said it was helpful to understand better what was happening to her. She learned some relaxation techniques but found it hard to make these work at home. At the end of the programme of one-to-one sessions this person was invited to take part in group sessions, had tried these but found them hard and her attendance dropped off. Overall, her experience of the Condition Management Programme was positive in that it helped her understand more about herself.

## 3.5 Using Job Brokers

As found in both earlier cohorts, some people had already been in touch with Job Brokers before joining the Pilot. A person with a previous professional career remembered being referred to a local Job Broker soon after claiming incapacity benefits in 2003. His experience was that the Job Broker was not used to dealing with professional people with high qualifications, and was ineffective in working with him.

People in the third cohort who had used a Job Broker as part of the Choices package reported mixed experiences. When they took part in their first Work Focused Interview (WFI) both felt that paid work might be a possibility if their health improved. One learned about help available from Job Brokers in that first interview, and accepted an appointment straight away, to find out more. Initial meetings went well, and he was interested in the broker's suggestion that he look for part-time work. However, the only job suggested seemed inappropriate for his condition, and when his health deteriorated, contacts with the Job Broker dropped off.

By contrast, another person who initiated a second WFI when health improved accepted an appointment with a local Job Broker and went on to have regular meetings. For this person, with no previous work experience, learning how to write a CV and look for jobs, and support in making applications was really helpful, and led to starting work, and then further support and help when the job ended.

## 3.6 Using financial support

### 3.6.1 Return to Work Credit and Working Tax Credit

Only those people who went into work of 16 hours weekly or more had an opportunity to use Return to Work Credit (RTWC) or Working Tax Credit (WTC) and there was limited experience of these forms of financial support among people in this cohort.

Those who received RTWC said they were not influenced by this in their choice of work. Indeed, one person did not learn about their entitlement until after starting work, an experience often reported by RTWC recipients interviewed in a separate component of the Pathways evaluation (Corden and Nice, 2006b). In this cohort, people were pleased with the boost to earnings provided by the regular £40 each week, using it to meet household bills. The person working full-time felt financially much better off than when claiming incapacity benefits, and the person working part-time said that RTWC took off financial pressures while he eased himself back to work. There were no problems with the applications, or the reapplication process which one person experienced during the panel period. By the time of the final research interview, the person due for the last payment after 12 months was not anxious about this, having by then increased his hours, received a pay rise and started an additional stream of self-employed earnings. The other person had

returned to incapacity benefits. Knowing that RTWC would be available again, she was now looking for a job with fewer hours, to suit her condition better.

As in the second cohort, not everybody who went into work during the panel period had applied for RTWC. Some were not entitled, having returned to Jobseeker's Allowance when incapacity benefits were withdrawn. There were also, as in the second cohort, examples of people who found out about RTWC after they had started work and were then outside the time limit for application.

People's situation in relation to WTC was not always clear. The one person who had certainly applied for this remembered seeing a better-off calculation in a WFI with an Incapacity Benefit Personal Adviser. Later, Lone Parent Advisers helped her with her application. She felt better off financially in her job of 16 hours weekly with WTC than when claiming benefits.

### **3.6.2 Adviser Discretionary Fund, and other financial help**

Apart from RTWC and WTC, people in the third cohort reported little experience of other forms of financial help. Grants and clothing vouchers were useful to two people who needed to buy new clothes for office wear. The people concerned had been told about the Adviser Discretionary Fund (ADF) but were also in touch with Job Brokers and a training centre, and the exact source of their financial help was not clear to the researcher. One man was worried about potential problems reclaiming benefits if working did not last. He was, therefore, pleased to take advantage of Permitted Work rules which fitted his plans to try work of a few hours each week.

No general conclusions may be drawn from such limited data.

### **3.6.3 Support from services outside Pathways**

In this, as in previous cohorts, there was widespread use of NHS specialist, hospital and GP services during the time in which people were in touch with the researchers. Some participants were in regular touch with mental health workers and psychiatrists, or attended regular physiotherapy sessions or specialist clinics for people with particular conditions. For some, their 'key-worker' or 'counsellor' was a significant and trusted person, who provided general support and advice, and with whom they sometimes talked about work. None of those interviewed mentioned any such health professionals working together on their behalf or working with Jobcentre Plus, but this does not mean that this did not happen.

Some people who could afford to had gone outside the NHS for private health care. Chiropractic, paid for privately to help ease pain, had proved expensive and effective in the short-term only. One person with a progressive illness had tried several different kinds of complementary therapies. In the first panel interview, this person felt encouraged that some such treatments were beneficial. In the final interview, however, this person reported having stopped using them, as she saw no real improvement in her condition over two years.

People who accessed home aids and equipment through social services during the panel period, such as stair rails, spoke of these as very helpful. As in the second cohort, getting a formal car 'badge' to access parking spaces could make a big difference to people's lives.

Charities and trusts supporting people with particular health conditions had proved helpful to individual people who had received bereavement support, or been able to meet other people with the same relatively unusual condition and talk about ways of managing daily life. Those who had been in touch with such organisations knew about them through family contacts, or relatives' internet searches on their behalf.

As in both earlier cohorts, domestic partners, parents or siblings were identified as key people in providing the support and help needed; for one person in this cohort, it was members of the church community who were essential.

### 3.7 Discussion

We have discussed use of services against the background of people's reported interest in work when they first met their Incapacity Benefit Personal Adviser.

Findings showed the same three broad groupings of people in this third cohort in relation to initial interest in work as identified in earlier reports. A small group of people (in this cohort people all approaching state pension age) did not expect to do any paid work again. In contrast were those already focused on working and taking steps towards this when they went for their first WFI. In the largest group, as in previous cohorts, were people who did not feel able to work at the moment, but saw this as a possibility for some time in the future.

Across all these groups findings from the third cohort showed widespread and often intensive use of NHS health care, including specialist services and clinics, and mental health services. Some people who could afford this had used private medical care or complementary therapies. Findings underlined the key roles played by families and sometimes friends in supporting people with chronic health conditions. Other forms of support and help which were important to some, included particular charities and trusts and church communities.

In terms of services used within the Choices package, there is limited data from the third cohort. Nobody who said they did not expect to work again when they went for their first WFI went on to use any of the Choices services. Some of those already focused on working had already used Job Brokers and various training schemes, available through Jobcentre Plus during previous periods claiming other benefits, and support from Lone Parent Advisers, was valued. Return to Work Credit proved helpful to a small number of people in the third cohort; there was again some evidence of non-take-up among people who had been eligible.

There was one example of completion of a Condition Management Programme and the person concerned felt the gain had been greater understanding of herself. Findings from the third cohort confirmed, however, that initial interest in this programme and agreement to take part does not always mean that people go on to take part. This is an important finding across all cohorts in the panel. Another important finding from the third cohort, confirming what is known from earlier interviews, is that some of those people who are most interested in using services within the Choices package, including the Condition Management Programme, are frustrated when incapacity benefits are withdrawn following a Personal Capability Assessment, and they lose access to such services which might have eased their move to work.

## 4 Reflections on the difference made in people's lives

The longitudinal data collected in this study enables different kinds of analysis. Thus far, we have traced people's experiences and views as they developed throughout their periods of contact with Pathways and with the researchers. Using as a 'baseline' what people said about their circumstances and thoughts about working when they first met an Incapacity Benefit Personal Adviser, we explored changes in views, and developments in health, personal and employment circumstances reported to us at the first and second follow-up interviews.

The two reports from the earlier cohorts both included some analysis based on a different way of using data from the last interview in the series. There, we asked people to reflect on the overall experience of their participation in Pathways. Retrospective views provide a different perspective, looking back over what has happened from their current situation, generally one year or more since their first contact with Pathways. This retrospective perspective proved useful in the previous reports, and this was one of the reasons for redesigning the topic guide for the final research interview in the third cohort. Throughout, discussion was steered to encourage deeper reflection, and to invite people's own views on why they now felt as they did.

The structure of this chapter reflects the three groupings of people according to their reported interest in paid work at the first research interview. For each group in turn we start from people's retrospective overall view of changes in their health, any differences in their thoughts about working, any steps taken towards work, and developments in financial circumstances, looking in particular at any impact of taking part in Pathways. Where appropriate, we relate people's observations to what they said in earlier interviews. Finally, we look at people's overall views, and whether their participation matched initial expectations.

Comparable retrospective data is available only from those who took part in the final interviews in the series. However, some people who took part in only one or two interviews also spoke about the perceived impact of Pathways. We thus add, at the end of each section, anything which such people said about trajectories of health or moves towards work which, at the time, they related to Pathways. This information is useful, but it is important to remember that the views expressed were more contemporaneous with their participation in Pathways than those of people who were looking back over a longer time.

## 4.1 People initially not thinking about working

### 4.1.1 Health

At the end of the panel period, people who said they were not thinking of working again when they were first in touch with an Incapacity Benefit Personal Adviser, had seen their health improve, worsen or remain the same. Improved health was the experience of one person who felt that time and an increasingly active social life had been important in coming to terms with the loss of their partner. Where there had been no change, there was frustration about the demand on NHS services and thus, growing gaps between appointments. People who saw their health worsen linked this to the natural course of the condition, or to the stress involved in having incapacity benefits withdrawn and reinstated with difficulty.

### 4.1.2 Thoughts about working

Only the person whose health improved over the panel period altered their views about work. At the first research interview she had not been thinking of working again and had plans to retire. By the time of the final interview, she sought to boost her pension income by doing occasional jobs for friends and neighbours. This change in thinking was not attributed to the Pilot; there had been no pressure to work and support from her Personal Adviser had mostly concerned her financial arrangements.

Other people who had not been thinking about working talked of how their views had been reinforced by their contact with Jobcentre Plus. They felt more confident in saying that they were not fit to work after speaking to an adviser. The Personal Adviser had agreed that it was unlikely they could return to their previous earning capacity or that they could work again. Poor health remained the most significant barrier to work.

### 4.1.3 Moves towards work

Nobody in this group had used any services in the Choices package, and for those who had only met with their adviser once or twice, memories of what had been suggested had become blurred. None felt that contact with Pathways had any effect on their behaviour, or anything that they did in relation to paid work. The one person who took any steps towards paid work started looking for small part-time jobs that

might bring small earnings to supplement state retirement pension, which was due shortly. As explained in Section 4.1.2, by the time of the final interview, this person had decided to do small scale work at home, to supplement her pension.

#### **4.1.4 Financial developments**

By the end of the panel period, people in this group felt financially more secure than when they were first asked to go and meet a Pathways Adviser. This was usually related to receipt of additional income at age 60 years: small occupational pensions for some of the men and, for one woman, state retirement pension. One man said how relieved he now was by the reinstatement of incapacity benefits after withdrawal for eight months during enquiries and appeal, when he had rent arrears and problem debts. Entitlement to a bus pass at age 60 years was now helpful to one person who wanted to make local journeys.

#### **4.1.5 The overall assessment**

Overall, when those who had not initially been thinking of working looked back on their experience of Pathways, recollections of individual Pathways staff were generally positive. Advisers were remembered as being polite people who did their best to be helpful. Views varied as to whether the contacts had been useful. A person who took part in a series of six Work Focused Interviews (WFIs) valued the contacts. She remembered them in terms of the personal support and interest received and practical help with benefits applications. Now receiving state retirement pension, she expected to call in at Jobcentre Plus to see the same adviser if further benefits advice was needed. A contrasting overall assessment was that being asked to go to Jobcentre Plus to talk about work was an unwanted imposition when a person knew they could not work.

Others who reflected that they knew they could not work when they were asked to go to talk to an adviser, saw some positive outcomes. Finding that an adviser agreed that working was not yet possible made one person feel more comfortable about his position. He now felt less stigmatised by media coverage of fraudulent benefits claimants, perceiving Jobcentre Plus confirmation that his own claim was genuine. Another man reflected that although the adviser agreed that working for an employer again would be unlikely, he had appreciated being listened to and believed.

## **4.2 People already focused on working**

In this third cohort, there is little evidence that people already focused on working felt that taking part in Pathways made any difference for them. This is partly because, as explained in the previous chapter, only half completed the panel interviews and had the opportunity to talk about their reflections with the researchers.

### **4.2.1 Health**

There were different health trajectories amongst people focused on working who completed the panel study. Of the two people who started working again during the study, one felt much better and happier. The other person saw a downturn in health, associated this with the demands of their job and subsequently found a job with fewer hours. Another person experienced no change in the physical effects of her health condition but, through the valuable support from people with the same condition, was beginning to accept the condition and the limitations it placed on her.

### **4.2.2 Thoughts about working**

Among people who remained committed to work, some did change their goals. Thus, for one man it became more important to focus on the work done for an employer and develop a career in this field, rather than build up his own business, which was his original focus. Declining health had forced another person to find a new job of fewer hours and lower pay than he would have liked. Taking part in the Pilot had not influenced views about working. Self-motivation, a desire to develop a career, worsening financial circumstances and support from family kept people in work, sometimes against the advice of doctors.

The person whose health remained the same saw a complete change in her thoughts about working. In being retired by her employer on health grounds and seeing no improvement in symptoms she had gradually come to accept that she could not work.

### **4.2.3 Moves towards work**

When those who had initially been focused on working looked back at the end of the panel, none thought that being in touch with Pathways had influenced steps taken towards work. People said they continued along paths they were already pursuing to get back to previous jobs or find new work. The person who had agreed with the Personal Adviser to attend a training course dismissed this, in retrospect, as generally useless and frustrating. The person who had been helped to claim Return to Work Credit (RTWC) said that this had no influence on his decision making because he had not known about it in advance of finding a job. The important influences on moving towards work were seen to be, in retrospect, people's own determination and wanting to work, the support and help of families and for one person, inadequacy of incapacity benefits income and wanting no contact with Jobcentre Plus.

Reflecting on their current situation in relation to work, these people put emphasis on their health, and whether there had been improvements or control of symptoms. Those who had returned to work also reflected on the suitability of the jobs they had chosen. Building up hours of work gradually seemed, on reflection, a sensible course to a person who had sustained his job and increased his hours. By contrast, returning to pressured work for long hours was perceived as having been over, confident and on reflection, it was not surprising that it had proved too much to continue.

#### **4.2.4 Financial developments**

Those who had initially been focused on work and completed the panel saw their financial situation as more stable, or at least, no worse. People who were currently working felt better off financially than when claiming benefits.

#### **4.2.5 The overall assessment**

Looking back, there were quite different overall views on the Pathways experience among people who had initially been focused on working and had completed the panel. One person felt she became much better informed about services and support generally available, although not needing these at the time. Recollections of advisers as sympathetic, understanding and well informed contrast with views from other people that advisers were unsympathetic and disrespectful, and unable to give specific information required. There is some evidence here, however, as noted in analysis from the earlier cohort, that the retrospective perspective was sometimes expressed in stronger terms than those in more contemporaneous views. People whose recollection of the Pathways experience was entirely negative had sometimes been less critical of WFIs when they were closer to the event.

#### **4.2.6 People who left the panel**

People who did not complete the panel study were expecting improvement in their health, when last in touch with the researchers. This, they hoped, would facilitate, or at least would not obstruct, a return to work. There were some expectations that there would not be a need to claim incapacity benefits for much longer.

People here had been out of work for a few years and had previously alternated between spells of casual or short-term jobs and periods on benefits. Work was perceived as important for self-esteem, providing social interaction and the financial rewards it brought. All were looking for work and some had more closely defined plans regarding the work they were pursuing. We do not know if they achieved their work goals.

At the last contact with researchers, no one here who had said they were focused on working was using services from the Choices package.

### **4.3 People who initially saw work as a possibility for the future**

People who initially saw work as a possibility for the future and completed the panel interviews, looked back on developments during the year.

#### **4.3.1 Health**

In tracing the development of health over the year there were a number of patterns. Some people had seen no change in health. Others perceived improvements or deterioration.

Improvements in general health were noted by people whose problems had completely subsided, those whose conditions had followed an expected trajectory towards the easing of symptoms, and those who had made gains in mobility or confidence. Making small steps to combat depression was linked, by one person, to regular meetings with a Condition Management Programme therapist and having the opportunity to talk and receive advice. Other significant influences on improvements to health were working and feeling useful to society again, contact with voluntary sector services, and accessing healthcare such as operations and physiotherapy.

Some people, however, talked of how their health had worsened during the year. This had been expected by people who had been told their condition would deteriorate over time. Some access to healthcare to ease pain or aid mobility had been made. Worsening health was also the experience of people who were diagnosed with additional limiting health problems, or suffered a further episode of a previous illness. Some people were waiting for full diagnosis and treatment.

#### **4.3.2 Thoughts about working**

In retrospect, some of those who had initially thought work was a possibility in the future reflected on how their views had changed. These people perceived changes in their views as they became more focused on work, or when their hopes to work again subsided.

People who felt they became more focused on work during the panel period had also moved into work. People who returned to work had had definite plans and job goals and had been able to act on them when they felt well enough. Improvements in health were therefore significant, as was knowing what to do to find work without assistance. There was also evidence of the Pilot contributing to changes in people's thinking. Meeting with an adviser and Job Broker and learning about effective ways of finding work had perhaps, said one person, helped them to feel ready to try work sooner than they might otherwise have done. Having tried work had provided experience and encouragement to find more suitable work as soon as possible.

Some people who recognised that their views about work had changed, now felt that they could not work again. A small number had been retired on health grounds by their employer and they described this as the critical blow to their hopes regarding work. There were some feelings that returning to a similar job might have been possible if support to meet with employers had been provided. For others, the failure of particular ideas and plans for work to come to fruition, deteriorating health, a gradual acceptance of health conditions and their impacts on capacity to work, or a combination of these factors meant that they no longer expected to return to work. People in this situation spoke of little contact with Jobcentre Plus.

People who perceived no change in their thoughts about work when they looked back, still had hopes to work in the future when health problems had receded or

stabilised. Ideas and plans about work were sometimes vague because health and family responsibilities took priority.

### **4.3.3 Moves towards work**

Looking back, most of the impacts on behaviour which people in this group attributed to the influence of Incapacity Benefit Personal Advisers were the steps they took in getting in touch with Job Brokers or the Condition Management Programme. People who did not know of such services, or had not thought of trying them said that these contacts were unlikely to have happened at the time without suggestions from Jobcentre Plus staff. We have already reported on people's mixed experiences of using these services in Chapter 3.

One person who had initially thought work was a possibility for the future felt, looking back, that Pathways had considerable impact on steps taken towards work. Writing a CV, looking for jobs and making applications were all new experiences, and the support and advice of the adviser and Job Broker service had been influential throughout.

Otherwise, in terms of actually getting jobs, people reflected that their contacts with Pathways had no impact on their behaviour. Those who returned to work either said they found jobs themselves when they felt ready, or had practical help from Lone Parent Advisers when they were claiming Income Support.

### **4.3.4 Financial developments**

When people who had initially thought work was a possibility for the future looked back on the past year those who moved into work all felt better off financially while they were working. For others, financial improvements had come with reinstatements of incapacity benefits after appeal, receipt of occupational pensions from previous employers, reaching state pension age, or when a partner started to receive earnings. For one person, whose deteriorating health meant a need to move to more suitable accommodation, the financial situation was worsening after long-term reliance on incapacity benefits.

### **4.3.5 The overall assessment**

As described already, when they looked back on their experience in Pathways, people's overall assessments often centred around recollections of individual members of staff they had dealt with, within Jobcentre Plus, Job Broker services or the Condition Management Programme. Staff perceived as pleasant, friendly, helpful and non-judgemental made a lasting impression.

People who, looking back, appreciated being given new information said it was good to be told about services, and to know they were there, even when they had not used them. But there was also a view that it was a waste of time and energy on both sides if people who were not ready for work were called in for interviews. One person who felt he was asked to attend too early, while his medical condition was

being investigated, was critical of having to keep attending interviews which just confirmed that he could not work. When he did start feeling better, and might have benefited more from talking about services, contacts with the Personal Adviser had ended.

For some people, problems with access in Jobcentre Plus retained a high profile in their overall assessment. Struggling up stairs and being told too late that the building had a lift, or problems moving around furniture and screens in a large, public service area were still clear memories. On the other hand, some people emphasised what a relief it had been to find there was a lift, and that they did not have to wait when they went for their appointment. These findings underline, again, the importance of accessibility and environment in people's experience.

As reported already, a bad experience of claiming benefits, for example withdrawal of incapacity benefits and loss of appeal, remained the most salient issue for some people when they looked back on their dealings with Jobcentre Plus. Similarly, people who had only one interview with an Incapacity Benefit Personal Adviser but more experience of help from other Jobcentre Plus staff found it hard to think of Pathways as a separate component.

### **4.3.6 People who left the panel**

There were people who said they were thinking of work as a possibility for the future among those who did not complete the three research interviews. At the time of the last contact with researchers, there was a mix of health trajectories, with some people expecting improvements, some knowing about hospital appointments for treatment, and some thinking that they would continue to be affected by health problems.

No one in this sub-group was in work when researchers last spoke to them. One person still had a contract of employment and intended to return to this job after their health stabilised.

## **4.4 Discussion**

This chapter has focused on panel participants' retrospective reflections on the months since they first became involved in Pathways to Work. They talked about perceived changes or developments over this time in health, thoughts about work, steps taken towards work, finances and overall impressions of Pathways. The focus has been on participants who completed all three panel interviews, but what was last known of the circumstances of those who did not complete the study has also been reported.

Across the overall panel, people's perceptions of their health were important influences on whether they felt their views about working changed during the panel period. Looking back, those who started work or made steps towards work related this to improvements in their health. By contrast, people who said they were no

longer thinking of working, although initially they had been focused on work or saw it as a future possibility, often related this to worsening health. People who had moved into work and then faced deterioration in their condition reflected on how this had changed their job goals, influencing them in looking for new jobs with reduced hours. Being formally retired on health grounds by employers put an end to thinking about work. Among older people, getting even closer to state retirement pension age generally led to reduced interest in working.

Those people who saw themselves as having become more interested in working during the panel period or having started to take new steps towards working, related such changes in their views or behaviour to being strongly self-motivated; having support from families, feeling financial pressures building up, or having found suitable jobs. Few people in this panel, on looking back, felt that it had been taking part in Pathways that had made a difference in their views about working or their behaviour in this respect. The small group of people who did see taking part in Pathways as having made a positive impact on their health, or their thoughts about and steps towards work, were all people who initially were thinking of work as something possible for the future, and had made some use of the Condition Management programme or Job Brokers.

Reflecting back, a year after contact with Pathways began, people were invited to give their overall assessment of the Pilot. As before, some people's views seemed stronger when looking back compared with those given closer to the event. People who retained generally positive views of their involvement with Pathways often spoke of their Personal Advisers' approach and interest, and there was widespread appreciation of having become more informed about available services and help. People whose perspective was generally negative were those who still felt that the interviews were an unwanted imposition when they were not ready for work or not thinking of working again. Aspects of access in the Jobcentre Plus environment remained a high profile issue for some people, and problems with incapacity benefits remained at the top of some people's minds when they thought back to their involvement with Pathways.



## 5 Discussion and conclusions

This report concludes the presentation of findings from a longitudinal qualitative study of the views and experiences of people who have taken part in the Pathways to Work Pilot, introduced in October 2003 as part of the reform of incapacity benefits. The overall study has comprised semi-structured interviews with 105 people who made a claim for incapacity benefits in the seven areas in which the Pilot was introduced. People were recruited in three cohorts, and the aim was to contact each person three times over a period of around nine months.

Findings from the first two cohorts of recruits have been published already. In reporting findings from the third cohort, we have sought to build on and enhance the picture that emerged from the detailed descriptive material in the earlier reports. The overall structures of the three reports are broadly similar, to be helpful to readers who want to trace particular topics or groups of research participants as the research developed.

This report both presents key findings from the third cohort, and draws together what has been learned overall from the complete longitudinal study.

In reporting findings from the third cohort we have tried not to replicate details already presented in earlier stages, but made it clear where previous findings have been confirmed. We have drawn attention to any key differences, or any new findings or additional perspectives which will increase understanding. The discussions at the end of each of the preceding chapters in this report summarise the main findings from the third cohort.

In this final chapter we draw together the main conclusions from all three cohorts in the overall panel study and discuss policy implications. The chapter begins with some preliminary observations about recruitment to the panel, and some of the characteristics of those who took part.

## 5.1 Panel participants

Across the panel, and within each separate cohort, people recruited to take part met the target ranges in terms of the most frequently reported types of conditions among incapacity benefits recipients generally, according to the primary conditions recorded on the Department for Work and Pensions (DWP's) database. These conditions are also the main conditions targeted by the Condition Management Programme. People recruited to the panel thus included broadly similar numbers of people recorded with mental health conditions, musculoskeletal and cardiovascular conditions, and a smaller group of people recorded with other conditions, including diabetes, epilepsy, cancer, sensory impairments and problems related to drugs and alcohol.

It was common, however, for people to describe more than one kind of condition which affected their daily activities and for which they received treatment within the NHS. It was not uncommon for people to attend more than one specialist clinic, and to take regularly several different kinds of medication. Continuous or intermittent pain was a common aspect of the lives of many people taking part. Also widespread was use of medication for pain control or relief of symptoms of depression and anxiety, and people who regularly used such medication explained how this had further impact on their lives, in affecting their memory or concentration, or causing them to sleep during parts of the day. Some of the impact of chronic ill-health was evident to the researchers in their visits to people at home when they observed problems in moving about; the need to stand up or walk round during the research interview; reliance on home adaptations; portable oxygen provision; lapses in memory; visible symptoms of mental illness, and reliance on support from family members.

Some research participants initially talked about looking forward to eventual recovery from their current condition. Included here were younger people who had experienced injury or accident, people recovering from operations and people who hoped their depression would lift. The longitudinal element of the study provided evidence that some people certainly did go on to see a big improvement in their health within the year following their first contact with Pathways. There was also evidence, however, that many incapacity benefits recipients have chronic and deteriorating conditions, sometimes related to ageing. Many people in the panel were facing the likelihood of continuing constraint on daily activities related to chronic pain, loss of mobility, poor memory and concentration, or incontinence.

People's different trajectories of recovery of health, deterioration, or chronic unchanging conditions, and their different hopes and expectations of such trajectories are key to understanding experience of, and response to, Pathways interventions. There was no doubt that many people in this panel of incapacity benefits recipients faced particular disadvantages and problems in thinking about and making progress towards work.

Health trajectories may be a contributory strand in the extent to which people initially recruited to the panel dropped out at follow-up stages in the research. Of 105 people initially recruited, 70 stayed with the panel and took part in three research interviews over nine or ten months. Most of the attrition in the panel was due to problems in re-contacting people and failure to keep appointments for interviews. Attrition occurred across all four of the primary health conditions by which people were originally sampled, but was higher among people in older age groups. We can only speculate about the reasons for non-contact. It seems possible that some people whose health deteriorated or did not change may have been too unwell to talk to the researcher who tried to make contact again, or may not have wanted to discuss further worsening or disappointing circumstances. On the other hand, some people who made relatively swift recovery from their condition and went back to work early during the panel period, may have seen no point in spending further time talking to a researcher about past events, or were hard to contact because they were busy. In the third cohort, only half those initially interested in working went on to complete the series of research interviews, which may have an impact on findings. That said, the overall level of attrition in the panel was within what might be expected from what we know about similar kinds of research (Corden *et al.*, 2004) and we have confidence in the general findings.

## 5.2 Conclusions and policy implications

The rest of this chapter discusses the main findings and points to policy implications, under a number of headings:

- perceptions of the Pathways regime;
- participation in Work Focused Interviews (WFIs);
- information and advice from advisers;
- use of services within the Choices package;
- the difference made;
- gaps in provision.

### 5.2.1 Perceptions of the Pathways regime

There was evidence of general support for the idea that it is reasonable for Jobcentre Plus to enquire into the circumstances of people receiving incapacity benefits, and to offer support and advice when this is appropriate. The interest and offer of help was welcome when it was timely and relevant, and in such circumstances people felt supported and interested in new information. People who were not ready to think about moving towards work often appreciated knowing that support would be available in the future. Those who resented being contacted and remained hostile to the idea of discussing their situation with Personal Advisers were mainly older people in general poor health, who saw no possibility of paid work before reaching state pension age, and whose health condition did not improve, at least over the following year.

Against this background of general support for the underlying principles of Pathways was widespread emphasis of the importance of the intervention coming at the right time, and the information and suggestions offered suiting the circumstances of individual people. Confidence that the adviser understood the effects of health conditions and personal circumstances in relation to working, encouraged compliance with attending interviews and contributed to positive experiences and memories of meetings at Jobcentre Plus. Retention of positive impressions of staff who make reasonable decisions has long term implications for people who are not ready to think about work when they first meet an adviser but whose circumstances change, sometimes after deferral or waiving of WFIs. There was some evidence of people re-contacting their adviser at a later stage, or thinking about doing so, to talk again about their options and to access support.

Understanding the effects of a range of different conditions so that the kind of information and support offered is perceived as timely and useful by individual incapacity benefits recipients, requires considerable skill and training among Personal Advisers. This will have resource implications for extending Pathways and similar programmes within the overall reform of incapacity benefits.

### **5.2.2 Taking part in Work Focused Interviews**

The first interview with the Personal Adviser was important in clarifying the purpose of the meetings, establishing trust and rapport and reducing anxieties. The adviser's personal approach was critical here. The evidence was that staff currently working in this role have been trained and equipped to conduct these new types of interviews so that incapacity benefits recipients generally felt valued and listened to, without negative judgements being made. Some people felt reassured that they were not being rushed into paid work. As discussed in the preceding paragraph, there are resource implications for Jobcentre Plus in extending and maintaining this high level of specialist training and expertise.

The Pathways Pilot tests the model of a series of six, regular WFIs. Evidence from the panel study suggests that whilst some people can value a series of regular contacts, the general consensus is that a series of interviews can become repetitive and unnecessary when not immediately focused on work and circumstances do not change.

Experience of, and interest in, what was discussed during interviews was highly variable, depending on people's different circumstances. While some responded to new information with interest, and felt supported and helped, people who felt they learned nothing new and were too ill to work felt a sense of resignation and sometimes annoyance if they were required to return for further interviews. In separate research (Knight *et al.*, 2005: 48), Personal Advisers said that when people made no progress between interviews they sometimes held shorter interviews or used the telephone to catch up.

Knowing that failing to turn up for interviews might jeopardise their benefits was influential in maintaining compliance, particularly among people who saw no personal advantage in the meetings. In developing and extending Pathways, one issue which policy makers may want to reconsider is which elements of participation should be mandatory. People believed that there could be penalties in terms of loss of benefits if they did not attend interviews, having read this on letters from the Department, and sometimes being reminded by telephone after cancelling appointments. Some said they went on to get in touch with service providers such as Job Brokers mainly because they wanted to be seen to be cooperating. There was little evidence from this panel study of increasing interest in, or movement towards, work among people initially not interested in working and whose compliance with attending a series of interviews was driven mainly by fear of losing benefits. Nobody who completed the panel interviews experienced reduction of benefits because of non-compliance.

A further issue for policy makers to consider is whether more attention might be paid to the way in which contacts with Pathways are perceived by participants to come to an end. Where people were uncertain about how or when contact with advisers might resume after cancellations or deferments of appointments, there was evidence that many people were unlikely to take initiatives themselves towards renewing contacts. A few people got back in touch with requests for information when their circumstances changed, but this sometimes just did not occur to people, who then missed out on entitlements to in-work financial support or help in getting through problems arising in work. There are, again, resource implications for increasing the amount of follow-up telephone enquiries by advisers, but the evidence suggests that this could strengthen the programme.

A related issue is what happens to Pathways participants when incapacity benefits are withdrawn following a Personal Capability Assessment. Experience of support being 'cut off' when meetings with a Personal Adviser or opportunities to take part in the Condition Management Programme ended in this way was a negative experience for some people. Some who started to look for work at that stage suggested that it was just at that time that continued contact with the same trusted Incapacity Benefit Adviser or participation in the Condition Management Programme would have been beneficial in building confidence as they looked for work or might have helped them sustain work. On the other hand, people who go straight on to appeal and regain their benefit may lose ground in thinking about work or taking some steps because of the interruption in support. The evidence from the panel was that people who appeal successfully often do not themselves take initiatives in getting back in touch with their Incapacity Benefit Personal Advisers or services within the Choices package, although they regret the break in contact. We know from Personal Advisers in separate research (Knight *et al.*, 2005, 95) that they were also frustrated when people lost eligibility for help and support through Pathways when they were disallowed benefit following a medical examination.

A final aspect of participation in WFIs is that the panel findings reinforce our knowledge of the importance for people with impairments or health conditions of practicalities involved in visiting Jobcentre Plus. Being able to move round the office floor; meetings that started on time; appropriate and comfortable seating; visible and accessible lifts and toilets; car parking spaces close to public entrances, and not having to wait alongside other people were key elements that some people looked for. The privacy of discussions with advisers was also important and people could feel inhibited when interviews held in open plan offices did not feel private. In looking back, nearly a year later, it was these issues that remained clear in the minds of some of those people who had only taken part in one interview, and these issues that were likely to be influential if they considered returning to Jobcentre Plus for further advice or support.

### **5.2.3 Information and advice from Incapacity Benefit Personal Advisers**

The information sought and given in the interviews was variable, and there was some evidence that information and advice was being tailored by Personal Advisers to suit the circumstances and their perceptions of people's needs. In separate research (Knight *et al.*, 2005: 44-45), Personal Advisers explained that a focus on work was not felt to be appropriate for all people in their first interview. There is a fine balance between giving information that is timely and relevant, and giving information that may be useful sometime in the future. Similarly, balance must be struck between guiding people in what might be appropriate and enabling them to assess what is best for themselves. It seems unlikely that 'best practice' here can be codified; much depends on the Personal Advisers' skills in assessing individual situations and responding appropriately.

Similarly, deciding how much detail to tell people about services available so that they are best informed to make decisions, may require careful assessment of individual circumstances and needs. Findings showed that it can be particularly hard to enable people to understand, in advance, the processes and approaches involved in some services, particularly the Condition Management Programme. We might expect some gradual increase in understanding of such processes among the general population if there is to be further development in similar programmes within NHS mental health services, as is being discussed (Centre for Economic Performance, 2006).

The evidence was, however, that people did understand and remember basic information about financial aspects of different ways of working when this was explained by advisers. Such information giving can be reinforced by showing people print-outs of better-off calculations, and showing people on the computer screen what happens with change in earnings or hours of work. Those people who did return to Personal Advisers for further information after their WFIs had apparently ended generally sought more information about financial issues. Practical help with applications for Return to Work Credit (RTWC) or Working Tax Credits (WTC) was much appreciated. It might be argued that such technical assistance could be given

by other staff within Jobcentre Plus, and that this was not a good use of Personal Advisers' time. On the other hand, it was knowing that a particular Personal Adviser would be interested, knowledgeable about personal circumstances and able to help that drew people back to access this support.

For people who were not yet ready to think about in-work financial support, it was securing a sustainable financial situation when in poor health and not working that was often more important. When people felt they got good advice about benefits from their Personal Adviser, this helped to build trust and readiness to seek more general support. People were frustrated when the advice needed had not been available at Jobcentre Plus, for example advice about housing benefits or Disability Living Allowance. There may be a need to review the availability of general benefits advice alongside information about in-work financial help.

#### **5.2.4 Use of services within the Choices package**

Separate analysis of the Department's administrative data (Blyth, 2006) shows that, generally, around 20 per cent of people who take part in an initial WFI go on to take up services in the Choices package. It was not surprising, therefore, that across the overall panel there was somewhat limited experience of using services within the Choices package. The separate studies of the Condition Management Programme, RTWC and In-work support provide more detailed information here.

What can be said with confidence is as follows: People who said they did not expect to work again when they went to their first WFI generally did not go on to use any of the services in the Choices package within the panel period. It was very unusual for anybody who was initially not thinking of working to be interested enough in services such as Job brokers, Condition Management Programme, or training or work preparation programmes to go on to try one.

Those who used services were people who were already focused on working when they went to their first interview with an Incapacity Benefits Personal Adviser and people who saw some possibility of working in the future. Some were put in touch with Job Brokers, or went to see Condition Management Programme practitioners, and some subsequently took up offers of financial help to move to work. Interest in Job Brokers or training programmes was often influenced by previous experiences of similar services when claiming other benefits. (It is important to remember that although people recruited to the panel had recently made a new claim for incapacity benefits, this was often not the first claim they had made and some had considerable experience of receiving personal advice and support from other Jobcentre Plus staff when they claimed benefits for lone parents or people seeking work.)

Despite considerable interest in the Condition Management Programme among people who saw work as a possibility for the future, few people actually went on to keep appointments, or get further than an initial assessment. It was clear, across the panel, that contacts between incapacity benefits recipients and the Condition Management Programme can be fragile. Contributory factors include lack of

understanding of the aims of the programme, interruptions due to ill-health or family circumstances, the expense and inconvenience of journeys involved, finding the process unfamiliar and sometimes uncomfortable, and not wanting to join group sessions. In separate research (Barnes and Hudson, 2006b) Condition Management Programme practitioners acknowledged that people might find it hard to engage with group work, especially those who had not worked for many years. In the same study, practitioners said that failure to attend their interviews and sessions was one of the main problems in delivering the service. There is strong evidence from this panel that more proactive approaches may be necessary to encourage people to take up opportunities to take part, keep the appointments and continue attending sessions. It may be insufficient for the Department to provide information about, and access to, a programme without at the same time ensuring that people are supported through the process of learning more about themselves and their behaviour. The issue for policy makers is how such support may be provided and resourced.

Being able to afford to move into work financially was important to some people, especially those with children and those with no other source of income apart from their own benefits or earnings. Some people found the financial support available from RTWC and WTC helpful. There was also evidence of non-take-up of RTWC. Findings confirmed what is well-known from previous research that for some people, financial issues were not the main motivations for wanting to do paid work.

### **5.2.5 The difference made**

In retrospect, looking back over the year since their initial contact with Pathways, the most important influence for many, in how they felt about working, was their perception of health. Those who started taking steps towards work or got jobs during the panel period did so after perceived improvements in their health. Those who felt their condition had deteriorated were often less focused on working or thought this was now less likely in the future. Experiencing formal medical retirement from a job was also likely to reduce further interest in work. Among people in older age groups, getting even nearer to state pension age also reduced motivation to do further work.

Those people who looked back on steps they had taken towards or into work or said they were now more interested in working ascribed this to being strongly self-motivated; having support from family; needing earnings or having found suitable jobs. Few people in this panel felt that it had been taking part in Pathways that had made a positive difference in their views about work or their behaviour in relation to work. The small group of people who did attribute some influence to Pathways were all people who had initially been thinking of work as something possible for the future, and had made some use of the Condition Management Programme or Job Brokers. Numbers of people here are very small, however, and we cannot draw conclusions about ways in which Pathways was perceived to make a difference.

It is important to remind readers here of the difference between experience of satisfaction with a service, and perception that it makes any difference. There was certainly evidence of elements of satisfaction with what had been offered. Some people appreciated the interest shown; felt valued and respected; perceived their advisers as skilled and understanding people; were glad to have information about services and pleased to hear what services might be available should they need them. People who were not pleased to be called for an interview were prepared to take part, often recognising that it was reasonable for the Department to enquire about their circumstances, and also not wanting to risk penalties. Feelings of satisfaction with a service or resignation with taking part may be quite distinct from perception of any impact, although they may be strong influences on people's readiness to use the service again.

### **5.2.6 Gaps and suggested improvements**

In reflecting on their experience of Pathways, some people shared views on what they needed to help them and suggested ways in which the provision of support could be enhanced.

Amongst ideas were kinds of support that are currently outside the scope of Pathways provision. Included here were improved access to housing and the provision of domestic help.

There were also suggestions for improvements that might be helpful in considering how Pathways is developed for national implementation. From across the whole panel, needs have been identified for:

- debt management advice;
- drug and alcohol rehabilitation services;
- bereavement support;
- improvements to the environment within Jobcentre Plus offices;
- general benefits advice, to take account of other needs and which might include entitlement to housing benefits and Disability Living Allowance.

The longitudinal panel study has enabled an in-depth exploration of circumstances, experiences and views of 105 incapacity benefits recipients who came into contact with Pathways to Work in the seven Pilot areas. By keeping in touch with participants for a period of nine months, we have been able to trace developments and changes in people's lives and gain insights into the impact of Pathways provision. Findings will inform the further development of the Pathways programme.



# Appendix A

## Client Panel Study, Cohort Three: research methods

### A.1 Recruiting the panel

The third panel cohort comprised 28 people in receipt of incapacity benefits from the four second wave Pilot districts. Recruitment followed largely the same process as for the first and second cohorts (Corden *et al.*, 2005; Corden and Nice, 2006).

Firstly, an extract from the Department for Work and Pensions (DWP) screening tool database was used to recruit 42 people from each area who were receiving incapacity benefits, had not been screened out and who had had their first Work Focused Interview at least a month previously. Again, purposive sampling was used to obtain diversity across the selection. The sampling criteria included sex, age, main health condition and occupation. As before, the aim was to reflect the population of incapacity benefits recipients by recruiting more people from the middle age range of 30-49 years and to focus on the three main kinds of health conditions identified by DWP. Contact details could not be found for three people selected in Essex, which, therefore, reduced the sample to 39 people in that area.

A letter from an officer at the Department was then sent in February 2005 to the 165 selected people. The letter (see Appendix C) was unchanged from that used in the two previous cohorts, and again asked recipients to reply within two weeks using a prepared reply slip and prepaid envelope if they did not want to take part in the study.

Thirty-four people chose not to take part at this stage, with some of their opt-out slips arriving after the two-week deadline. The sample frame was further reduced when people were unknown at the address listed. One person decided to opt-in to the study at this point by telephoning the contact numbers given in the letter. At a later stage, interview appointments were made and kept with this person.

After the deadline for the opt-out period, potential panel members were selected according to the sampling criteria and contact was attempted by a researcher by telephone. Seven panel members were sought from each district.

The target number of participants was met in all areas (see Table A.1) but recruitment proved challenging at times. Contact details were not always accurate, there were some refusals and one person did not keep the appointment. In general, recruiting people from the lowest age range of 18 to 29 proved particularly challenging. As in the previous two cohorts, some younger clients, in particular, did not return messages or answer their mobile phones. Disconnected and switched off phones and inaccurate contact details were a common barrier to making contact. Reasons for declining to take part included no longer being in receipt of incapacity benefits or in touch with Jobcentre Plus; not having received the initial letter; and the intervention of family members.

When phone numbers were not available in the Department's database 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 prepaid envelope provided. None of the panel members were recruited in this way this time.

**Table A.1 Recruitment**

	<b>Gateshead</b>	<b>East Lancashire</b>	<b>Somerset</b>	<b>Essex</b>
Invitation letters sent	42	42	42	39
Opt-out through reply slip	8	8	11	7
Telephone contact made	10	11	8	7
Declined to take part	2	4	1	0
First interviews achieved	7	7	7	7

When researchers made contact by phone with potential participants they explained the study further, answered any questions and asked people to participate in the series of three interviews. Appointments for the initial face-to-face interview were arranged 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 C).

People who were not contacted by phone during the recruitment process were mailed a letter explaining that the research had been completed.

## A.2 Panel participation and attrition

The 28 initial face-to-face interviews were conducted in March and April 2005. They were followed by telephone interviews three to four months later in June to August 2005 and the panel was completed in a second wave of telephone interviews after a further six to seven months in January to February 2006.

As occurred in the previous cohorts and in other similar previous longitudinal research (Corden *et al.*, 2005; Corden and Nice, 2006), a level of attrition in the composition of the panel was encountered. Table A.2 shows how people were lost over the course of the three interviews. Eight of the 28 people who participated in the initial interview did not take part in the second interview. No further interviews were conducted with seven of these eight people, but one person joined the panel again for the final interview. A further three people did not take part in the final interview. Eighteen people were therefore followed for nine or more months.

Reasons for attrition from the panel were as follows. At the follow-up stages two people opted out saying they were no longer interested in taking part or no longer had time because they had returned to work. Most of the rest of the attrition was due to failure to make contact again. The researchers were systematic and persistent in attempting to re-contact panel members. When attempts to re-establish contact by telephone were unsuccessful the researchers sent letters, but these did not draw response. Follow-up interviews were not achieved with people who were re-contacted but failed repeatedly to keep appointments, or when the researcher had to cancel the appointment and tried to rebook it.

Attrition was higher amongst the middle age range, particularly people in their 40s. Those lost throughout the panel included people in all four of the primary health condition categories by which they were originally sampled. Half of those listed by the DWP database as having mental health conditions dropped out.

**Table A.2 Panel participation and attrition**

	Panel members per district			
	Gateshead	East Lancashire	Somerset	Essex
First interview	7	7	7	7
Second interview (after three months)	4	6	5	5
Third interview (after another six months)	4	6	5	3

## A.3 Conducting the research interviews

### A.3.1 Initial interviews

As in the two earlier cohorts, 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 (WFI) regime and any subsequent Pilot services or schemes of support. The topic guide of themes and suggested questions was the same as had been used in the second cohort. The guide enabled researchers

to be responsive in spending time exploring the issues and views salient to the participant. The topic guide used is at Appendix C.

Most interviews took place at the date and time that had been arranged. The appointment made with one person was rearranged when the researcher arrived and it was not felt to be a convenient time. The interview took place the next day.

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 in the months ahead. The confidential nature of the interview was also explained and people were told that they could withdraw from the research at any time. As before, people were asked to sign a consent form, which can be found in Appendix C. In general, the interviews lasted between 60 and 90 minutes and all gave their consent to be tape-recorded. On a small number of occasions when tape recorders failed mid-interview, but this was not discovered at the time, the researcher made notes as soon as possible afterwards. Participants received £20 as a token of thanks.

Respondents invited family members to contribute to interviews on occasions, because partners or family members had supported people during contacts with Jobcentre Plus or were needed to help during the research interviews.

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 were then made.

Tape recordings were transcribed for analysis.

### **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;
- in their thoughts about work and expectations for the future;
- in their 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 views on current and future needs were also explored.

Researchers prepared for the interview by reviewing the data extracted from the initial interview, to ensure discussion was guided by the respondent's own experiences.

Typically, contact was re-established with panel members by telephone during June to August, when a date and time for the interview was arranged. As discussed above, contact was not achieved with eight panel members and proved difficult with others, for example where they were away from home for extended periods, where they had acquired new telephone and mobile phone numbers, and where they shared their mobile phone with other family members. A letter sent to one such person drew a response from them by telephone. Hearing problems associated with using mobile phones meant one man arranged to use landline telephones belonging to family members or his workplace for the two follow-up interviews.

The interviews, generally, were shorter than the initial face-to-face interviews. Permission to tape-record the interview was again sought and obtained from most. There were two situations in which the interview took place at an unscheduled time when tape-recording equipment was not in place. (With the participant's agreement, notes were taken and dictated immediately.)

At the end of the interview, all remaining panel members were asked for permission to be re-contacted for the final telephone interview, to take place six months later in December to January. Their agreement to participate was again obtained.

### **A.3.3 Final follow-up telephone interviews**

In this cohort, a new approach was taken in the final interview. In planning the content of the final follow-up interviews the research team and research managers met to discuss what would be the most useful approach at this stage and to review the topic guides used in earlier cohorts. One advantage of the longitudinal approach is that the researchers can develop their methods and techniques in the light of their experience, during the course of the panel.

There were a number of relevant issues. It seemed likely that there would again be a relatively high level of overall attrition in the third cohort, so it was important not to lose any opportunities for collecting the most useful data. It appeared that some participants might, again, have little to report in terms of use of services. So relying again on a topic guide designed with particular focus on use of services might not be the most useful way of developing the discussion.

In addition, the researchers who had extracted the data and conducted the analysis throughout the panel thus far, felt there was some evidence of fatigue among both participants and interviewers by the time of the third interview in the series. They felt that richer data about people's overall experience of taking part in Pathways, as they reflected back over what had happened, might be generated by inviting discussion on this topic at the beginning of the interview, rather than at the end. For the interviewers, the stimulation of refocusing the interview and using a new topic guide might be helpful in maintaining quality in data collection.

The topic guide for the final follow-up in the third cohort was thus redesigned as follows. In the previous two cohorts, participants were primarily asked to provide an update on their experiences and views and a short time at the end of the interview was given to reflecting on their overall contact with Jobcentre Plus regarding the Pathways Pilot. This time, the focus of the final interviews, and the majority of the interview time, was on this reflecting back on their entire involvement with Pathways. It was of course still important to capture the latest of individual's 'stories' and systematically collect data about contact with Jobcentre Plus and participation in services and support offered in the last six months. Thus, researchers were instructed to pursue any new experiential data as it emerged throughout the reflective discussion and to prompt discussion about particular personnel and services clients were known to be or planned to be involved with. Careful preparation before the interview was therefore important. To assist researchers, a proforma was devised as a framework for summarising data collected in previous research interviews, which could then be used to prompt discussion throughout the final interview. The proforma was not intended as an instrument for later data extraction or analysis, but for researchers' own use. The remodelled topic guide is attached.

The final telephone interviews took place during January and February 2006.

In general, interviews lasted longer than the first follow-up interview, with most taking between 20 and 45 minutes. Permission to tape-record or to take notes was again obtained. A final gift of £20 was sent to the participating panel members after the final interview.

During the first and final follow-up stages some researchers encountered technical problems with new digital audio recording equipment. In such circumstances, key information was retrieved from recordings by interviewers and charted directly, without transcription.

## A.4 Data analysis

The data was analysed systematically and transparently, building on the **Framework** method originally developed by the National Centre for Social Research, so that displaying 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: For data from the initial interviews in the series the same thematic framework was used as in the earlier cohorts. This had been 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.

For the first follow-up telephone interviews, the same adapted thematic framework was used as in the earlier cohorts. To summarise, the main headings for classification and summary of data remained largely the same as for the initial interview data with some expansion with one additional chart to display the respondents' own summaries and reflections on changes in their personal circumstances, health and work situation; perceptions of progress and match with expectations; and current and future need for support, the helpfulness or otherwise of the key Pilot elements, and other services received, and suggestions for programme improvements.

For data from the final follow-up interviews, the framework was further expanded with an additional chart to take account of the different focus of enquiry. The main headings here were concerned with the overall impact of Jobcentre Plus on circumstances and behaviour, and on thoughts and views; the match with previous expectations; positive and negative elements of experience of Pathways; other influences on thoughts and action in relation to work and support needed; and overall views on taking part in the research.

As before, the accounts of all respondents were explored within the common thematic framework, with in-case and between-case analysis at different points in time. Analysis of the longitudinal data sets was conducted, exploring participants' experiences of and views about the WFI 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 'baselines' for situating data against which comparisons might be made. As in the first two cohorts, one such baseline for purposes of analysis was the point of application for incapacity benefits, and another was the first face-to-face contact with the Pilot such as the first WFI.

In this way the analysts searched for understanding of the different ways in which the Pathways 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. As hoped, the change in focus of the final follow-up interview did lead to rich and informative data from participants' retrospective reflections.

Two 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 15 women were recruited to this third cohort of the overall panel. Of these, nine men and eight women stayed with the panel and took part in three interviews. Three men and four women took part in the first interview only; two women and one man the first two interviews only, and one woman the initial interview and the final interview nine months later.

As in the selection of the previous cohorts of the panel, the aim was to give greater emphasis to the middle age range, 30-49 years, to reflect the age range of people making claims for Incapacity Benefit and entering the Pilot. Table A.3 shows the ages of recruits to the third cohort of the panel.

**Table A.3 Age and sex of panel recruits, at first research interview**

Ages	Men	Women
18-29 years	-	5
30-49 years	7	6
50 years and older	6	4

Those who left the panel included both men and women, but everybody aged 50 or more completed the series of three research interviews.

The third cohort included people from a range of family types and households. As in earlier cohorts, there were single people and people with domestic partners, both with and without dependent children and adult children who still lived at home. The ages of dependent children of panel members ranged from one year to the late teens. The largest family had six children. People who lived with their own parents were mainly in the youngest age group. As in earlier cohorts, among those who stayed with the panel there was generally little change in their family and household circumstances during the period of research. Changes which did take place included transitions from school or college of older children, towards further education or paid jobs.

All tenure groups were represented. Owner-occupiers included people with outstanding mortgages and others, mainly older people, whose mortgages were paid up. Other tenures included the private rented sector, and local authority and housing association rented sectors, and one person lived in a house belonging to a relative. 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. There were very few changes in accommodation during the panel period. One person moved from his parents' home to share a house with a friend, and one person moved with her family to temporary accommodation so that building work could be done on their home.

People recruited to the third cohort included one representative of a minority ethnic group.

### A.5.2 Health

In all three cohorts of the panel, one criterion used for purposive selection of panel members was their health condition, recorded as the primary condition on the DWP's database of incapacity benefits recipients. The aim was to achieve a roughly equal number of people with mental health, musculoskeletal and cardiovascular conditions because these are the most frequently reported types of conditions among incapacity benefits recipients generally, and the main conditions targeted by the Condition Management Programme. The aim was also to achieve a smaller group of people with other conditions.

As found in the first panel cohort, the way in which people described 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. Table A.4 shows the way in which people themselves spoke of their conditions, at the first research interview. It was not unusual for people to describe more than one condition which affected their day-to-day activity. Taking into account these self-reported conditions and descriptions of effects, we see in Table A.4 that the number of people recruited to the panel met the target ranges, although there was a predominance of mental health conditions.

**Table A.4 Health conditions of panel members, on recruitment to research**

	Target	Panel recruited	
		Primary condition on DWP database	All (self-reported) conditions
Mental health	8-12	8	13
Musculoskeletal	8-12	7	9
Cardiovascular	8-12	5	6
Other	0-8	8	11

People who said they had mental health problems reported post-natal depression, depression following bereavement, chronic depressive conditions and illness related to head injury. People who reported musculoskeletal conditions included several who had back and shoulder problems associated with injury or degenerative conditions. As in the earlier cohorts, several panel members reported arthritis. Cardiovascular conditions reported included heart disease, angina and arterial disease, and deep vein thrombosis. There was relatively less representation of illness associated with diabetes in this third cohort than in earlier cohorts, but other conditions included cancer, digestive problems, epilepsy, visual and hearing impairments, multiple sclerosis, Parkinson's disease, chronic fatigue syndrome,

effects of meningitis, skin conditions, alcohol and drug misuse, and long term effects of periods of MRSA infection contracted during hospital stays.

As explained for earlier cohorts of the panel, patterns of development of or recurrence of health problems and impairments can be important influences on employment histories and views about working. As in both the earlier cohorts, patterns of development of health conditions showed wide variation. Some people described long-term conditions, and many years experience of ill-health, treatment and medication. Others described sudden onset due to accident or injury, or unexpected heart attacks. Some people were looking forward to eventual recovery, for example hoping for improvement over time in depressive conditions related to bereavement or birth trauma, or expecting reduction of pregnancy-related symptoms after birth of their child. Others saw their future in terms of stabilisation and management of their condition. Others faced the likelihood of deterioration in their condition, or further episodes of thrombosis, or fits. The health trajectories of panel members are discussed in more detail in the main text.

Those people who left the panel without completing the series of three interviews included people who reported mental health, musculoskeletal, cardiovascular problems, and other illnesses and conditions.

The researchers discussed with people how their conditions affected their capacity to work. As in the earlier cohorts, it was common for people to say that their day-to-day activity was currently affected by continuous or intermittent severe pain, and people who depended on medication for pain control said that these drugs caused sleepiness or loss of concentration. Loss of mobility or dexterity, and incontinence were also commonly reported. A particular feature of this third cohort was the extent to which people's lives were constrained by symptoms of mental illness. In the first research interviews with the third cohort, several people said they often found it hard to leave the house, avoided speaking to people, spent long periods locked into negative thought patterns or crying, or behaved in ways that other people found problematic. One person in this third cohort appeared to receive intensive support at home from mental health workers.

### **A.5.3 Financial situation**

At the time of the first research interview it was not unusual for people to have fairly hazy understanding of their formal benefit status. It appeared that most people in the third cohort were receiving Incapacity Benefit or Income Support, or both. One person with a partner in full-time paid work reported receiving National Insurance credits only, and four said that their incapacity benefits had been withdrawn and they were receiving Jobseeker's Allowance. Overall, eight people had domestic partners doing paid work, ranging from relatively well-paid full time jobs to small part-time jobs. Two people said that their health condition meant that their partner stayed at home to provide their care and/or look after the children.

Nobody in this third cohort was supplementing incapacity benefits income with earnings from part-time jobs at the time of the first research interview. One person whose job was still open was receiving reduced wages from her employer.

Several panel members received other benefits, mainly housing and council tax benefits and Disability Living Allowance, and some parents received Child Tax Credit. A small number of people had private or occupational pensions (or both). Details of the amounts of each source of income were not sought.

There was a wide range of financial and personal circumstances. Fewer people than in earlier cohorts said that they currently had no financial worries, or indeed were quite comfortable financially. People who reported that their financial situation was difficult included people experiencing delays in benefit payments, people who had been used to previous high earnings, and people who had used up savings. As reported for both the earlier panel cohorts, indebtedness was a problem for some people who had been unable to meet outstanding bills from low benefit incomes.

## A.6 Use of Pilot services

Table A.5 shows the number of people who used Pilot services during or after contact with Personal Advisers.

**Table A.5 Use of Pilot services**

<b>Pilot service</b>	<b>Number of people</b>
Participation in Condition Management Programme	4
Contact with Job Brokers	3
Receipt of Adviser Discretionary Fund	2
Receipt of Return to Work Credit	2
Receipt of Working Tax Credit	1

## A.7 Reflections on participation in the panel study

As in earlier cohorts, people were asked at the end of the final interview about their experiences of taking part in the research.

Findings were essentially the same as those reported previously from earlier cohorts. People said they had not found the interviews intrusive, and would have told the researcher if there were topics they did not want to talk about. Discussions had not seemed tedious, but for people whose circumstances hardly changed throughout the panel period there sometimes seemed little new to talk about.

Again, some people had enjoyed the social contact which the interviews provided. Some were pleased to think that their experiences were considered important and their taking part in the research might make a contribution in deciding how things were done in Jobcentre Plus.

For a small group of people who were initially suspicious or anxious when they received the letter of invitation to take part in the research, meeting the researcher face-to-face had reduced such feelings, although one person said it was hard to believe the research had no effect in some way on his dealings with Jobcentre Plus.

Generally, face-to-face interviews and telephone interviews were both acceptable in this study. However, some said they might not have agreed to take part unless they had met the researcher the first time. As found earlier, being able to make appointments for interviews at times of the day which suited them were important for some people.

Reflecting on the length of time during which the researchers stayed in touch, most felt that this was appropriate, in order for the researchers to gain a full picture of what had happened. Some said, looking back, they were surprised how long some Jobcentre Plus processes took. People who made this observation were generally referring to the time taken to resolve problems or delays with claims for benefits.

Although one person felt that taking part in the research made her think more about what was happening to her in relation to work, the general view was that participation in the panel had not influenced dealings with Jobcentre Plus or any decisions taken.

# Appendix B

## Aggregated cohort data: participation, attrition and characteristics of the panel

This appendix aggregates data from all three cohorts of the study in order to show the participation, attrition and characteristics of the panel as a whole.

**Table B.1 Panel participation and attrition**

	Panel recruits per interview schedule		
	First interview	Second interview (after three months)	Third interview (after a further six months)
Cohort 1 (first three Pilot areas)	24	20	18
Cohort 2 (all seven Pilot areas)	53	38	34
Cohort 3 (four later Pilot areas)	28	20	18
Overall panel	105	78 (74%)	70 (67%)

**Table B.2 Age and sex of panel recruits, as at first interview**

	Panel members per age group			Totals
	18-29 years	30-49 years	50 years and older	
<b>Cohort 1</b>				
Men	3	6	4	13
Women	4	4	3	11
<b>Cohort 2</b>				
Men	4	11	12	27
Women	1	12	13	26
<b>Cohort 3</b>				
Men	0	7	6	13
Women	5	6	4	15
<b>Overall panel</b>				
Men	7	24	22	53
Women	10	22	20	52

**Table B.3 Health conditions of panel members, on recruitment to research**

	Panel members per of health condition			
	Mental health	Musculo-skeletal	Cardio-vascular	Other
<b>Cohort 1</b>				
Primary condition on DWP database	4	10	6	4
All (self-reported) conditions	9	17	6	9
<b>Cohort 2</b>				
Primary condition on DWP database	13	17	16	7
All (self-reported) conditions	18	21	14	16
<b>Cohort 3</b>				
Primary condition on DWP database	8	7	5	8
All (self-reported) conditions	13	9	6	11
<b>Overall panel</b>				
Primary condition on DWP database	25 (24%)	34 (32%)	27 (26%)	19 (18%)
All (self-reported) conditions	40	47	26	36

# Appendix C

## Research instruments

Social Policy Research Unit  
The University of York  
Heslington

York YO10 5DD

25 February 2005

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 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 Monday 14 March. You can either use the reply slip at the end of this letter and the prepaid envelope or telephone Sally Pulleyn on 01904 321951. 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



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 SALLY PULLEYN ON 01904 321951.

**Reply slip****Research into helping Incapacity Benefit claimants**

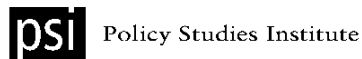
PLEASE RETURN ONLY IF YOU DO NOT WANT TO TAKE PART

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 \_\_\_\_\_



### 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 peoples' 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 of 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

Tel: 020 7388 0914

**Kandy Woodfield**

The National Centre for Social Research (NatCen)  
35 Northampton Square, LONDON EC1V 0AX

k.woodfield@natcen.ac.uk

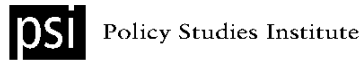
020 7549 9553

**Roy Sainsbury**

The Social Policy Research Unit (SPRU),  
University of York, Heslington, York, YO10 5DD

rds2@york.ac.uk

01904 321951



## 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.

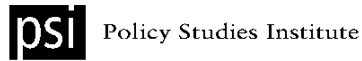
I agree to take part in a series of interviews  
with a researcher

**YES/NO**

**Name** .....

**Signature** .....

**Date** .....



## IB Reforms Evaluation Longitudinal Study Wave Two, Cohort Two 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 the decisions claimants have made with regard to their participation in the Pilot 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 and organisations involved (NatCen, SPRU, PSI)

We've been asked by the DWP to find out people's experiences and views about a new scheme they have set up, which aims to give more support to people claiming IB.

Over the next nine months we will be following a small number of people who have recently made a claim for IB and have been visiting the Jobcentre. We want to understand the new process of claiming IB as people experience it, and whether and how the support provided by the Jobcentre is useful to them. We also want to explore the decisions that claimants make and how, if at all, their circumstances change in relation to employment and health over this period. This information will be used to understand how Government can improve the sorts of services available to those on Incapacity Benefit to help them get into work. We are interested in what people have to say, whatever their circumstances and thoughts about work.

This is the first of three interviews. This will be the only face-to-face interview; the remaining two interviews will be conducted over the phone at a time and on a date convenient to you. The next interview will take place in approximately three months; and the final interview approximately six months after. [*Check their willingness to participate in further interviews*]. (We will book a provisional time and date for the first telephone interview at the end of this interview).

In this interview we are interested in finding out some background information about you including: your experience of work and current employment situation; your thoughts on getting into work; your recent experience of claiming Incapacity

Benefit and visiting the Jobcentre; your impressions of the service so far; and any expectations you have for the future.

The interview remains confidential; SPRU/PSI/NatCen is independent of DWP, and will not report anything you say back to DWP in a way that could identify you. Taking part is entirely voluntary. If respondent happy, ask them to sign consent form.

The interview will take about 1½ hours. [*Seek permission to tape record the interview*]. Other than the research team no one will listen to the tapes or read any transcripts.

Before we begin, everyone we speak to is offered a gift of £20 for taking part in this first interview. [*Ask them to sign receipt*]. We will send you another £20 after the final interview.

### **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**

*Purpose: To reflect on past experiences of employment and to seek the respondent's perspective on their prospects for future employment.*

#### **★ 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?**

- 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 Pilot
  - ▲ 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

★ **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

★ **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
- ▲ Probe for effect of health on everyday activities and work-related activities
- Is there a main barrier stopping them from working?
- Is there anything that needs to happen before you can get into work (e.g. operation, move house, access to practical help, access to childcare)

★ **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**

*Purpose: To build a picture of their claiming history and experience of employment services that will provide context for their experience of the Pathways to Work Pilot – whether they are an experienced or new claimant and thus whether they have any prior knowledge and experience with which to compare the new service.*

**Q8. Now that we've talked about your background and your thoughts about working I'd like to ask you about your recent claim for Incapacity Benefit. How did that come about?**

- When was the claim made?
  - ▲ Probe for factors and influences in making claim

- ★  Check circumstances at the time of the claim – employment, health, household, caring/financial responsibilities

**Q9. Before you made a claim for Incapacity Benefit, did you talk to anyone about getting into 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**

Purpose: To explore the respondent's contact with the services available within the Pilot; their experience of the process; and the service outcomes/potential outcomes.

**Q11a. How did you go about making your claim for incapacity benefit this time?**

*If they do not think they have made a recent claim for IB:*

**Q11b. In the last few months, have you visited or been in touch with the Jobcentre about your claim?**

- How did this come about?

**FOR ALL:****Q12. Who did you make contact with first? How (any phone contact)**

- What was explained?
  - ▲ Probe for whether any explanation of the nature and purpose of Work Focused Interviews was given
- Any future appointments arranged?
- How do you feel this first contact went?
- ✳ **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 any references to the 'Pilot'**
  - ▲ Probe for their understanding of the purpose of the Pilot
  - ▲ Probe for their understanding of their participation
- ★  Check circumstances at the time of first contact – employment, health, household, caring/financial responsibilities

**Q13. Did you have a discussion with anyone about your claim? (e.g. checking claim form, discussing eligibility, sum of money to be received)**

- ▲ Probe for their understanding of the purpose of this meeting
- ▲ Probe for reasons why they met 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

**Q14. Have you visited the Jobcentre to speak to someone about work? (WFI 1)**

- When did this take place?
- What happened? Where did the interview take place? What did the PA do?
- What information was given? What was discussed?
- Any services offered? Accepted; refused
- What was agreed?
  - ▲ Probe for their thoughts on their involvement in the discussion and decision making
- 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 PA
- ▲ Probe for thoughts on the amount of information received
- ▲ Probe for views on the usefulness of the meeting and support offered/received
- ▲ Probe for views on the timing of the meeting (fit with personal circumstances)
- ▲ 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

**Q15. Have you had any more meetings with an adviser about work? (WFI 2,3 ...)**

- When did this take place? Did they meet with the same PA as for the 1<sup>st</sup> WFI?
- What information was given? What was discussed?
- Any services offered? Accepted; refused
- What was agreed?
  - ▲ Probe for their thoughts on their involvement in the discussion and decision making (see possible probes above)
- Was an Action Plan made (*if not done in 1<sup>st</sup> WFI*)?
- Was the Action Plan updated? 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 the PA
- ▲ Probe for thoughts on the amount of information received
- ▲ Probe for views on the usefulness of the meeting and support offered/received
- ▲ Probe for views on the timing of the meeting (fit with personal circumstances)
- ▲ Probe for whether respondent felt the meeting had focused on their individual needs
- ▲ Probe for their perception of whether or not subsequent WFIs have built on the info and discussion in 1<sup>st</sup> WFI
- ▲ Probe for their perception of whether or not any (personal) progress was/is being made since they made their claim (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

**Q16. 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

**Q17. 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)
- 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 views on the amount of info received
  - ▲ 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 their views on the value of each service
- ★  Check circumstances at the time of contact with service/support – employment, health, household, caring/financial responsibilities

**F. Future involvement with the Pilot**

*Purpose: To obtain an understanding of the next steps in the respondent's involvement with the Pilot.*

**Q18. 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

### **G. Involvement with other services and professionals**

*Purpose: To explore the nature and extent of support provided to the claimant from a variety of sources and appreciate its value alongside the support provided through the Pilot.*

#### **Q19. 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

### **H. Reflections on their participation in the Pilot so far**

*Purpose: To invite the respondent to reflect on past, current and future participation in the Pilot; and to understand the claimant's personal hopes and goals associated with their participation in the Pilot, particularly with regard to their employment prospects.*

#### **★ Q20. 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?

#### **★ Q21. What expectations do you have about your involvement from now?**

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

**Q22. 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?**

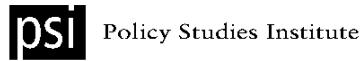
**\* If not mentioned earlier check the following:**

- 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)

**Thank you very much.**

*Remind about confidentiality and use of the data*

*Confirm availability to participate in further interviews at 3 months and then 6 months thereafter. Give details about how they will be contacted nearer the time. Check for suitability of using the telephone for follow-ups.*



## IB Reforms Evaluation Longitudinal Panel Study Wave Two, Cohort Two

### *Final follow-up interview: Topic Guide*

#### *Remind of date of last interview*

*This is the last time we will be in touch with you. We would like to look back over the last year, since your first contacts with an Incapacity Benefit Personal Adviser, to get an overall picture of what it has been like being in contact with Jobcentre Plus. We are interested in your overall views of the services and support offered to people claiming incapacity benefits. Throughout the interview I'll be interested to know about any new developments in your thoughts about working, or any steps you have taken. I also have some questions about your experience of taking part in our research interviews.*

#### *Remind of confidentiality.*

#### *Seek permission to tape-record.*

### **1. It's about a year since your first contacts with an adviser at Jobcentre Plus. Are you still in touch, or has that contact ended?**

- Explore briefly the details of further contact and experiences
- Details of how, why and when contact ended
- Thoughts on whether contact will/might be resumed by JC+ or by them; in what circumstances?

### **2. In our previous discussions we have talked about your thoughts and circumstances regarding work. What is your current position regarding work?**

#### If currently working:

- Brief details of movements into work
- Details of job (type of work, hours, pay compared with benefits)
- Thoughts on staying in work
- Positives and negatives of working; impact on health, finances, family situation

If started work but left:

- Details of job (type of work, hours, pay compared with benefits)
- Details of how they came to stop working
- Any help offered to stay in work?

If not working:

- Is work a possibility for you in the future?
- Why is work difficult/not possible at the moment?
- What needs to happen before you can get into work?

### **3. Looking back over the last year, how has your contact with Jobcentre Plus affected you?**

- What kind of impact?
  - Circumstances (work, health, financial situation)

*Probe fully: how, when, what particular component of the contact with JC+?*

- Thoughts about working, feelings, attitudes, confidence

Do you feel any closer to work?

*Probe fully: how, when, what particular component of the help received?*

*Prompt for the value and outcome of any further contact with the IBPA.*

*Prompt about any services they were participating in or had intentions to participate in.*

### **What would have happened if there had been no contact with Jobcentre Plus?**

- What do you think about your situation now when you compare it with your situation before you had contact with Jobcentre Plus?
  - circumstances
  - feelings

### **4. Apart from your contact with Jobcentre Plus, what has been important in your thinking/action regarding work?**

- Impact of personal and financial circumstances
- Impact of any particular services, personnel?
  - on circumstances: health, financial, work
  - on feelings: about work, confidence

*Prompt about any services they were participating in/had contact with, or had intentions to participate in/contact.*

### **How did your involvement with Jobcentre Plus 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
- Did your involvement with Jobcentre Plus add anything to what you received from elsewhere?
- Any preference for source of support and reasons

### **5. Overall, did the contact with and support you received from Jobcentre Plus 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

Looking back, which parts of your experience of Jobcentre Plus were helpful in any way?

*Prompt for contact with PA and for services known to have been tried.*

- Which part of service, in what way?
- At what stage/time was it helpful?
- Which people were involved?
- Could it have been improved even further?

Was any part of your experience of the Jobcentre unhelpful?

*Prompt for contact with PA and for services known to have been tried.*

- Which part of service, in what way?
- At what stage/time was it unhelpful?
- Could it have been improved or made more helpful; how?

**6. Over the last year, are there any other kinds of help you would have liked to have received?**

- Where from?
- At what time?
- Do you think that future contacts with Jobcentre Plus will/would be valuable?

**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?**

- Any suggestions for alternatives

**7. I would like to finish by asking you about the experience of taking part in the research. We do not 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.**

**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

**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

**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. The Department for Work and Pensions is already finding it very helpful to learn about the experiences and views of some incapacity benefit recipients.*

*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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