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Incapacity Benefit Reforms Pilot: Findings from the second cohort in a longitudinal panel of clients

Anne Corden and Katharine Nice

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

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Summary

Introduction

The Incapacity Benefit (IB) reforms were introduced in October 2003 and aim to increase the number of incapacity benefit recipients who move towards and into paid work. The package of measures within the reforms is being piloted in seven areas of England, Scotland and Wales. This report presents findings from the second cohort of a longitudinal qualitative study of the views and experiences of incapacity benefit recipients who have taken part in the Pilot. This second cohort, which started in September 2004, included 53 incapacity benefit recipients from all of the seven Pilot areas and the research was conducted by the Social Policy Research Unit (SPRU), the National Centre for Social Research (NatCen) and the Policy Studies Institute (PSI). Findings from the first cohort of 24 incapacity benefit recipients, which started in April 2004, were published in July 2005 (Corden *et al.*, 2005).

As in the first cohort, initial qualitative interviews were used to gather data on people's circumstances, and their experiences of, and views about, their participation in the Pilot. Follow-up telephone interviews were conducted three months later and after a further six months. Of the 53 recruits to the panel, ten people took no further part past the initial interview. In total, 34 people were followed for eight or more months.

Care is needed in the interpretation of the findings from this cohort. There was a higher rate of attrition compared with the first cohort. A picture emerged of chronic ill-health and high use of NHS services (sampling criteria did not include severity or impact of health conditions). People who took part in the second cohort may face particular disadvantages and problems in thinking about and making progress towards work.

Experiences and views of the Work Focused Interview regime

Chapter 2 looks at people's experiences of participating in Work Focused Interviews (WFIs) and moving through a series of interviews, the important influences in their decision making about the Choices package, their overall impressions of their contact with Pathways and how their views changed over time.

Participation in Work Focused Interviews

As in the first cohort, there was a range of experience of taking part in WFIs, some remembering a single interaction with Jobcentre Plus staff and some having more extensive contact through a series of interviews and other contacts. Again, the first WFI was remembered for dispelling prior expectations about being pushed into work, and providing new information.

In both cohorts there were people who welcomed the help from Pathways as timely and relevant, felt supported and wanted to take part in services offered. There were, again, people who supported the underlying principles of the Pathways Pilot but who felt they would not be able to take advantage of help offered until some time in the future. The second cohort has given a greater insight into the sense of resignation and compliance amongst people who did not feel ready to try any of the support offered but who continued to attend interviews.

Additional findings from the second cohort enhance our understanding of:

- the practical difficulties in attending Jobcentre Plus offices when people have debilitating health conditions, childcare responsibilities, difficulties in finding reliable and accessible transport, difficulties accessing parts of the buildings; and when there is limited space for parking, and no suitable seating for people with musculoskeletal conditions;
- the ways in which Advisers try to tailor discussions to people's current concerns and needs, by initiating discussions about health and entitlement to benefits at early WFIs, rather than making work a main focus;
- how Personal Advisers can be perceived as particularly understanding where they have some shared experience of health conditions or social problems;
- the way in which contact with Personal Advisers may end, particularly when incapacity benefits are withdrawn, and how people were reluctant to renew contact.

Decision making about the Choices package

In both cohorts there was a group of people who, when interviewed, said they had little or no knowledge of services available to them.

From both cohorts comes evidence that Advisers tailored the support they offered to the circumstances and needs of individuals and that this guidance had been useful to some people. There were new findings from the second cohort that choice may have been restricted where people felt they did not have sufficient opportunity to try support mentioned or that there was no further relevant information for them.

As before, various forms of financial support were well remembered. Findings from this cohort show that:

- people who do not have actual experience of receiving financial support still retain basic knowledge about the possibilities of combining work and benefits and the availability of financial top-ups once in work.

Other important findings from the second cohort were:

- people's perceptions of some 'gate-keeping' in their access to services, and mixed views about others making judgments on their behalf;
- the apparent difficulties in enabling people to understand the processes and approaches of the Condition Management Programme (CMP).
- that agreement to take part in services was not always based on knowledge or expectations of what would happen and could come after feeling pressure to show themselves willing, and despite having reservations.

Services used in moving towards work

General pattern of use of Jobcentre Plus services

Chapter 3 relates people's use of services with their interest in work, and situates their experiences of services within any movement towards work.

As in the first cohort, people who were not motivated to work generally did not use Pilot services, and those who, individually, used most Pilot services were people who were initially focused on working. From the second cohort come new findings about the way in which:

- people not initially focused on working go on to try Pilot services;
- some moved into work without using any Pilot services, even extending to non-take-up of Return to Work Credit (RTWC).

In both panel cohorts there was a wide spectrum of use of Jobcentre Plus services, and the second cohort enhances understanding that some people taking part in Pathways have considerable previous experience of Jobcentre Plus services through repeated benefit claims and other New Deal programmes.

Condition Management Programme

In both cohorts there was limited experience of using the CMP. However, from the second cohort come important findings that:

- despite initial expressed interest in the service, people were easily put off keeping appointments or continuing with sessions;
- contributory strands in dropping out included ill-health, family priorities, lack of understanding about the process, and perceived travel expenses;
- feeling uncomfortable in talking to a practitioner, and not wanting to take part in group sessions also put an end to participation;
- factors which encourage engagement with the Programme included recognition of the need to resolve personal feelings; being keen to get back to work and already having a good understanding of processes involved in cognitive behaviour therapy or counselling;
- some people may need continuous support and encouragement to make and maintain contact with the Programme;
- cancellation of access to the Programme following withdrawal of incapacity benefit was disappointing for people keen to take part, and contact was not resumed after reinstatement of benefit.

Return to Work Credit

In both cohorts there was limited use of financial support services. There are new findings from the second cohort that:

- non-take-up of in-work support happened among people with little understanding of what is available, and found work themselves with little contact with Jobcentre Plus;
- RTWC was helpful in enabling some people to work shorter hours than normally in order to suit their condition;
- people appreciated the simple application process and speedy payments;
- some people who received RTWC and tax credits felt much better off financially than when claiming incapacity benefit;
- RTWC was helpful in providing income during early months in establishing a business;
- delays in receiving payments of RTWC led quickly to financial problems;
- there were some problems at the renewal stage, and disputes about provision of evidence of self-employment;
- those who did not feel financially better off in work reported, variously, delays in payment of RTWC; refusal of application for Working Tax Credit (WTC); reduction of WTC by recovery of overpayments, and reactivation of debt recovery from earnings.

Support from services outside the Pilot

Both cohorts provide evidence of the importance to some people of the support and help received from domestic partners or parents in dealing with their difficult conditions and, for some, in taking steps towards employment. Findings from the second cohort enhance our understanding of the need for intensive, continuous health-related care and services for many incapacity benefit recipients, with widespread need for NHS health services and treatment, physiotherapy, hospital rehabilitation, specialist clinics, mental health services, and home care services.

Changes in views and steps taken

Movement in thoughts or behaviour

The task for Personal Advisers is hard when they meet people initially not interested in working, some of whom have negative feelings towards taking part in WFLs. From the second cohort come findings that, among this group:

- none saw any improvement in their condition, and some reported deterioration;
- in such circumstances, compliance with attending interviews reflected resignation, and avoidance of penalty rather than interest.

There was, however, some evidence to enhance understanding of the way that talking to an Adviser can lead to more focused thinking. In the long term, there may be value in encouraging people to think about their situation, and in keeping open easy access to information.

Findings from both cohorts show how people initially focused on working, maintain their motivation and go back to work, and that this process is speeded by even slight improvements in health. The task here for the Personal Adviser is to give every support possible to enable people to take the kind of work that suits them and to smooth the transition. From the second cohort come findings that help us understand that:

- not all who return to work can sustain this;
- such people need practical help in regaining incapacity benefits;
- some people who meet problems on returning to work do not get the kind of support and advice that would help them through.

Findings from both cohorts show that the most frequently held initial feeling about returning to work, among those going to meet the Personal Adviser for the first time, was that they hoped this might be possible in the future. Older men who have worked many years in their own occupation or trade found it particularly hard to think about doing anything else.

Taking part in Pathways did help some people begin to see work as a more immediate possibility, start to take steps and even move into work. Findings from the second cohort enhance understanding that health trajectories were critical for such people, and deterioration in condition along with additional family problems led some to feel paid work even less likely.

The difference made by the Pilot

Looking back over their involvement with the Pilot, most of those who stayed in touch with the researchers throughout the panel period saw both positive and negative elements in their dealings with Pathways. The fact that most people in the second cohort felt, in retrospect, the Pilot had made little difference to their thoughts or actions in respect of work may be related to the personal and health circumstances of this particular group of people.

Discussion and conclusion

Building further on findings from the earlier cohort, key messages for policy and practice are:

- there is a level of general support for the principle of offering information and support about work, as long as this intervention is timely and without pressure;
- the Personal Advisers' approach draws positive response and interest in services among some people, especially those already focused on working;
- in thinking about work, perceptions and trajectories of health are critical influences;
- some people with chronic ill-health or pain who might be expected to see opportunities in the CMP believe that if anything else could be done for them their medical experts would know and suggest it;
- other factors undermining potential opportunities for help in the CMP include lack of understanding of the aim and process, and negative early experiences with practitioners;
- some people may need external support and encouragement in order to keep attending the CMP, raising resource and skills issues for Jobcentre Plus;
- financial support in returning to work is of key importance to some people. Permitted Work rules, RTWC and tax credits are all helpful to individual people. When things do not go smoothly here, financial problems develop quickly;
- further attention might be paid to ways in which contact with the Pilot is maintained. When initiatives are left with benefits recipients, contacts can be fragile. Again, there are resource and policy issues here;
- gaps in services needed by people thinking about returning to work which remain in some local areas include help with debt management, help with complex financial assessments and benefit situations, and support in dealing with alcoholism.

1 Introduction

The Incapacity Benefit (IB) Pilots were introduced in October 2003 and aim to increase the number of incapacity benefit recipients who move towards and into paid work. The package of measures that comprise the reforms is being piloted in seven areas of England, Scotland and Wales. The Department for Work and Pensions (DWP) has commissioned a research consortium¹ led by the Policy Studies Institute (PSI) to undertake a comprehensive evaluation of the Pilots. Findings from the first cohort of a longitudinal qualitative study of views and experiences of 24 incapacity benefit recipients were published in July 2005 (Corden *et al.*, 2005). This report is based on research with a second cohort of people who have taken part in the Pilots and was again conducted by SPRU, NatCen and PSI in 2004/05. This second cohort included 53 IB recipients from all of the seven original Pilot areas in Great Britain.

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

1.1 Incapacity Benefit Reforms: the policy context

The Government's welfare to work programmes have sought to improve the lives of long-term unemployed people. However, despite the efforts of programmes designed to help sick and disabled people who do not actively participate in the

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

labour market (for example, the New Deal for Disabled People (NDDP)), the number of recipients of incapacity benefits has continued to increase. In 2003 there were 2.7 million people of working age in Britain receiving an incapacity benefit (DWP, 2002) who together make up the largest group of economically inactive people.

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

The first tranche of Pilots began in October 2003 in three Jobcentre Plus districts: Derbyshire; Bridgend, Rhondda, Cynon and Taff; and Renfrewshire, Inverclyde, Argyll and Bute. The second tranche started in April 2004 in a further four districts: Essex; Gateshead and South Tyneside; East Lancashire and Somerset.

In February 2005, the scope of the provisions in the original seven Pilot areas widened to include existing benefits recipients who made a claim for incapacity benefits in the two years previous to the commencement of the Pilot. Up until then, people in this group had voluntary access to the Pathways provision and to the help available in the NDDP. These benefit recipients have been on benefits for longer. The perception, therefore, is that some are likely to have more long-standing health problems and to be further removed from the labour market. The delivery of Pathways was altered slightly to reflect the different circumstances and needs of this client group. (This study does not include people in this group.)

As announced in the Chancellor's Pre-Budget Report (2 December 2004), from October 2005 an expansion of the Pathways programme has begun in 14 further Jobcentre Plus districts. This equates to Pathways provisions in one third of the country by October 2006 and covering the 30 local authorities with the highest concentrations of incapacity benefit recipients.

Tax credits have continued to be an important component in the overall policy for supporting people into work. There have been some changes in the tax credit environment during the panel period. Problems in delivery and payment have received increasing attention and it seems likely that public awareness of and understanding about tax credits has changed during the research.

1.2 Elements of the reform package

The main elements of the original reforms are as follows.

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

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

New fast-track procedures for the medical assessment process have been introduced to link more closely the decisions made on entitlement to incapacity benefit with the support offered through the series of WFIs. The aim is for the Personal Adviser to have the decision from the Personal Capability Assessment by the time of a second WFI so that there is no uncertainty about benefit entitlement which might cause distraction from thinking about work during the interviews. For those who have had a medical examination as part of the Personal Capability Assessment, a separate Capability Report is produced, which should provide the Adviser with constructive information to support them in helping people take steps towards the labour market.

New Adviser teams have been set up to advise and support people directly. These include specially trained IB Personal Advisers (IBPAs), Disability Employment Advisers (DEAs) and Work Psychologists.

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

£100 per person to support activities that increase the likelihood of finding or taking up work (for example, purchase of new clothes for interviews).

The adjustments for existing benefits recipients who take part in the extended Pilot include access to the same range of programmes and services and an additional Job Preparation Premium, with the expectation of a series of three WFIs.

1.3 The overall evaluation

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

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

1.3.1 Summary of quantitative research

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

1.3.2 Summary of qualitative research

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

- site visits, to familiarise research staff with the implementation of the Pilots in each area, to identify differences in the ways reforms are being delivered, and to establish contacts and working relationships. Visits to the seven sites took place in late 2003/early 2004 and May 2004;
- six early focus groups with incapacity benefit Personal Advisers and customers (reported in Dickens, Mowlam and Woodfield, 2004);

- a longitudinal panel study of incapacity benefit recipients, which is the subject of this report. An interim report based on the first research interviews was submitted to the Department for Work and Pensions (DWP) in 2004 (Nice and Sainsbury, 2004). The findings from the first full panel, with a cohort of 24 incapacity benefit recipients, were published in 2005 (Corden, Nice and Sainsbury, 2005);
- a series of short, self-contained focused studies, to provide rapid feedback on topics of interest such as the role of IBPAs (Dickens *et al.*, 2004; Knight *et al.*, 2005), the CMP (Barnes and Hudson, 2006b), the RTWC, 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. Focused studies may vary in size and scope but each identifies the relevant respondent group (or sub-group) and, using concise topic guides, explores a specific topic in depth;
- 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 reported (Barnes and Hudson, 2006a).

1.4 Research aims

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

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

As this is a longitudinal study, we explore changes that occur in people's circumstances, perceptions, attitudes and expectations. We also trace people's decision making as they progress through the Pilot. Findings from the panel study contribute to understanding how services can help clients, why clients may stop using services, and the role of other factors in their lives that influence their pathways back to work. The study also helps us understand the varied ways in which services can affect people's lives, identifying impacts on people's thoughts about work, feelings about their capacity for work, confidence and self-esteem, as well as their actual return to work.

1.5 Design and methods

1.5.1 Longitudinal approach

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

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

The longitudinal design comprises three cohorts of incapacity benefit recipients. The timing of fieldwork is different for the first and second waves of Pilot areas, as set out below, and will generate an overall study group of 105 respondents, 15 from each Pilot area. Cohort 1 comprised eight people from each of the first three Pilot areas. Cohort 2 covered all seven Pilot areas. Seven participants were recruited in each of the first Pilot areas, and eight from each of the second wave areas. Interviews with a final cohort, comprising seven people from each of the second wave areas, will be complete in 2006.

Table 1.1 Components of panel study

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

The following account of methods used refers to the second cohort only, but largely follows the steps taken in conducting the research with the first cohort.

An extract from the Department's screening tool database was used to recruit a panel of 53 incapacity benefits recipients who had not been screened out and who were recorded as having had their second WFI. We used purposive sampling to obtain diversity across the panel. Full details of selection and recruitment are presented in Section A.1.

Individual face-to-face qualitative interviews were used to gather data on people's current circumstances and attitudes, as well as their experiences and views about their participation in the Pilot. Follow-up interviews were conducted by telephone, three months later. Six months after that, a further follow-up telephone interview was conducted with those who could be re-contacted. Sections A.2 and A.3 contain full details of panel participation and attrition, and the conduct of the interviews. Research instruments are included at Appendix B. No further contact was made with ten of the 53 people who participated in the initial interview. A further nine people dropped out at the final interview, leaving 34 people who were followed for eight or more months.

The main characteristics and household circumstances of the 24 panel recruits are presented at Section A.5 and their views about taking part in this kind of longitudinal research are presented in Section A.6.

1.5.2 Approach in using data from the second cohort

The report written for the first cohort of the longitudinal client panel study provided understanding on experiences of the WFI regime, decision making regarding the Choices package, the use of services, and the impact of the Pilot on individuals. This knowledge influenced thinking about how to make best use of the data from the second cohort.

In this report we have sought to add to this existing knowledge and understanding. Throughout the analysis employed in Chapters 2 and 3, we have indicated how the

second cohort data agrees with the previous findings, but have not set out to describe these findings in detail again. Where the data differs from the earlier work this is explored in full.

Most of the analysis was conducted using all available data from all 53 participants. In a different approach, Sections 4.4 and 4.5 draw on data collected only in the final panel interview when participants were invited to give retrospective reflections over the whole period since joining the Pilot. The longitudinal analysis explores use of services, and any change in experiences or views about working across all 53 participants. Taking the first WFI as the baseline, people's experiences and thoughts about work have been traced as far as they are known. Thus, data relating to change has been incorporated where possible from people who took part in only one or two research interviews. This approach not only focuses on how changes occur at different moments, at different rates and within the individual circumstances of people's lives, but also ensures the maximum use of participants' contributions. Longitudinal analysis of qualitative data is a developing mode of research and the analysis of this data-set has provided valuable opportunities for learning about suitable approaches.

Each section of the report identifies and explains the part of the panel data the reporting draws on. The systematic and transparent analysis of the panel data is described in detail at Section A.4.

Throughout the report we draw attention to relevant findings from other qualitative components of the evaluative research, specifically the study of roles and practices of IBPAs (Knight *et al.*, 2005) and the focused study of the CMP (Barnes and Hudson, 2006b). We leave any comparison with findings from the study of the extension of Pathways to existing customers (Barnes and Hudson, 2006a) until we report findings from the third cohort in the panel.

1.6 Structure of the report

Chapter 2 focuses on people's involvement in the WFI regime. Experiences and views on participating in the interviews are reported including location, timing, number and frequency of interviews. Experiences of the focus of discussions in WFIs are analysed and factors in decision-making regarding the Choices package reported.

Chapter 3 explores the use of Pathways services in moving towards work. The chapter looks in detail at how panel members experienced support, the extent to which it was helpful and at what stage, and whether and it how influenced movements towards work. Particular focus is given to new forms of support established for the Pilot, such as the CMP and the RTWC.

Chapter 4 is largely based on longitudinal analysis of data, giving insights into developments in participants' lives throughout their involvement with the research. Findings help to answer the question of whether the Pilot made any difference to

people's lives. We look at perceived changes in views about work, health and financial circumstances, and what people felt influenced change, looking particularly at any influence of the Pilots. We look for any changes in work-related activity, and influences on decision-making about steps towards work. Drawing on data from the final interview, we then present people's overall reflections on participation in the Pilot, and on current aims and expectations in relation to work at the end of the panel period.

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

Then follow the technical appendices which contain details of research methods; description of personal characteristics of people recruited to this cohort of the panel, and in Table A.6, numbers of people who actually used components of the Choices package.

In the text of the report, words and short phrases taken directly from transcripts of interviews are shown in italics. We use the general term 'incapacity benefit(s)' to include the range of benefits received in relation to incapacity for work including Income Support (IS) and National Insurance credits. We use 'Incapacity Benefit' when referring specifically to this benefit.

2 Experiences and views of the Work Focused Interview regime

This chapter reports people's experiences of participating in Work Focused Interviews (WFIs): Firstly, it looks at the range of contact with Personal Advisers, the influence of Personal Capability Assessments on participation and people's comments on access and location. Section 2.2 moves on to explore the discussions held in the interviews. This is taken a step further in Section 2.3 by reporting panel recruits' accounts of making decisions about pursuing support offered to them and the influences involved. The final section looks at people's overall positive and negative views regarding the interview regime and how and when any changes occurred in their views over time.

The report on the first cohort also presented findings on people's experiences of participating in WFIs. Some of the findings from this cohort are similar and although concurrences are highlighted, they are not reported again in detail. New findings are reported fully.

2.1 Pattern of participation in the Work Focused Interview regime

This section focuses mostly on panel members' participation in the WFI regime. The series of interviews was designed to be held monthly and include six interviews in total. The option to waive and defer interviews was given to Personal Advisers in order that WFIs might provide the maximum support alongside various factors and developments in people's lives.

Section 2.1 draws on analysis of all available data from all 53 panel recruits. It was not intended in the design of the longitudinal panel to attempt to interview participants after a series of six WFIs were complete, but to observe patterns of

participation during the panel period. Some people had participated in several interviews by the time of the first research interview.

As in the first cohort, the focus of enquiry did not include people's experiences of claiming an incapacity benefit. However, some people explained what happened in the period of contact with Jobcentre Plus prior to the WFIs, which is reported briefly below.

2.1.1 Contact prior to the first Work Focused Interview

Some participants, from all of the Pilot areas, spoke about their experiences of claiming incapacity benefits and their contact with Jobcentre Plus staff prior to their first WFI with their Personal Adviser. Reference was made to meetings to discuss claims for benefits² as well as general contacts with staff about entitlement to benefits. Introductory phone calls from Personal Advisers, to explain the purpose of the prospective meeting were welcomed. These seemed timely and felt more personal compared to the letter received. Only rarely did people phone Jobcentre Plus after receiving a notification letter to enquire as to the purpose of the proposed interview.

There were mixed views about this period of contact with Jobcentre Plus. Helpful elements of meetings with staff included receiving help to complete benefit application forms, having the opportunity to ask questions in person, obtaining access to more money following advice about entitlements and finding out about particular kinds of financial help which was previously unknown.

There were positive comments about the helpful and respectful attitude shown by staff made by people who felt their claim for benefits had gone quickly and smoothly.

In contrast, some people spoke about this period as marked by difficulties. Some people were frustrated that their application for incapacity benefits took up time and effort, in making several trips to different offices to fulfil application requirements for specific information. One argument was that Jobcentre Plus was wasting clients' and staff's time and resources by failing to carry over information held about a previous claim for Jobseeker's Allowance (JSA). Panel members cited lost paperwork, a lack of coordination, and staff not following up their enquiries as reasons for processing delays. Delayed payments of benefits affected some people, some of whom received emergency payments in the interim. Other criticisms included:

- not being offered help to complete forms correctly;
- not being told about additional financial help to which they were entitled;
- having only a limited number of questions permitted on the customer helpline;

² These meetings may have been conducted by Financial Assessors, whose role it is to help people make their application for benefits.

- finding application forms intrusive, irrelevant and badly designed;
- finding some staff rude and indiscreet in talking about sensitive matters, such as discussing mental health problems when other people were nearby.

2.1.2 Participating in Work Focused Interviews

As in the first cohort, some people spoke about attending a series of regular interviews at Jobcentre Plus with one or more Personal Advisers. For some people who were waiting for developments in other areas of their lives, such as hospital appointments or treatment, regular contact with their Personal Adviser continued by telephone. From people's descriptions it was sometimes hard to tell whether these conversations were intended as formal WFIs or as an informal way of maintaining visibility. Support through WFIs had continued, apparently seamlessly, for one person who moved home and was transferred to services from another participating Jobcentre Plus office.

In this cohort some people expected to attend a series of six interviews. As before, some people expected further contact but did not know how long for. Monthly interviews were assumed where they had experienced interviews each month so far.

In accordance with the first panel findings, there were long breaks between WFIs for people who had persistent health problems, or who were waiting for particular developments such as hospital consultations, tests and treatment. In this panel, some people expected WFIs to resume at the end of externally provided training and college courses. Gaps as large as seven and eight months between WFIs were reported by people who perceived themselves as not ready for work and were waiting for healthcare treatments. One woman expressed her belief that her interviews would have been postponed sooner had she made it clearer how badly her health problems affected her.

It was common for people to say that they attended the WFIs, at least initially, because they were concerned about losing benefits. There was some uncertainty about the degree to which participation was compulsory. Some people who knew they were required to attend interviews felt this was fair, arguing that people should do something in return for money received. One woman's motivation to attend interviews was to demonstrate that she was not '*idle*'.

As before, there were some people in the panel who appeared to have little contact with, or recognition of, Pilot arrangements, and some talked about meetings with Advisers being a continuation of previous contact with Jobcentre Plus.

Other contact

In the first cohort people described phone calls from Personal Advisers to arrange appointments and to exchange information about jobs, outside the formal WFIs. Additionally this time, some said Personal Advisers telephoned to follow-up their participation in the Condition Management Programme (CMP), or sent letters after

waiving interviews, reminding them of help available should they want to start looking for work.

Further to this, some people talked about getting in touch themselves with Jobcentre Plus or their Personal Adviser. Some who were focused on work and already taking steps, had made visits to the local Jobcentre Plus office to look for jobs or had phoned their Personal Adviser to ask questions about help, such as training courses, mentioned in an earlier WFI. Some people who decided to return to work took part in another meeting to make arrangements to do Permitted Work, or receive money for work clothes. Other contact included:

- phone calls to cancel or postpone WFIs, due to ill health;
- seeking advice when faced with procedural and practical problems with financial support, such as providing evidence for Return to Work Credit (RTWC) and redeeming clothing vouchers given through the Adviser Discretionary Fund;
- informing Jobcentre Plus of changes in circumstances, such as moving house and returning to work.

In visiting Jobcentre Plus for these purposes, some people described staff taking the opportunity to hold general discussions about short- and long-term working aspirations, conducting better-off calculations and advising on practical support offered.

Discontinued contact

A few people said they had reached the end of six interviews and thought contact with their Personal Adviser had probably ended. As occurred in the first cohort, some people said their Personal Adviser had not got in touch again. Some were told they need not attend any further meetings due to their ill health and incapacity, or because they were nearing retirement age. Some of these people believed their Adviser would contact them again when they stopped sending sick notes and were ready to work. In this cohort, some people related the absence of contact to staffing changes or problems in telephone contact. This led to feelings of being forgotten in some people.

Additionally in this cohort, there were some people whose contact ended when incapacity benefits had been withdrawn.

As in the first cohort, some people were pleased when they had no further contact with their Personal Adviser, but would have liked an explanation that contact had formally ended. These people were nearing retirement, had multiple and severe health problems and expressed no interest in working. Other people were surprised and disappointed by the lack of further contact. People who said they would have liked further contact had topics to discuss with the Personal Adviser. Some thought continued contact would be useful in the event that they felt ready to look for work.

2.1.3 Medical assessment and Work Focused Interviews

The reforms sought to make closer links between the Personal Capability Assessment and the WFIs, so that Capability Reports following medical examinations could be available to Personal Advisers conducting second WFIs. The aim was to remove uncertainty about benefit entitlement earlier in Personal Advisers' contact with clients, and to provide useful guidance for discussions about work.

Experiences of medical assessments was not a main focus in the study. Some people spoke about this topic and there is some information about people's perceptions of links between medical assessments and WFIs. There was little mention of a Capability Report. In research focusing on their roles and practices, Personal Advisers also reported little use of Capability Reports because they arrived after a time at which they may have been useful (Knight *et al.*, 2005, p 51).

People taking part in Pilot services, such as a work placement through a Job Broker, or the CMP when incapacity benefits were withdrawn, were disappointed when these services were also withdrawn.

As in the first cohort, people whose entitlement to incapacity benefits was confirmed after a Personal Capability Assessment associated this with the cancellation of further WFIs or with a falling-off in Adviser contacts. In contrast, one woman's benefits had seemingly triggered another WFI after a gap of eight months.

A new finding from this cohort is that people ambivalent about working again do sometimes wait for a Personal Capability Assessment before considering what Jobcentre Plus services are available for people judged unfit for work, and whether or not to look for work.

2.1.4 Access and location

Most WFIs were held at Jobcentre Plus offices, mirroring the first panel findings. Some people said they would have liked to have been visited at home, but this rarely happened.

As before, positive comments were made about the modernisation of Jobcentre Plus offices. Additionally, some said:

- staff aimed to meet particular needs and understood the effects of health conditions by providing appropriate seating and keeping meetings short;
- the new appointment system was preferred to queuing, because it cut down waiting times;
- the security staff gave a good impression by being smartly dressed and proving helpful.

In contrast, there were feelings of being '*inhibited*' and '*daunted*' by the Personal Adviser's desk and computer, which were said to become a barrier to discussing personal matters.

Again, some difficulties regarding access were reported. Parking was problematic at some offices and had prevented one client from stopping to make an enquiry in between WFIs. People found it hard to attend regular interviews when they had to rely on transport provided by a friend or relative, needed to make childcare arrangements, or had to take long bus journeys. Some people experienced difficulties reaching upper floors of Jobcentre Plus offices.

Some criticisms were linked to the way health conditions or disabilities had not been sufficiently catered for. For example, the seating was found to be too low and uncomfortable by some people with back problems and requests for use of large print in letters from Personal Advisers were sometimes not met.

Further complaints included dislike for the '*phone for appointment*' system, because of the expectation that contact could be made in person and the phone call was not free. There was some annoyance at being given insufficient notice of an impending WFI, when the notification letter did not arrive until after the appointment. Access to the Disability Employment Adviser (DEA) was not always forthcoming, especially if they had responsibilities for other Jobcentre Plus offices in the district.

Again, a perceived stigma surrounding the work of Jobcentre Plus affected one client who had never claimed benefits before and had been reluctant to make a claim because it was felt to be '*degrading*'. Some people felt uncomfortable in Jobcentre Plus offices due to the presence of security staff and other people.

Privacy and the use of an open plan office was a topic discussed by many participants in the research interviews and there was a range of views. Some commented that they had not been overheard in their conversations with staff and border walls around desks were felt to be effective in maintaining privacy. In contrast, some people felt that other clients waiting nearby could listen to their private discussions with their Personal Adviser, sometimes talking about very sensitive topics, and said they would have preferred a private office. Feeling inhibited in asking questions as a result of uneasiness regarding their surroundings was one comment made. The surrounding noise in the office had made it difficult for one client to hear and concentrate on their discussion. It is not possible to say how these differing views reflected physical differences in office layouts.

2.2 Experiences of Work Focused Interviews and information giving

This section presents data from all of the panel members about experiences of a first WFI. Analysis of how progress was made or how developments occurred in a series of interviews is then provided using data from participants who attended subsequent WFIs. Section 2.3 explains how people went on to make decisions about using services and draws on data from people who said they had been given options, at whatever stage of the WFI regime.

As in the first cohort, some people described their experience of attending WFIs without making a distinction between individual interviews. Such people felt they were being told the same things at each interview and some said they received the same leaflets at more than one WFI. People who experienced no changes in their personal circumstances between interviews felt they could say nothing different to their Personal Adviser, and were merely '*going through the motions*' by attending. One comment was that the content of interviews did not change, but that suggestions from the Personal Adviser were pushed a bit further each time. Some people attending such similar interviews said they gained nothing new. People who felt like this had persistent or deteriorating physical health problems and did not think they could work without improvement in their health. Research with Personal Advisers (Knight *et al.*, 2005, p 48) also suggests that people can become '*stuck*' and do not make progress between interviews. In such situations, Personal Advisers said they held shorter interviews, sometimes using the telephone, to '*catch-up*' with people.

The following describes experiences of WFIs among people who did see differences between at least the first and subsequent interviews.

2.2.1 Experiences of the First Work Focused Interview

As in the earlier cohort, the first WFI was remembered for being a new experience, for dispelling prior expectations about being pushed into work and for being the first time they received information about, or were referred to, available services and support. Those who had bad memories of the first interview had felt pushed to do something they were not ready for, been confused by conflicting messages from staff about the requirement to attend, or felt unwell at the time.

The three key elements of discussion identified in the first cohort data were:

- discussing thoughts about, and plans for, work;
- outlining current health and employment circumstances; and
- being given an introduction to, and sometimes explanation of, service and support options.

People in the second cohort described these same components of the first interview.

Some people in the second cohort had a different experience however, finding that work was a comparatively small topic of conversation. For them, the emphasis had been on their health condition, or entitlement to benefits. Such people included both men and women who were nearing retirement age and had long-term and unstable health conditions, and people who went to the first interview with both short- and long-term ideas for work. It appears possible that these people were not perceived as needing additional help from the Pilot with regards to work. Some people felt Jobcentre Plus was checking up on them. Others were pleased that their Adviser was looking to see that they were receiving enough money. Obtaining information and advice about entitlement to benefits was also received positively by

those who subsequently applied for additional benefits, such as Disability Living Allowance (DLA). We know from separate research with Personal Advisers (Knight *et al.*, 2005, pp 44-5), that a focus on work was not felt to be appropriate for all people in their first interview. Personal Advisers said they needed to feel confident about raising the topic of work, and used their knowledge of people's health circumstances, proximity to the labour market and their overall reactions to the Pilot process to make this judgement.

Some people talked about not being offered specific help or ways of finding work. They associated this with the fact that they had a sick note from the doctor and could not work, or because they thought the Personal Adviser felt they were not yet ready to take steps.

2.2.2 Subsequent Work Focused Interviews

Subsequent interviews were distinguished when people described developments over time in their interaction with the Pilot. Developments included being introduced to options not offered in preceding interviews, such as training and accessing advice from DEAs; receiving more details about options mentioned previously, such as what might happen at a CMP; and being referred to a service linked to the Pilot such as a Job Broker, or taking up other help such as financial support. Similar developments in the WFI regime emerged from findings from the first cohort and from research with Personal Advisers (Knight *et al.*, 2005). We know that Personal Advisers tried to be led by benefit recipients, so that the choices they offered reflected people's circumstances and aspirations. In general, Advisers made referrals to elements of the Choices package in later WFIs to allow people time to consider their options, unless people expressed a specific interest in services in their first interview (p 64).

These developments were sometimes triggered by changes in the client's circumstances. For example, some people first heard about and applied for RTWC and money available in the Adviser Discretionary Fund in a WFI after finding work. Some people described how changes in their own circumstances were linked to changes in the focus of discussion with their Personal Adviser. For example, one man described how work was not the focus of the first interview because he was not well enough to work. As his health improved gradually and he expressed an interest in doing some work-related activities, his Personal Adviser suggested trying part-time voluntary work as a step towards Permitted Work. Some people talked about their Adviser responding to information that they introduced at later interviews, for example, giving information about claiming benefits for carers. Finding out about available support, such as money to help buy work clothes, had led some people to pursue such support at their next WFI. Uniquely, one person moved home between her first and second WFI and thus, moved to a different Jobcentre Plus office. This person felt the first Personal Adviser had decided to hold back on offering support whilst her personal circumstances and interaction with the Pilot were changing.

Later WFI were also perceived as different when people met a different Personal Adviser, or felt that the purpose of the WFI was to review personal changes, involvement with external services and participation in Pilot services.

2.2.3 Gaps in information

Findings from this second cohort are broadly similar to those in the first, in that panel recruits identified gaps in information given to them and felt they had not received information that they should have done.

Some men and women who were interested in particular forms of support because they had short- and longer-term aims to move into work, spoke of how their Personal Adviser did not always add details to general, and sometimes short, introductions. This was frustrating for people who had limited contact with their Personal Adviser and felt they had no other source of information. Those less concerned believed details would be more relevant when they were ready to participate and expected their Personal Adviser to revive the topic when their circumstances changed. When more detailed explanations of support options were provided, they were not always thought to be clear. Some people said they had missed information because they were nervous during the interview.

As occurred in the first cohort, some people were looking for, and did not receive, information about entitlement to benefits. However, this cohort also included some people who said they had been given benefits advice and subsequently applied for extra financial support, such as DLA and Working Tax Credit (WTC). Business advice was also thought to be missing but there was some hope that it would emerge in later meetings. In addition, some people thought that things learned in later WFIs should have been mentioned earlier, including the availability of financial support and Job Brokers.

2.3 Decision making regarding the Choices package of support

As reported already, many people described learning about services and sources of support as part of their discussions with their Personal Adviser. This section explores people's reactions to the options in the Choices package, as described in the research interviews, and what influenced their decisions about the suggestions made to them. Three main factors have been identified as:

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

In this second cohort, there were some people who said they had little or no knowledge of services available. Possible explanations for this include limited contact with the Pilot, not remembering the content of discussions, or being proactive about work without support from the Pilot. Some people who appeared to have little involvement in the Pilot and who had unstable or unresolved health problems were disappointed that they had received no information or practical assistance to help them plan what they would do when they recovered in the mid- to long-term, or what they could do to fill their time whilst they could not work. The remainder of this section includes the views of people who could remember being told about some support available through the Pilot.

2.3.1 Perceptions of readiness for work, including perceptions of health

People's perceptions of themselves, of course, were significant influences on their decisions regarding the Choices package. Perceptions of preparedness for work, which necessarily encompassed perceptions of health, informed decisions about whether to take up offers of help in the short-term, to think about accessing such help in the future, or to reject it completely. In a separate research study (Knight *et al.*, 2005), Personal Advisers said individuals' thoughts about working in the short and long-term influenced their approach in providing information and encouragement (pp48, 64). They also said some people were reluctant to engage in any support offered because they felt too ill or incapable of work (p 65).

As in the first cohort, decisions to take up support from Job Brokers, Adviser Discretionary Fund and RTWC were made with a view to returning to work or taking steps to find work in the short-term, for example, believing that a new suit, bought with money from the Adviser Discretionary Fund, would contribute to a successful search for jobs. People saw Job Brokers and Jobcentre Plus job-search facilities as services to help people find suitable work, be put in touch with understanding employers, and to increase paid work gradually.

When they were told about the help available, some people felt it was the right time to start taking steps towards work in the longer-term. This included enrolling on training courses; joining the CMP to identify suitable kinds of work that would not affect health conditions, or to get a confidence '*boost*' before starting to look for work; or by doing something that would mean they were mixing with people again. One woman trying to make her way back to work after many years out of employment, conceptualised the CMP as a stepping stone to help the transition from benefits to a college course.

The timing of offers of support was also an important factor for people thinking primarily of their health. Some of this group rejected CMP and other services offered because at the time they were too ill, or still recovering from illness or treatment. They said they would derive little value whilst still affected by their health problems, for example, not being able to concentrate. Some people affected by psychological problems did not feel confident enough to start something new or were nervous

about going to new places. Some said they liked the ideas they had heard but were hesitant about accepting due to uncertainties regarding their health, especially if they were awaiting tests and treatment and did not know what their capacity for work would be in the long-term. The timing was also not good for people who said they had other priorities and concerns within their family and could not give time to Pilot programmes. Evidence emerging from research with CMP practitioners (Barnes and Hudson, 2006b) suggests that the Programme was not suited to all people and that practitioners had felt demoralised when people were referred to the Programme who they perceived to be some distance from work.

There was little evidence in this cohort of people coming back to access support they had learned of from the Personal Adviser when they felt ready if contact with the Adviser had ended, although some went on to contact Job Brokers independently.

As in the first cohort, some people perceived other significant barriers to work which they felt made participation in Pilot services futile. Included here were long-standing, persistent and uncertain health problems; age; length of time away from the labour market; and feeling unable to retrain or engage with new kinds of work.

People with different perceptions of preparedness for work and of health, as in the earlier cohort, declined offers of help because they felt they did not need it. This included people who had already returned to work; people who thought they would return to work shortly and had, therefore, not paid full attention to information given; people who rejected retraining or Job Broker services because they hoped to return to their previous job eventually or possessed sufficient skills already; and those who were already receiving good support from NHS health services and professionals, such as physiotherapy and hydrotherapy.

2.3.2 Financial perspective

Panel members' perspective on their financial situations was also influential in their decision-making, as it had been to people in the first cohort. Perceptions of financial stability with or without a return to work, and the availability of financial support to enable job search or becoming self-employed were main factors here.

It is worth noting that some people had clearest memories about being told of financial support, sometimes when they did not remember being told about other kinds of help. As in the first cohort, people remembered being told about financial support even when not thinking of going back to work in the near future. Some of these people were facing financial problems and this may have made the information more memorable. It is possible that Personal Advisers gave such information more widely and perhaps put greater emphasis on it in their conversations with clients. We know that some Personal Advisers told all incapacity benefits recipients about the financial incentives on offer and that they thought RTWC was popular amongst people (Knight *et al.*, 2005).

As in the earlier cohort, financial support such as RTWC and money available to help fund training, exams and other expenses such as work clothing was thought by some as having the potential to make a positive financial difference when in work, and to make steps to work financially viable. These were people who were already making plans to return to work or hoped to take up help offered and move towards work in the future. A number of people were attracted to the idea of RTWC because they believed it could help pay for extra things needed when making the transition into work, it could support a gradual return to work by supplementing earned income, and it could make a difference financially. Seeing a better-off calculation demonstrated to some in this cohort that they would be in a better financial situation in work with in-work benefits such as RTWC and WTC. Permitted Work rules appeared helpful to people who wanted to work fewer hours, sometimes as a first step towards longer hours of work, or as a way of working for people who had tried longer hours but been unable to sustain them.

Some people who were looking to take steps towards work felt able to commit to training courses and work shadowing opportunities because they knew their benefits and sense of financial stability would not be affected. In contrast, one man did not want to stay on benefits, and chose to return to work and receive RTWC, because he had so many difficulties getting benefits.

There were mixed views about being better off in work. Some people welcomed financial top-ups because they thought their financial situation would improve if they returned to work. However, some men and women in their 30s with young families were concerned that they would not be in a better financial position in work as any extra money from earnings would be spent on extra expenses, such as childcare costs. They did not seem aware of all the financial help available from Jobcentre Plus. People thinking of becoming self-employed thought that financial help from Jobcentre Plus and Job Brokers would not be sufficient to meet their start-up costs.

In this cohort, the financial aspect of returning to work was not a consideration for some older people who said it was not a motivating factor for working because their household had income from other sources, such as a partner's earnings, or because they had no debts or significant expenses like mortgages.

Nobody who said they faced debts said these could be eased using financial help available through the Pilot. However, there were examples of people gradually reducing debts after returning to full-time work.

2.3.3 Knowledge, understanding and expectations regarding service provision offered

People's perceptions of themselves were very important in their decision-making, as discussed above. The information they were given and the understanding they developed of support options was also influential.

Most people heard about available services and support for the first time at WFIs. They, therefore, relied on their Personal Adviser to introduce and explain relevant options. On the whole it seems that information was given to, rather than specifically sought by, people, although some people came to Personal Advisers in later WFIs with information requests about benefit entitlement and support they had heard about from elsewhere, such as New Deal programmes. Knowledge of what was available was not reliant only on memory in some cases, as information leaflets had been received.

People's recall of what was discussed in WFIs was no doubt affected by what they found salient, but there is perhaps evidence in the panel to suggest Personal Advisers tailored their information-giving to what was known about clients' circumstances, for example, people who spoke mainly about financial support tended to be people in difficult financial situations and keen to achieve financial security. Indeed, we know from earlier research that Personal Advisers endeavoured to be led by the needs and circumstances people discussed with them. In practice, this was not always achieved when Advisers perceived people as needing a 'steer' because they lacked sufficient knowledge of the options from which they were making choices (Knight *et al.*, 2005, p 64). Tailoring support and guidance to individual needs may have helped clients choose the right kind of help for them. There is perhaps some evidence in this data that it may also have restricted choice. For example, there was some frustration amongst clients that they did not have more than one opportunity to take up suggestions which were mentioned, had attracted their interest, but were not followed-up by the Personal Adviser at a later date. One woman expressed doubts about the genuineness of the offer of RTWC because it had not been mentioned again. However, some of these clients were also reluctant to be proactive and to initiate discussion about the things they had become interested in. We see in the second stage of research on the role and practices of Personal Advisers, that Advisers strove to strike a balance between informing people and overloading them with information (p 44). The difficulties in achieving this balance were perhaps seen when people were left wanting more information and opportunities.

Not all knowledge about the availability of services and support had been gained from Personal Advisers. Some people said that they or their friends had previous positive experiences of services such as financial bonuses, Job Brokers, occupational therapy and pain management courses. This seemed to encourage them to investigate the Pilot support further. Previous Jobcentre Plus Advisers were another source of information.

Some people said their Personal Adviser was a key influence in their decision to pursue services, providing the detailed information they needed before agreeing to take part, such as knowing counselling would not be held in group sessions. On the other hand, some people said they took up offers of support feeling pressure from their Personal Adviser, for example, moving more quickly into self-employment than they would have chosen.

From the client perspective in this cohort, it seemed that Personal Advisers performed a gate-keeping role not only in respect of the information they gave, but also in respect of enabling access to services. Some people had not yet accessed the CMP and the DEA on the say so of their Adviser. CMP assessors, specialist nurses, consultants and GPs were also described as making decisions about their use of Pilot services. Some people seemed pleased that other people were responsible for making decisions about support, because they deemed them to be more qualified to make appropriate judgements on their behalf. There was, however, some concern that Personal Advisers were no more qualified than clients themselves and that in particular they did not have requisite medical knowledge to make appropriate suggestions and referrals. In the separate report on the role of Personal Advisers, this concern was reflected amongst Advisers who also doubted the sufficiency of their expertise in making referrals to the CMP and Work Psychologists and thought that health professionals should be involved (p 65). One man who was keen to think about alternative employment and retraining appeared frustrated when told that support from a DEA would be more appropriate at a later stage.

A number of panel recruits spoke of how they were reluctant to initiate contact with service providers themselves. Opportunities to participate had been missed when clients and Personal Advisers had omitted to remake appointments.

Some people were willing to try services suggested, such as Job Brokers and the CMP, without detailed information about them. They said they wanted to accept any help they were offered, were reassured by the knowledge that friends had previously received something they felt was similar, or felt obliged and anxious they would be seen as not interested in getting better if they did not. We see in a separate research study (Barnes and Hudson, 2006b) that some CMP practitioners felt people did not have clear ideas about the service when they started and did not always know that participation was voluntary.

Much decision-making about trying new services appears to have been based on people's understanding and beliefs about the potential impact of participation. Decisions to try the CMP were sometimes made in the expectation that it would help to improve or stabilise health problems, provide a better understanding of health conditions or an opportunity to obtain a second opinion, and specifically, to help cope with conditions in the workplace. Believing participation in the CMP was a way to get help not yet available to them through the NHS, such as counselling and pain management, also influenced decisions made.

Understanding of the format of service provision also had some influence. Some people were deterred from the CMP because they understood it would involve group meetings; some people were encouraged to join CMP after being assured that it would involve individual meetings with trained counsellors. Findings from research with practitioners (Barnes and Hudson, 2006b) confirm that one-to-one work and group sessions were held in most, if not all, Pilot areas. There was some acknowledgement amongst practitioners that people might find it difficult to

engage with group work, especially those who had not worked for a number of years. One woman in the panel study explained that she would like to participate in the CMP but that she would only be able to if service delivery was more flexible and tailored to acknowledge her particular health needs. The CMP did not appeal to people who thought it was not offering anything new that had not already been tried.

Scepticism, misunderstandings and negative perceptions were sometimes barriers to taking up support offered. Scepticism about the quality of service provision and the expertise employed, and the likelihood of services proving effective, were reasons given by some people for not participating in the CMP and training courses. We see in a separate study (Barnes and Hudson, 2006b) that quality assurance was also a concern for some CMP coordinators who did not always have frameworks in place for subcontracted service provision. Both men and women agreed to participate in the CMP, however, despite reservations about participating in group sessions and doubts about it providing long-lasting and effective pain relief, because they felt under pressure from their Adviser to attend and wanted to demonstrate that they were interested in getting better. This is supported by findings from the Personal Adviser research which suggest that Advisers had encouraged some initially sceptical people to take part in programmes that they believed could be valuable to them (p65). Some of those who were sceptical also said they preferred to seek help from NHS services and rehabilitation programmes. People associated GP services with an assurance of confidentiality and knowledge of personal health history, but doubted the CMP. There were some indications that people were wary of accepting support for their health condition through an agency set up to deal with benefits and work.

As in the last cohort, the role of the DEA was sometimes misunderstood as a service only for people with particular impairments. In the first cohort, some people perceived RTWC as a '*bribe*' and a way of forcing people into work, and as too large a bonus. Here, some people rejected it saying that public money should not be spent persuading people to work who are well enough to do so. Some women in their 40s and 50s who expected to earn a good wage if they returned to work, thought it was wrong that extra money was available once they were earning but not when it was most needed whilst on benefits. After saying that RTWC was not a personal incentive to work some people said they would still accept it if they went back to work. Some people thought they would not, because they felt it would be better spent elsewhere, such as on health care services.

2.3.4 Use of action plans

Action plans are intended to be kept, reviewed and updated as a record of decisions or plans made regarding client's movements towards work. In this cohort as in the first, most participants were either not aware of an action plan or recognised the term but did not talk about it having any significance to their situation or plans. Only one older man who spoke positively overall about the help available in the Pilot and

had knowledge of other welfare to work programmes, such as New Deal 50+, also spoke positively about his action plan, which he described as making sense and setting out what he and his Adviser would do. Qualitative research with Personal Advisers (Knight *et al.*, 2005) found that Advisers used action plans primarily for their own purposes, in recalling earlier discussions and decision making with people. Some preferred to give copies to people and some chose not to.

The comments of those few people who remembered an action plan being composed concur with findings in the first cohort, in that it had subsequently been forgotten, or had little personal relevance. The plan had little relevance to people where it noted things that were to happen anyway or noted non-significant steps, such as **thinking** about joining a class. Similarly, it was thought to be meaningless by people who felt they had no ownership of its contents, for example, where Personal Advisers had included plans people were not intending to follow because they did not perceive such action as worthwhile. It was rare for people to speak about reviewing plans as they attended more WFIs. One comment was that there had been no need for review because there had been no progress or change in thoughts about work.

People who did not remember having any action plans suggested that their health circumstances were such that there was no need for one so far. They felt unable to return to work, and a plan would not be worthwhile until their conditions had at least stabilised. One young woman who had returned to paid employment perceived the action plan as a document for long-term career plans and thought it would be written when she was ready to give consideration to her future.

2.4 Overall views of the Work Focused Interview regime

This section provides an impression of people's appraisals of the WFI regime as they moved through the Pilot. Not many of the panel described all positive or all negative experiences. Those parts of their experience of the WFI regime that they highlighted as positive and negative are summarised here. Retrospective reflections from the final panel interviews on the impact of participation in the Pilot as a whole is discussed fully in Chapter 4.

2.4.1 Positive elements of experiences

Responsiveness

One of the aims of the WFIs was to provide a responsive service to meet individual needs. As found earlier, some people described how the options they had discussed with their Personal Adviser were relevant to their problems and needs. Some people felt that their Personal Adviser had listened and advised them accordingly. Personal Advisers had taken into consideration clients' health conditions and their effects, their qualifications and skills, and their aspirations for the future in the help and advice they gave. For example, one man was pleased that his Personal Adviser had helped him develop ideas for doing part-time work that did not mean returning to the kind of work he had done previously and which he wanted to avoid.

Responding to specific concerns and questions was a positive element of contact with Personal Advisers. Panel members were complimentary about staff who gave reassurances and answered specific queries about benefit entitlements and in-work financial security, and assisted in solving benefit processing problems. Being flexible in rearranging missed WFIs, and making appointments at times to suit clients' circumstances and when there would be fewer distractions was helpful. It was also reassuring to people concerned about the effects of non-attendance on their entitlement to benefits.

Responding to some people's needs to maintain a sense of control was a welcome aspect of the Personal Adviser's conduct. In this panel, some people spoke positively about how their Personal Adviser had not told them what to do or had encouraged them to take responsibility for their progress towards work having given them initial direction. Some were pleased that they had subsequently been proactive in taking steps, such as enrolling on college courses. One woman appreciated the courtesy shown by her Personal Adviser in asking for permission to take notes about her health condition.

Timeliness

Although receiving no practical Pilot support, some people with unstable and unresolved health problems felt it had been a good time to make plans for a future return to employment, or to obtain ideas as to occupy their time whilst unable to work. Some said that the opportunity to participate in services like the CMP might have been missed if interviews had been held when they were ready to work.

Feeling informed

Important to some was being given information not heard previously. For some people the opportunity to learn about what was available to them had made attendance at WFIs worthwhile. There was some surprise amongst panel members at the wide **range** of options and services available. Such positive feelings came from people who were looking to move back to work in the near future, people who subsequently pursued support options offered to them, and people who did not perceive any information to be of immediate relevance but which might be useful in the future. People who thought the information may be of use for the future found it particularly helpful to know about help to do training, the range of financial assistance, and the rules regarding returning to benefits if a return to work was not successful. Some of these people indicated that they would use their knowledge to pursue help should they need it when attempting to return to employment.

Some people said that learning about available help had helped them think differently about their current situation and to make plans for the future. For example, becoming aware of the Permitted Work rules had encouraged one man to formulate new plans for a gradual return to work. People who saw the interviews as a turning point said they had been given hope that they could do something whilst they were not fully fit, such as enrolling on a course leading to a job, or doing a different job which could be done at home.

Feeling supported

Much of what panel recruits had been pleased about related to the level of support they had been shown through their participation in WFIs. There were two main types of support described: feeling that the WFI process offered general support, and feeling that their Personal Adviser provided personal support.

WFIs were helpful when people felt supported in what they hoped to do. It was good to be given the message that work is possible, that help is available and that there are things people can do for themselves to achieve their aims. The Pilot was a positive sign that Jobcentre Plus was taking an interest in people, offering more through the CMP and financial incentives, and not just sending them money. One woman described the support as a '*safety cushion*' to fall back on, where previously she had felt alone. These were views held by some people already focused on work, and by some people who wanted to work in the future, some of whom had been out of work for a long time. People who felt the support was pitched at the right level said the Pilot enabled them to find out what was available, without pressure to do anything. People were led to ideas they would not otherwise have considered.

People focused on work said having a series of WFIs or contacts had helped some people to feel that they had plenty of opportunities for discussions and that they were continually supported. Keeping in contact kept the Personal Adviser informed of developments. Occasional phone calls to find out how they were and be reminded of help available were welcome. Feeling that they were no longer forgotten contrasted with feeling '*invisible*' when out of work. Knowing the Personal Adviser was there to talk through problems and offer support was valuable to some men and women facing uncertain health trajectories and wanting to start taking steps towards employment. The promise of support in the long term not only to find work but to keep it, was reassuring for people concerned about encountering problems with employers or thinking they might have new needs when in work. There were some examples of people appreciating the continued support they received after returning to work. For example, receiving help to appeal when RTWC payments stopped prematurely, receiving advice about claiming additional benefits such as Housing Benefit (HB), and discussing long-term plans for training and work.

People who indicated that they did not mind going to a series of WFIs, although they did not seem to have found them particularly useful, tended to be people who were limited by their health problems. Some people said that just attending WFIs was helpful because it motivated them to get out of the house, or that having such contact might become useful at a later stage.

The amount of personal support from Personal Advisers was another positive element of participation. Similar complimentary remarks were made about Personal Advisers as in the first cohort, such as '*polite*', '*skilled*', '*reassuring*' and '*friendly*', and these came from a broad range of people, including those who had few other positive remarks to make. However, some people went on to describe how their Personal Adviser's personal support was an important resource to have in its own right.

Such personal support was described by panel members as someone who:

- made a difference;
- took action on their behalf;
- could be trusted to listen, understand and point them in the right direction.

These broad descriptions, now discussed further, mirror those identified in the earlier panel.

For some people, Personal Advisers were the reason why they had become more positive about the help offered by the Pilot. Personal Advisers gave people confidence to pursue their own ideas, and encouraged them to try new things and be optimistic about returning to work. People who thought this had been out of work for a long time, or had only recently become ill and had no prior experience of Jobcentre Plus support. Just being able to ring the Personal Adviser on the phone when needed made a difference to one woman who said she was easily frustrated.

Taking what seemed to be special action on the client's behalf was another way the Personal Advisers became important to clients. Such action was said to show how Personal Advisers were understanding and willing to help their clients. Examples in this panel were:

- taking time out of the office to drive a client to job interviews;
- making efforts to locate detailed information about local exercise classes;
- making enquiries about Social Fund crisis loans and assisting in the application process;
- suggesting named organisations to contact for help in appealing against the loss of benefits;
- advising on how to make a fair representation of the effects of health conditions at the medical assessment;
- giving help to people claiming benefits on behalf of a family member.

The Personal Adviser was described by some people as someone they trusted to whom they could refer if they had problems or queries, felt low in confidence or needed someone to talk to. There was greater emphasis in this cohort on feeling closer to Personal Advisers who had shared experience of health conditions and social problems, or had spoken to others with such problems. Such Personal Advisers were perceived as having the capacity to understand. Personal Advisers who were perceived as having impairments were thought to be setting clients a positive example. People trusted Personal Advisers where they seemed genuinely interested, were good listeners, felt like a family friend and had made the client feel important. Some people took comfort from knowing their Personal Adviser was a knowledgeable sounding board for their ideas, had pointed them in a suitable direction or would be responsible for deciding when it was appropriate to access certain help or try work again.

2.4.2 Negative elements of experiences

Panel members' criticisms of the WFI regime fell into three broad categories:

- mismatch between the overall design of the WFI regime and people's circumstances;
- not responding to people's needs;
- negative views of the Personal Adviser.

Mismatch between the Work Focused Interview regime and people's circumstances

In much the same way as in the first cohort, the focus on work, timing of WFIs and the requirement to attend a series of WFIs, were not thought to fit well with some people's circumstances. Panel recruits expressing this opinion were mostly people who were not focused on working and people who would like to work sometime in the future, but felt unable to do this now.

The focus on work in the interviews was the subject of strong criticism from older men and women with a long history of working, sometimes in one occupation. Some had not claimed benefits before. Additionally, there were men and women in their 30s who had long-standing health problems with uncertain trajectories, who were unhappy about being asked repeatedly about work. Some of these people felt they had been forced into doing something, such as training, despite continuing significant physical health problems. Similar to the first cohort, there was some resentment that people judged to be unfit for work by a doctor were being '*pushed*' into work, especially if they had never claimed benefits before. They perceived Jobcentre Plus as questioning the effects of their conditions and the judgement of the assessing doctor. It seemed more sensible for Jobcentre Plus to target other groups of claimants instead, such as long-term benefit recipients and those perceived as '*lazy*'.

The argument was made that the Pilot focuses on people who are vulnerable, due to the nature of their health condition, and may not possess the confidence to resist pressure to do something inappropriate for them. One woman, for whom claiming benefits had been a big step, described feeling harassed in having to keep explaining herself to staff. There was some evidence in this cohort that WFIs had an impact on the health of some people. Some with mental health problems described panic attacks leading up to interviews and setbacks afterwards. Some said inappropriate seating had serious effects on back conditions.

There was some annoyance amongst people with contracts of employment or recent experience of working who found it '*patronising*' and '*degrading*' to be treated as if they did not have jobs to go to or as if they were not able to find work without help. For them, finding work was not a problem and motivation to work was not lacking; only their health was a barrier.

The cohort included some people who did not mind attending WFIs but did not feel they understood the purpose for their attendance and did not perceive any value. One man who had mental health problems suggested that compulsory attendance at WFIs would not influence changes in his life as change had to come from within him.

Another set of criticisms, similar to those in the first cohort, concerned the timing of the WFIs. People considering other options such as retirement and how work fitted with their responsibilities for childcare, felt pushed and under pressure to get back to work when they did not feel fit to work or did not feel it was the right option for them.

Some people did not dismiss the idea of having interviews, and some supported the underlying principle to help people back to work, but felt that this support had occurred at the wrong time. This argument was made by people who had not yet had treatment or were at an early stage in their recovery and did not know what their work capabilities would be. They felt that the focus at that time should, instead, be on ensuring people received their entitlement to benefits, and perhaps helping them think about work in the long-term. Similar arguments about WFI discussions not being relevant were made by people who still had contracts of employment and felt that they were unable to receive help from Jobcentre Plus whilst they retained their jobs. With hindsight, one man observed that it would have been more useful to hold the series of WFIs at the time he started to think about returning to work and not whilst he was in a period of recovery from a heart operation.

Some people who did not object to the underlying purpose of the WFIs and who wanted to work in the future considered that Jobcentre Plus help might be of use to them when they felt ready to work. But some were concerned that the offer of help would expire before they were ready to accept it. Some of the people whose remaining WFIs were waived at their first interview expressed frustration at having wasted time and effort in attending.

Various arguments were made against the requirement to attend a **series** of interviews, including:

- all that was discussed could have been done more efficiently in one visit or in a series of phone conversations;
- no progress was made and there was a feeling that both Personal Advisers and clients were *'going through the motions'*, and doing WFIs *'for the sake of it'*;
- WFIs did not fit with clients' health trajectories, in that some WFIs were held monthly even though sick notes were not due for renewal and clients continued to be unwell;
- repeating the stress induced by having to find transport to visit the Jobcentre Plus office.

Lack of responsiveness

Responding to people's needs and concerns was an aim of the WFIs, but there were mixed views about the extent to which Jobcentre Plus staff did this. WFIs were thought to have not been responsive when Personal Advisers did not listen to people who did not feel able to work and made suggestions or plans that were inappropriate, and when WFIs did not meet the needs and expectations of people looking for help.

Some of the people who said the Personal Advisers had not listened also said their Personal Adviser had wanted them to do work or other activities that they felt:

- were inappropriate for their health condition and could possibly have negative effects;
- were not needed, such as training or confidence building, because they already had sufficient skills or confidence;
- did not complement their own work aspirations, such as work trials in a new occupation for someone who wanted to return to their previous job;
- they did not want to do, such as computer training where the client said they had little aptitude for it.

Some people did not feel the information they received was relevant because it was intended to help disabled people and they did not regard themselves as disabled. One older man who was not interested in working again and whose health did not improve over time said being asked to go for a series of interviews showed that the Personal Adviser took no notice.

Another way in which Personal Advisers seemed not to respond to people was when people motivated to work or to access help felt their particular needs and expectations were not met. Needs perceived as not addressed in meetings with the Personal Adviser included:

- help to access suitable training, such as courses to fit around other considerations such as childcare and health needs;
- advice about accessing alternative and higher skilled forms of employment;
- sufficient funds towards training, business start-up costs or for a driving test;
- practical help to find employers willing to employ people with a history of health problems;
- support after returning to work, such as a last formal contact to find out about progress made;
- information and advice about entitlement to benefits.

Some felt they had received more support when claiming JSA. Some of those disappointed that they had not received any general guidance, advice or practical support, or that information had been given but not followed up, had only one

interview. Some people had the impression that they could not be helped because they had jobs to return to.

Some people frustrated by difficulties in making benefit claims drew distinctions between the helpfulness of frontline staff and the apparent inefficiency of backroom staff. Also, some people were annoyed when they were passed between staff who did not seem to know how to help them, or had to wait when a number of staff were perceived as standing around.

Negative views of the Personal Adviser

As stated above, most of the views about Personal Advisers themselves were positive. Some people explained that their criticisms were of the system as a whole and the role the Personal Adviser performed, not of the Personal Adviser as a person. However, there were some criticisms about the attitude and reliability of Personal Advisers. Some people did not like the attitude of Personal Advisers who applied pressure to take part in services offered; who seemed apathetic about making progress; who appeared frustrated when people did not pursue their suggestions; and who seemed negative about the prospects of returning to an old job or finding new work, even where people were equally negative about their own prospects. Personal Advisers were reported as not being reliable when they did not do what they said they would, such as make appointments for services such as the CMP. Some people were unhappy that they had been made to wait to start their WFI when their Personal Adviser did not appear to be busy. Some people thought that Personal Advisers were inadequately trained for their role, suggesting that they demonstrated a lack of knowledge about entitlement to benefits, and needed to be more 'dynamic' and have medical knowledge. Personal Advisers were perceived as offensive when they claimed to have specialist knowledge about particular health needs but demonstrated a lack of such knowledge.

2.4.3 Developments and changes in views over time

This section draws specifically on data from people who talked of ongoing contact with the Pilot through a series of WFIs. This, therefore, does not exclude those panel members who did not participate in all of the research interviews, as some of these people were also able to trace their steps through the Pilot at the time researchers spoke to them.

For most people, views about the WFI regime did not change over time. Personal Advisers had rather different views about this (Knight *et al.*, 2005, p47) and thought that many people had become more positive and less anxious about their participation as they moved through a series of WFIs. This apparent difference in views might be explained by the characteristics of this particular cohort, many of whom had persistent and severe health problems and some of whom had little contact with the Pilot after an initial interview. In such circumstances, people's first impressions informed their opinion throughout the panel. People who experienced no changes in their personal circumstances, such as health, other barriers to work, and overall

readiness for work, had long gaps between interviews or felt that the interviews were no more relevant to them as time progressed. Some people were positive about the **potential** to be helped by their Personal Adviser in the future because they either had past experience of Jobcentre Plus or Employment Service support, or had been given information in their WFIs. Their thoughts did not change by the end of the panel because they did not reach the stage where they felt ready to be helped. Feeling supported and that needs were responded to throughout the interviews, or feeling that nothing different or valuable was offered over the course of several meetings, are other reasons why views did not change over time.

Becoming more positive

Similar findings to those of the first cohort emerged, in that some people's impressions of the WFI regime improved over time and were related to changes in their experiences of WFIs or changes in their own circumstances.

As in the first panel there were reports of people feeling anxious and uncertain before attending their first WFI, but feeling at ease once they had been reassured by the Personal Adviser about not being pressured into work and their continued entitlement to benefits. For some panel recruits this indicated only a slight change in their overall opinion as some of those who continued to attend WFIs perceived them as a waste of time whilst they felt unable to work.

Some people perceived their increased positive perspective of the Pilot as stemming from a change in their Personal Adviser's attitude and manner or with the sense of building a relationship with their Personal Adviser. Time was thought to be a necessary ingredient for these changes as Personal Advisers were perceived as more understanding of health conditions as they became more familiar with the effects on individuals, and clients began to trust their Personal Adviser after repeated contact. Time had also given some people the opportunity to reflect on information heard at early interviews and understand how it might apply to them. One woman in her 50s said her uneasiness about claiming benefits for the first time reduced as she became more familiar with attending Jobcentre Plus and felt at ease with meeting her Personal Adviser.

Developments in the content of what was discussed with their Personal Adviser helped some people alter their opinion of the WFI regime. Thus, people became more positive after receiving further information about services that interested them, and after developing a better understanding of the Pilot and how it could help them. Developments in personal circumstances also precipitated changes in opinions. One woman's perception of the requirement to attend interviews as pressure changed, to feeling supported as her mental health improved. She became more focused on returning to work and found the support she accessed through WFIs to be valuable.

Some people continued to have reservations about the suitability of a series of interviews but became more positive about the Pilot as a whole after they had taken

up offers of support, such as the CMP, RTWC and training courses. One man maintained his view that he had not been offered anything useful through his WFIs, but as he became more focused on returning to work he expressed his intention to look again at the information he had been given and reconsider the support offered.

Becoming more negative

This cohort, like the first, included people whose initial optimism or ambivalence about participating in interviews turned to disappointment over time. There were examples of people coming to WFIs thinking about work and feeling supported when they were helped appropriately, who were later disappointed when contact with Jobcentre Plus fell away, or when suggestions were not backed up by practical help. Initially, one man demonstrated ambivalence about attending interviews, finding his Personal Adviser knowledgeable and likeable but not recognising any relevance to his situation. He later became disappointed in not receiving any suggestions for how he might fill his time whilst he could not work. Exceptionally, one person's positive perspective of the Pilot changed when given a new Personal Adviser. In comparison to the first Personal Adviser, the new Personal Adviser appeared to be unreasonably pushing the person to access services before ready to do so. Not wanting to contact the new Personal Adviser again led to abandoning plans to take part in the CMP, undertake work trials and to access funding for exams and workplace equipment.

Additionally, in this panel, were people whose negative views of the WFI regime intensified over time. This intensification in feeling in some clients was linked to the requirement to attend a series of interviews, especially for people under increased pressure to work at each subsequent WFI. Having attended a series of interviews and found nothing of value in any led some panel members to suggest that one WFI would have been sufficient, or that telephone follow-ups would have been preferred and more efficient. One man's frustration grew over the course of several WFIs because he was looking for help to investigate alternative careers and training opportunities and discussions with his Personal Adviser produced nothing to meet these needs.

2.5 Discussion

As before, the cohort included people who felt supported by Pathways and were pleased to take part, and people who were negative about their involvement. This cohort provides further evidence from those who were ambivalent about taking part in WFIs. There was a sense of resignation; that people knew they had to take part and therefore, complied. These people did not find much of value in their experiences because they did not perceive anything of relevance at the time, although information about available services was useful. There is perhaps hope that these people remain amenable to the prospect of continued contact with Jobcentre Plus and can find help to meet their needs when they feel ready to take advantage of it.

Information giving seemed important to people in this cohort, as in the first. Providing information on help available was commonly thought to be a helpful element of interviews with Personal Advisers, even if nothing else was perceived as valuable or positive.

There was much interest in financial support. However, despite the appeal of financial gains, people's decision-making about work often rested more on their perceptions of readiness for work and health circumstances, such that incentives to work or to train were trumped by feeling unable to work or cope with any new commitments. Having remembered information about financial support it is possible that people could decide to use it in the event that they feel ready to work.

As in the first cohort, there was support for, and arguments against, a series of WFIs. The evidence of people who said they built a relationship of trust with their Personal Adviser, became more familiar with Jobcentre Plus support over time and came back to access support at a later time, suggests that a series of interviews could benefit some people. However, repeated contacts do not appear to have been helpful to people whose circumstances did not change, felt their time had been wasted, and felt under increased pressure to do things they did not want to do. There were also people who seemed to make progress without attending WFIs and receiving Pilot support, at least until they returned to work.

This cohort included a group of people who wanted help but did not find what they were looking for in the Pilot. Some of these people did not seem to have had a series of regular WFIs, and did not receive the particular help they wanted, for example, funding for training courses. It seems important that people who might be helped are identified and supported as much as possible.

3 Services used in moving towards work

Chapter 2 presented what people understood about services available to them through Jobcentre Plus and decisions they made about using services within the Choices package, during the series of research interviews. This chapter takes this analysis forward with information about experiences of, and views about, the services from those people who went on to use them. The report from the first cohort also presented material on the overall picture of use of services, looking at service delivery and experience of support within Jobcentre Plus, the Condition Management Programme (CMP), financial incentives, and Job Broker services. Some of the findings on these issues from the second panel cohort replicate those already described in the earlier report. This chapter does not describe again in detail findings that have already been presented. The approach taken is to explain which findings from the earlier cohort were reinforced by material from the second cohort and where there were differences, and to describe in detail any new material.

Throughout the chapter we relate use of services to people's interest in work, and situate their experience of the services within any movement towards paid work. As a first step in this analysis we, therefore, present three different groupings of people in the study group, according to what they said about their interest in paid work at the time of early contacts with Pathways. Section 3.1 draws on cross-sectional analysis from the first research interviews.

3.1 Initial views about working

In the report from the first panel cohort we identified three sub-groups of people, according to the way they described their thoughts about working when they went for the first interview with an Incapacity Benefit Personal Adviser (IBPA) (or other staff within Jobcentre Plus apparently involved at an early stage in the Pathways process). The sub-groups identified were people initially not thinking of working; people initially focused on working, and people who wanted to work in the future. People in the second cohort also fitted these three same sub-groups.

3.1.1 People not thinking of working

There was, again, a small group of people who said they were not thinking of working and not really interested in the idea when they went for their first interview. Most were in their 50s, and described chronic ill-health. Managing day-to-day activities, and dealing with continuous pain, fatigue, and mobility problems meant that, for them, having paid work was not an option. For some, this belief added to their sense of loss, and increased their depression. Some said that their age and lack of local job opportunities meant that even if their health improved, it was unlikely that they would get work again. People with life patterns of recurring severe mental illness sometimes thought that renewing attempts to do paid work was likely to trigger major bouts of illness. They, and sometimes relatives who cared for them, were keen not to increase the risk of long periods of hospitalisation. People close to state pension age doubted that there was time for both improvement in their condition and finding a suitable job before they reached retirement.

Younger people in their 30s described the problems associated with long-standing conditions, often with multiple symptoms which were hard to control, despite continuous treatment from specialist consultants and nurses.

People in this group, who were not thinking of working, were generally not facing pressing financial problems. Some were used to living on low incomes, and some lived in families where partners or other family members had earnings.

Among those who did not want to think about work when they went to their Work Focused Interview (WFI) were people who felt it would be wise not to say this to the Adviser, to avoid any benefit sanctions.

3.1.2 People already focused on working

At the other end of the spectrum of interest in work, as with the first cohort, were those people who said they were already keen to return to work, and were taking steps in this direction when they went to meet the Personal Adviser. As with the earlier cohort, some people in this group were hopeful that their current condition would be an interruption to life from which there might be some recovery or symptom control, rather than a permanent or deteriorating condition. People in this group were maintaining contact with previous employers; keeping in touch with work colleagues; maintaining involvement in self-employed businesses; thinking about different kinds of work they might be able to do; continuing to do their voluntary work, or keeping in touch with Disability Employment Advisers (DEAs). Some had tried a half day's work for an employer to see how well they managed. A self-employed business with a range of activities provided opportunities for testing what work was now possible for the owner.

As found earlier, financial pressures were a strong motivation for returning to work in this group. People who had been used to regular earnings found it hard to manage on benefit incomes during a period of long-term illness, especially homeowners with mortgages, people without working partners, and people who

wanted to deal with problem debts. Missing work and contacts with people outside home were also encouraging people to think towards returning to work, as was wanting to keep a business enterprise going. Others said they wanted to make a contribution to family life along with partners who had paid work; or spoke of having a strong work ethic and wanting to spend their time doing something useful. Some were looking forward to returning to work as an indication to themselves and their families, of continuing recovery from mental illness. These are similar findings to those from the earlier cohort. One person had become keen to develop a new self-employed business to meet a perceived gap in services for people with similar impairments, and was already building up contacts.

A different experience was reported from people who had already found it hard to get and sustain work, before they developed a health condition. They had already received considerable support through Jobcentre Plus programmes and training schemes while claiming Jobseeker's Allowance (JSA), and had had short-term jobs but had been unable to sustain employment, or been injured at work. Job-focused activity had continued after moving to an incapacity benefit, with a continuing aim of gaining some entry into the labour market. One person felt that cultural isolation and having limited spoken English were additional problems.

3.1.3 People who would like to work sometime in the future

As in the first panel cohort, most people said that when they first had contact with an incapacity benefit Adviser they felt they would like to work again sometime. Nobody in this group had ruled out the idea of working again. Some would have liked very much to be able to work, but thought this would be impossible without improvement in their condition. Few had a definite timescale in mind as to when it might be possible to work again. This might depend on the outcome of operations; whether a condition would respond to treatment, or pain could be reduced; whether people were successful in recovery from alcoholism or mental illness; whether any job could be found that would fit a particular condition, and whether medical specialists thought it sensible. As found from the earlier cohort, additional problems perceived in returning to work included the need for childcare; increasing age and outdated skills; employer discrimination; probability of problems in getting good references from previous employers (due to sickness records, or behavioural problems) and being unable to earn enough money. When parents had responsibility for large families and several young children, it seemed sensible to some for the parent entitled to incapacity benefit to be at home while the other parent worked.

Some people were very uncertain of their capacity for work, due to their current condition and length away from work. As in the earlier cohort, some men with technical or trade qualifications had in mind returning to their own most recent work when they thought about working again. There were both men and women who believed that jobs were still open but they were unlikely to be able to do the same work again, and some had outstanding compensation claims against previous employers for injuries at work.

This overall picture of views about working among those who had not ruled out the idea or thought it might be possible in the future is very similar to that described for the first panel cohort.

3.2 The overall picture of use of services

In Section 2.3 we described considerable interest in some of the support services discussed in initial interviews with Advisers at Jobcentre Plus. We now go on to describe the actual use of these services, which was of course entirely voluntary. Of particular interest is how far people initially not thinking of working, and people who hoped they might eventually go back to work but were not currently work-focused went on to try support services such as the CMP or got in touch with Job Brokers. Only those who actually moved into paid work during the panel period had any opportunity of using Return to Work Credit (RTWC) and tax credits. This section draws on longitudinal analysis across all the available data.

The overall picture of use of services did not show quite the same patterns as in the first cohort. In this second study group there was widespread and often intensive and continuing use of health services accessed separately from the Pilot. Those people who, individually, used most Pilot services were people who were initially focused on working and went on to start work. But there were also examples of people who were initially not focused on working, but went on to try services, and moved into work during the panel period. Those in the first cohort who were not motivated to work did not use Pilot services. This was also broadly true of the second cohort, but there was one person in the second cohort who was not thinking about working when they met with an Adviser, but was prepared to try the CMP.

The second cohort also included a group of people who already had considerable experience of receiving advice and work-focused support through Jobcentre Plus, through previous periods of claiming JSA, and through participation in other New Deals. Within this group, some were in direct contact already with DEAs, Job Brokers and supported employment organisations when they joined the Pilot.

In the second cohort, there was not such a clear relationship between use of Pilot services and moving into work. While some of those who made the move had used a range of Pilot services, others had made little use of these, even extending to non-take-up of RTWC.

Given that the second cohort was numerically larger than the first, that the early Pilots had had longer to develop and coordinate their Choices package, that there had been a longer time for the general population to learn about the new services for incapacity benefit recipients, and that levels of expressed interest in services among this cohort had been high, it is perhaps surprising that our findings show rather limited experience of use of services. Table A.6 shows use of Pilot services in numerical terms. There are likely to be a number of contributory strands to there being less service use than we might have expected. Some of the people in the

second cohort may have been among incapacity benefit recipients who faced particular barriers in taking any steps towards work during the panel period. The level of attrition in the panel may also have been a factor, in that some people recruited to the panel who did not take part in follow-up interviews may have gone on to use Pilot services. There is further discussion of these issues in the final chapter.

This chapter continues by looking at each Pilot service in turn. Where there is any evidence of co-ordination of different elements in the Choices package, this is mentioned in the text. Presenting data from relatively few people in these sections raises particular issues in terms of maintaining anonymity and confidentiality, and puts some constraints on the amount of detail we can present.

3.3 Jobcentre Plus staff and services

The overall picture of experience of support and advice from Jobcentre Plus staff other than IBPAs was similar to that reported for the first cohort. There was a wide spectrum of use of Jobcentre Plus services. Some people had never visited a Jobcentre Plus office before being asked to go for their interview, and met only their Personal Adviser throughout their participation in Pathways and during the panel period study. At the other end of the spectrum were people who already had considerable experience of using Jobcentre Plus services, through repeated benefit claims and other New Deal programmes and services. When people had already been in touch with a number of different Jobcentre Plus Advisers, Job Brokers, DEAs and other helping organisations such as youth groups, it was not always clear which services had been accessed through Pathways.

People who thought of their local Jobcentre Plus office as a useful resource with generally helpful staff included some of those already focused on getting work, who said they called in regularly, separately from meetings with Personal Advisers, to use the computers to look for job opportunities. People who had previously claimed JSA were also used to calling in regularly to see what work was available, or getting phone calls at home from Jobcentre Plus staff helping with job search. There were problems for some people, however, in using Jobcentre Plus while taking part in the Pilot, as described in Section 2.1.3.

In this cohort, contact with DEAs generally pre-dated participation in the Pilot, when people were claiming other benefits, or taking part in job retention activity to try to sustain work. One person was already receiving a counselling service arranged after referral by a DEA. There were mixed views on the value of support and advice from DEAs. Contact with the same DEA over several years had been helpful for one person, in discussing the kind of work that might be suitable, looking for and accessing training and jobs, and arranging work using Permitted Work rules. This contact continued after moving to IB, joining the Pilot, and moving into work. For this person, it was the DEA with whom they discussed RTWC. When DEAs referred people to other organisations which proved unable to provide the kind of help required, this sometimes contributed to negative views of help available from DEAs.

But others said that DEAs had particular knowledge to share, for example, about workplace adjustments, that was interesting even if suggestions were not acted upon.

Nobody in the second cohort remembered much discussion about DEAs with IBPAs, and nobody said they had been referred to a DEA or Work Psychologist during the research (which was reported by some in the first cohort). One person who had heard of DEAs while employed, described enquiring at a second WFI how a DEA might help, and was told it was too soon to think of this. There is little data from this cohort which shows how support for individual people was coordinated between Personal Advisers and DEAs. The second stage of research on the role and practices of Personal Advisers (Knight *et al.*, 2005, p 71) found that levels of referrals to DEAs were affected by some confusion that arose about the distinction between the roles of Personal Advisers and DEAs, and that there were relatively low levels of referrals to Work Psychologists.

3.4 Using the Condition Management Programme

Section 2.3 presented findings on understanding and expectations of the CMP within this cohort of people. We saw there considerable expressed interest in the programme, which continued for some people throughout the series of research interviews. There was limited experience of actually using the CMP, however. Few people had had contact with the Programme by the end of the panel period, and among these it was unusual to have more than one appointment. The separate focused study on the CMP (Barnes and Hudson, 2006b) provides Programme practitioners' and managers' perspectives on working with incapacity benefits recipients.

Most of those people who agreed with Personal Advisers to take part in the CMP, were people already work-focused or people who hoped to be able to work again sometime. The one person who agreed to take part despite not initially wanting to work was attracted by the idea of personal counselling to help with a longstanding condition, rather than the group model of counselling which had been offered by the GP surgery but was unacceptable to them.

There was evidence of some lack of understanding of the aim of the service among those who agreed to first appointments, confirmed by findings from the separate focused study (Barnes and Hudson, 2006b). Some people who agreed to take part in a programme to help manage a mental health condition described not really understanding what would happen, but thinking that it might be generally helpful in dealing with their depression, or a problem such as drinking. People who had agreed to an appointment on a pain management course included some who wondered whether this would involve '*meditating*'.

Those who understood more clearly what a condition management service might involve were people who already had experience of NHS rehabilitation services (for example cardio vascular rehabilitation), had discussed a '*professional patient*

programme with their GP, or had already received cognitive behaviour therapy. They already understood that it might be possible to get to know their condition better and look for ways of managing it. Even people who had already received intensive NHS rehabilitation services or taken part in cognitive behaviour therapy sometimes felt that a second opinion or a second course of therapy would be helpful.

However, some of those who had been interested in taking part in a programme to help them deal with pain, when told about this in a first WFI, failed to get an initial appointment. If contact with the Programme was not set up quickly or did not go smoothly, for example, if telephone contact was not easy, people became less keen on the idea, and did not take initiatives themselves to get in touch, especially when further WFIs were deferred.

Cancellation of a first appointment when incapacity benefit was withdrawn after a Personal Capability Assessment led to disappointment and frustration. We know from Personal Advisers (Knight *et al.*, 2005, p 95) that they also were frustrated when people lost eligibility for help and support through Pathways when they were disallowed benefit following a medical examination.

First appointments made but postponed, for example, pending hospital treatment or illness, also led easily to loss of contact with the Programme, especially when people were already getting physiotherapy or rehabilitation services through their GP surgery or hospital. Having to raise the subject again with a different Personal Adviser also put one person off pursuing the idea. Some of those who failed to keep their first appointment because they forgot or because family circumstances intervened said they were unlikely to take the initiative themselves in remaking appointments, and this proved to be the case. For practitioners, we see in the separate study (Barnes and Hudson, 2006b) that failure to attend interviews was one of the main problems in delivering the service.

Not everybody who did go on to make personal contact with staff in the CMP was keen to do this. Although they knew it was a voluntary service, some people felt some pressure to be seen to be actively pursuing opportunities offered by the Personal Adviser, and had agreed in a first WFI to an appointment being made. From the separate study (Barnes and Hudson, 2006b), we know that Condition Management Practitioners thought that people who did not really want to take part were unlikely to benefit from the service.

People who kept a first appointment for support for a mental health condition sometimes found it hard to describe to the researcher the status or job of staff with whom they had dealt, or the kind of process in which they had taken part. Reasons for not continuing in the Programme after the first appointment included: feeling uncomfortable and unable to cope with the counsellor's approach, not wanting to talk to other people in a group setting about personal situations and problems, and deciding after an initial visit to the Programme that it would not be helpful. Even when initial face-to-face discussion with a counsellor did prove helpful, some people

could not face the idea of the group sessions which followed. Had there been options for continuing with private sessions, rather than group exercises, one man who recognised a need to increase his confidence said he would have been prepared to continue. Practitioners recognised that some people found it hard to engage with group work (Barnes and Hudson, 2006b).

The expense of taxi fares to join group sessions also became a barrier to further participation for one person. In the second stage of research on the role and practices of Personal Advisers (Knight *et al.*, 2005), Advisers thought that the cost of travel to join CMP sessions was one factor contributing to people's failure to keep appointments. It may not be clear to either Personal Advisers or people taking part in the Pilot that the CMP can reimburse travel costs.

In the second cohort, people who did continue to keep a series of planned appointments in a cognitive behaviour programme included a person who recognised a need to resolve feelings of stress, anger and depression before returning to work, and who had previously taken part in this kind of therapy. Weekly private sessions at home were initially reported as helpful, and expected to last six to eight weeks. By the time of the second research interview, the sessions had dropped off due both to family priorities and reallocation of clients to new personnel in the therapy service. It was now proving hard to concentrate on the homework, and motivation had dropped as financial problems grew.

The person who had the most positive experience of the CMP was already focused on getting work. He found it very helpful to have regular private discussions, in which he shared his thoughts, and talked about his symptoms of depression, and how to get back to work. He thought the therapist was experienced in mental health matters, and the sessions left him feeling supported and valued, with greater understanding of how to maintain work relationships despite cultural differences. Cancellation of further sessions after withdrawal of IB was a disappointment, but he did not think of asking to resume sessions when IB was subsequently reinstated.

Looking overall, these findings on people's experiences of the CMP are perhaps disappointing. Nevertheless, they are important. Despite initial expressed interest, contacts between people and the Programme proved fragile. Few people actually got to meet staff on the Programme, and it was unusual to continue through a series of sessions. This suggests that more proactive approaches and encouragement may be necessary to encourage some people to take up the opportunity to take part. There was disappointment and frustration for people hopeful of support through the Programme, or who did find early sessions helpful, when contact with the Programme ended after withdrawal of Incapacity Benefit. It did not occur to such people to make contact with the programme again when benefit was reinstated on appeal. Again, a more proactive approach from Personal Advisers or Programme staff might enable such people to use opportunities.

3.5 Using Job Brokers

As also found in the first cohort, most of the contacts with Job Brokers which people reported pre-dated their involvement with the Pathways project, or were longstanding contacts with specialist organisations which people maintained throughout their participation in the Pilot. Examples were people who had received intensive help in the past from specialist job support organisations and taken part in forms of supported employment. The organisations provided ongoing support through spells of employment, spells on benefits and renewed job search, and were much appreciated by the people concerned.

People who had been claiming JSA before their health deteriorated also had previous experience of Job Broker services. They acted on encouragement from IBPAs to increase these contacts or try a different Job Broker, and found this useful. One person reported more intensive help with job search and confidence building, and another person was enabled to enrol on a part-time college course, with joint funding between the Job Broker and the Adviser Discretionary Fund.

In a similar way to that described for the first cohort, some people found their own way to Job Brokers while taking part in the Pilot, being given contact details by friends or potential employers after finding job opportunities which suited them. There was some criticism here that information about financial support available from Job Brokers had not been given in early WFIs. It was pointed out that if people who found job opportunities quickly had not gone independently to Job Brokers, they would have missed out on valuable job start payments available from Job Brokers.

There was one example in the second cohort of a person with no previous experience of Job Brokers who acted on the IBPA's suggestion and got in touch with a Job Broker. This person was hopeful of discussions about the kind of work that might be possible to suit a relatively unusual health condition, and family responsibilities. Meetings with the Job Broker over several months were found very helpful, and the person went on to find and move into part-time work. There was praise from this person for the liaison between the Job Broker and Jobcentre Plus to ensure smooth access to in-work financial support. One other person was expecting to attend an appointment with a Job Broker, made after the third WFI, but this person did not stay with the panel and we do not know if she kept the appointment.

A focus of interest in the second cohort was whether anybody who completed the panel interviews found employment through job searches with Job Brokers. This had not happened in the first cohort. In the second cohort there was one example of a person who had a spell of employment during the panel, arranged with the help of the specialist organisation with whom they maintained long-term contact, and which had arranged job opportunities for them in the past. Although there were no other examples of people who found jobs through job search with Job Brokers, there were examples of people who said that Job Broker support had been

instrumental in their move off benefits, either in general support and advice over several months or in negotiating Permitted Work arrangements with Jobcentre Plus.³

An important new finding from the second cohort data is that it had not occurred to some people who had received support and help from Job Brokers in their move into work to go back to either the Job Broker or the IBPA when problems arose in work. People very keen to keep working, but finding problems making work pay or fearing poor results in work tests, had not thought themselves about returning to these Advisers to find ways of dealing with the problems.

3.6 Financial support services

3.6.1 Return to Work Credit and tax credits

As in the first cohort, there was relatively limited experience of RTWC among people in the second cohort. A separate focused study on RTWC will be reported in 2006 and will provide rich information about people's views and experiences of this kind of financial support.

In this second cohort, not everybody who went into work for more than 16 hours weekly during the panel period had applied for RTWC or tax credits. Findings show how people with no knowledge or little understanding of in-work financial support, who find work themselves and have limited contact with Jobcentre Plus, can miss out on entitlements.

Among those who did claim RTWC, not everybody felt this had been explained well by their Personal Adviser in initial WFIs, and some had been alerted to this payment by seeing advertisements. There was also some criticism about advance information given about tax credits, and one person believed he had missed out on some payments of Working Tax Credit (WTC) because he was late in claiming.

There were mixed experiences of delivery of RTWC and its impact. People were pleased when RTWC came through soon after starting work, and was paid into bank accounts regularly. One person said that without RTWC he could not have afforded to take work of 20-30 hours weekly, which was as much as he could manage to do. Another person was surprised at the amount of financial support available, and said that with RTWC, WTC, the job start grant and a free bus pass from a Job Broker, she felt much better off financially than when receiving incapacity benefit. A parent who had previous experience of receiving tax credits said that, as expected, it was the in-work financial support received, particularly WTC, that made her financially better

³ We know from findings from evaluation of the New Deal for Disabled People (NDDP) (Kazimirski *et al.*, 2005) that most people moving into work after contact with a Job Broker find the jobs themselves. Job Brokers provide support and advice without necessarily finding jobs for people registered.

off. Regular payments of RTWC were particularly helpful to a person who was trying to set up a small business. In the early months of the venture, when there was no output to bring in money, RTWC was the only income. This person appeared not to have considered WTC, which is also available to self-employed people.

Not everybody had positive experiences of RTWC, or felt better off financially in work. If there were delays in payment of RTWC financial problems arose quickly, especially if people were assessed immediately for full rent and council tax, had debts to repay or were refused WTC. Even without delays in payment, the value of the extra £40 per week seemed to be eroded for some people by activation of debt recovery or bills for income tax outstanding from previous employment. Some people who applied for WTC found entitlements reduced by recovery of overpayments from previous years.

Feeling worse off financially in work than when claiming incapacity benefits led some people to tell interviewers they were thinking of returning to benefit. By the end of the panel period, one such person was currently working 48-50 hours weekly to try to earn enough money, and loss of RTWC due to missing the time limits for renewal was a big disappointment. Providing evidence of employment had also not gone smoothly for the self-employed person, who was unable to show any earnings for several months. Although payments continued, it had taken time and effort to resolve a dispute with Jobcentre Plus staff about requirements for provision of evidence of self-employment. Personal Advisers reported separately in research on their roles and practices, that assessment of earnings for self-employed people was one of their initial problems in processing RTWC (Knight *et al.*, 2005, p 80).

When people were unable to sustain paid work, returning to benefits did not always go smoothly. Some had problems regaining higher rate benefits, and some had received bills for repayments of RTWC. Personal Advisers were asked to help deal with some of these problems, and to help people returning to Income Support (IS) regain help with mortgage payments. There was also some evidence of misunderstanding of the rules about regaining RTWC after returning to an incapacity benefit and then trying work again.

3.6.2 Adviser Discretionary Fund

There was limited experience of financial help through the Adviser Discretionary Fund among people in the second cohort. Help with the cost of business clothes and new glasses had been very useful to one person who had started training with the possibility of paid work on completing the course. Joint funding between Jobcentre Plus and a Job Broker was reported as a helpful arrangement for paying fees to join a course which might lead to a qualification.

There were also disappointments, however. Using vouchers to buy clothes for work proved humiliating for some people. It was disappointing that there was no financial help available with the cost of a driving test for people who saw having a driving licence as an advantage in getting suitable work. There was also some dissatisfaction

among people who had found training courses they thought would be helpful but which they could not afford when told that it was not possible to receive financial support. We do not know why Personal Advisers decided not to pursue options for financial support for these particular people. Separate research on roles and practices of Personal Advisers showed the level of use varied considerably between Advisers (Knight *et al.*, 2005, p 81).

People who had been told by their Adviser of financial help available if they returned to work, for example paying for working clothes and boots, or car tax were cynical when such help did not materialise. We do not know why people did not receive such payments, but such experiences reinforced for some people the view that Personal Advisers had promised things which were not delivered.

Although Section 3.6 has presented limited evidence of use of Pilot services, there was evidence that people remembered that such services existed and retained interest several months after WFIs. One person completing the panel interviews and hoping to be able to continue her few hours Permitted Work said she would probably still be interested in the pain management service. There had been failure in making appointments over several months, however, and she was not expecting to take initiatives herself. People still planning to return to work at some time included some who remembered that RTWC might be a useful boost to earnings if they wanted to work short hours.

3.7 Support from services outside the Pilot

People in this study group drew on a wide range of other support services while in touch with Pathways. As already explained, there was widespread use of NHS health services, and usually positive views about, and appreciation of, services such as physiotherapy received regularly through their GP surgery or hospital rehabilitation services, which people felt helped prevent further loss of mobility or increasing pain. Long-term users of specialist diabetes or epilepsy clinics appreciated the support and advice available there, and some people said that their mental health services were a main source of support and help. There was praise for the general care, support and information provided by the Macmillan home cancer care service.

For some, intensive health-related support of this kind continued throughout the panel period. Others found during the panel period that they had come to the top of NHS waiting lists for counselling, and started attending sessions. One person started privately arranged counselling sessions every week and felt that these were beginning to be helpful in dealing with acute depression. Private medical diagnosis, treatment and advice had also been sought by some people who could afford this, for example by using savings.

There was also widespread use of services for money management and dealing with benefit applications, overpayments and appeals. Some welfare rights agencies had been found helpful with Disability Living Allowance (DLA) claims and appeals,

although specialist benefit knowledge had been found variable among individual welfare rights Advisers. It had been helpful to find independent welfare rights Advisers working from GPs' surgeries. Macmillan nurses were also reported to be knowledgeable about benefits, and helpful in accessing charitable grants. One local MP had been found most helpful in dealing with a benefit appeal, but another person had been unsuccessful in getting support from their MP to sort out problems in returning to benefits after trying work. Getting an 'orange badge' to access parking spaces was a big help to people with mobility problems. As debt increased for some people, they sought help with debt management from local agencies

Support from previous employers was variable within this group. One man appreciated a previous employer's continuing contacts and enquiries during diagnosis and treatment, and it was this link that enabled him to try a job again. Others were critical of the approach taken by previous employers, including some people with outstanding compensation claims for injury at work, which were not resolved during the panel period.

Support and help from domestic partners or parents was also of key importance for some people in dealing with their difficult conditions and, for some, in taking steps towards employment.

3.8 Discussion

We know from separate analysis of the Department's administrative data (Blyth, 2006) that around 20 per cent of people who take part in an initial WFI go on to take up services in the Choices package. We have discussed possible reasons for the somewhat limited use of Pilot services among people in the second cohort of the qualitative panel. The separate studies on the CMP and RTWC will provide more information about these components of the Choices package.

Limited data on the CMP means that some of our conclusions are tentative. What is clear however is that contacts between incapacity benefit recipients and the CMP can be fragile. Contributory factors include general lack of understanding of the aims of the Programme, interruptions due to ill-health or family circumstances, and finding the process uncomfortable, especially the idea of group work. Contacts with the programme are easily broken without proactive intervention from Personal Advisers or Programme staff to encourage people to keep a first appointment, or to continue with the sessions. It is not enough for some people to be interested, perceive advantages for themselves or even to agree to join the programme. There are issues here for policy makers as to the level of resources that might be put into monitoring, re-contacting or even accompanying people to sessions in what is a voluntary activity.

Despite limited data, another clear finding is that basic information about financial support available, heard in early meetings with Personal Advisers, can be remembered many months later even among people still not able to go back to work. Although

some of the details given are not remembered correctly, some people retain a general grasp on the idea that there are financial top-ups to low earnings and that it is possible to try small amounts of work without losing benefit. However, claiming in-work financial support does not always go smoothly, and people had problems regaining benefits when they could not sustain work. Help was needed from Personal Advisers to sort out such problems.

There were certainly some examples of services working together effectively for people, for example, Job Brokers and Personal Advisers putting together funding packages for college courses, and working together to help people use Permitted Work arrangements. There was also evidence that some people taking part in the Pilot already had long-established links with specialist organisations from which they expected and received support in getting and keeping work.

4 Changes in views and steps taken

This chapter explores developments people described in relation to thinking about work, and what steps people reported taking in the direction of work or work-related activities. Some people themselves related changes in views and activities to their participation in the Pilot which helps us understand whether and how taking part in the Incapacity Benefit (IB) Reform Pilot made any difference in the lives of people who took part in the research. Other people described developments without relating these to Pilot participation, and we make distinctions here.

The approach taken in this chapter is broadly similar to that taken in the corresponding chapter of the report on the earlier cohort: First, we describe findings from longitudinal analysis showing how people's views about working changed (or did not) following their first Work Focused Interview (WFI), and any steps taken towards work. The fullest information comes from those who completed the full series of panel interviews. However, since trajectories of change in individual people's lives often did not relate to the chronology of the research, there is also some useful information from those who took part in only one or two research interviews. So we look across all data available in this part of the analysis. We look first at those people who initially said they had no interest in work (Section 4.1). Then, by contrast, we look at those people already focused on working when they made contact with the Pilot (Section 4.2). Finally, we turn to the largest group of people in this study group (Section 4.3), those who said that they thought work might be possible again sometime in the future.

In the second part of this chapter we present a different perspective, using cross-sectional analysis of data in the final research interview with those panel members who took part in all three research interviews. First, we present their retrospective reflections on what difference the Pilot had made (Section 4.4). Then we present what they said about their expectations for the future in relation to work, and what circumstances or services they thought would be necessary or helpful in order to achieve their aims (Section 4.5).

4.1 People initially not thinking of working

In the first cohort there was a high rate of attrition among those in the study group who said that when they went for their first WFI they were not thinking about working. In the second cohort, however, nearly everybody in this group stayed with the panel, and there is richer data to explore for signs of any changes in views about working.

Within this group in the second cohort, nobody saw any improvement in their health or condition since getting in touch with the Pilot, and some reported deterioration or developments of new conditions and health problems. All were on the lists of hospital consultants or specialist clinics, or regularly received mental health services. Those whose incapacity benefit was withdrawn during the panel period after being found fit for work had immediately appealed. Those who said their appeals had been heard had already had incapacity benefit reinstated.

Financial pressures had generally not increased for most people in this group during the time they were in touch with the researchers. Fears of benefit sanctions tended to reduce among those people who had not been asked to return for a second interview, as they hoped that the Adviser had understood they were unable to work.

As explained in Chapter 2, some of those who continued through a series of WFIs said this was mainly because they knew they had to, rather than because they were really interested in anything the Adviser had to offer.

There was some evidence of slightly more focused thinking among some people as a result of talking to Personal Advisers. For example, research interviews suggested that some people began to think more specifically about barriers which would have to be overcome to be able to engage with training or a small job. As already described, one person agreed to take part in the Condition Management Programme (CMP) in the hope that this might help her condition, but left the Programme after one meeting. Otherwise, people who did express some interest in Advisers' suggestions, or talk to the researchers about work in slightly less negative ways as the research progressed, had taken no steps towards doing anything related to work and said they were unlikely to do so themselves.

By the end of the research nobody in this group was seriously thinking about working. Some said that deterioration in their condition over the past year, or development of difficult family circumstances meant it was now even more unlikely that they would work again. Those who said initially that they were nearing state retirement age now felt even closer.

4.2 People already focused on working

As found in the first cohort, people who were already highly motivated to return to or start working maintained this focus, and few people in this group in the second cohort had not tried working again before their contacts with the researchers

ended. Some had already made arrangements to return to work when they went to meet an IB Personal Adviser (IBPA), so that their first interview was taken up mainly with discussions about practicalities of claiming in-work financial support. For people in this group, the need for greater income was a strong influence on the motivation to work.

Another strong influence was being determined on a particular form of self-employment to match a personal interest and commitment. Such motivation enabled one person to keep going in establishing a small business, despite development of new and unpredictable symptoms. This person had not found much useful support from the small business advisory services suggested by the Personal Adviser, but appreciated the advice about claiming Return to Work Credit (RTWC). Another person continued to be closely involved with his business, although limited in what work he could do within this. He had met only once with his Adviser.

Those in this group who reported big improvements in their health during the research, were receiving intensive support from mental health services, and they saw this as an essential component in their path back to work. Reduction of some symptoms enabled them to try work again and, in turn, getting back to work helped the recovery process. Being able to negotiate a phased return with a previous employer or a new local employer who knew their personal circumstances had been helpful. Short spells of Permitted Work led quickly to longer hours, with RTWC, and then sometimes to a new job altogether. Support needed from Jobcentre Plus was mainly in the form of help with arranging Permitted Work and then claiming in-work support when hours increased. Experience varied as to whether such people felt better off financially in work, depending on individual family circumstances, entitlements to in-work support and whether debts had to be cleared from earnings.

Not everybody who was initially focused on work when they joined the Pilot subsequently experienced big improvements in health. For some, it was slight improvement or reduction in symptoms which provided the opportunity to get back to work. Some people drew on support and help here from specialist organisations for people with their condition. Again, people who had kept in touch with previous employers who valued their skills and experience and understood their health problems were sometimes able to negotiate hours of work that suited them. Not all types of work can be fitted around short working hours. A gradual return to work using Permitted Work rules was not possible for one person who would have liked this route but had to agree to work 20-30 hours to fit shift patterns. Work which was available to people who wanted to use Permitted Work rules was sometimes short-term and one person's job came to an end after eight months.

The slight improvements in health that enabled some to return to work were not always sustained. Recurrence of symptoms or development of new conditions meant that it was not possible for some people to keep working. For such people, regaining previous levels of incapacity benefit became the key requirement, especially when people already had financial problems when they moved into work.

It was this kind of benefit advice that such people wanted from Jobcentre Plus and some went back to Personal Advisers again. Those who started work during the panel period but had to return to benefits when health deteriorated were still looking for ways of getting back to work again. They were in touch with employers or specialist support agencies and hoped for new opportunities when their condition improved or stabilised again.

Those whose contact with the Pilot ended when incapacity benefit was withdrawn following a Personal Capability Assessment had not got jobs by the end of the panel period but were still hopeful of working eventually. They were looking for jobs with support from Jobseeker's Allowance (JSA) staff or, in one case, waiting for confirmation of status from the Home Office.

4.3 People who initially said they would like to work in the future

Those in the second cohort who said that when they joined the Pilot they hoped that they would eventually be able to go back to work formed the largest group of people. However, there was relatively high attrition in this group. This has had some effect in reducing the data available that might help us understand how views developed within this group, and whether people took any steps towards work. There are useful findings however, which are presented below.

4.3.1 Kinds of work that might suit

There was further evidence from the second cohort about people who joined the Pilot hoping to return eventually to previous jobs or the same kind of work as they did before. For some, this was professional work or, for several men, technical or manual work in which they had skills and experience and could achieve high earnings. Initially, such people did not want to give up the idea of sometime being able to do again work which they knew well and enjoyed. If people had sympathetic employers it could be possible to try going into work for half a day to see what happened. Older men thought it would be hard to retrain for many of the current forms of work, and some thought that even if they tried to learn new skills employers would not be much interested in them, especially those in their late 50s. Those older men who did express interest in something other than their usual work included, as in the first cohort, men who had a particular leisure interest in which they had particular skills. Some began to think of the possibility of building on these skills.

Some people said that only when they themselves could accept that it would not be possible to return to previous work, did thoughts begin to turn towards the possibility of doing something else, or doing other work related to their previous job. Accepting the loss of a previous career or lifetime occupation was hard and could take a long time, and the panel included people at various stages in this process. We cannot say from this data whether discussions with Personal Advisers helped such people move through this process, or whether it was only when they had accepted their loss that they were receptive to Advisers' suggestions.

As in the first cohort, those who joined the Pilot thinking more towards doing a different kind of work or a new job if they eventually tried work again were mainly women. Some were pleased with the encouragement and practical support available from the Personal Adviser at this stage, going on quickly after one or two meetings to make enquiries about training, enrol on college courses, agree to take part in the CMP, or start using Permitted Work rules to take opportunities for small amounts of paid work. Attending an NHS cardiac rehabilitation unit after heart surgery proved helpful to one person who then began to contact employers seeking a few hours work per week.

Developments in health were key influences on thoughts about working and steps taken or not, as in the first cohort.

4.3.2 Trajectories of health

For many men and women in the second cohort, the experience was of no improvement or further deterioration in health while in touch with the researchers; further hospital stays, or going onto waiting lists for surgery. Such developments set thoughts of returning to work further back. Some said that WFIs had been deferred. As conditions worsened people left college courses or reduced hours of Permitted Work. People in their 50s who thought they still had a contract with their previous employer now saw no prospects of returning to their previous jobs, although one was still hopeful that there might be an opportunity for a different kind of work for the same employer before reaching state pension age. A younger person who still had a contract after three WFIs, and was continuing to attend CMP sessions, saw no long-term improvement in condition and faced additional uncertainty of company takeover and probable redundancies.

As health deteriorated, people with responsibilities for children began to find it harder to care for them, another factor in making paid work seem less likely. By the time of the final research interview, one person said their partner had now also given up work, to provide the care required for the respondent and their children. Additional family problems or disruption related to drug use sometimes further reduced the priority of paid work.

Although paid work seemed further away for several people in this group, home-based activities still undertaken included a correspondence course arranged with help and funding through the Pilot, which might in the future provide opportunities for employment. For others, home-based voluntary work provided a focus for structured interest and activity.

Those people who began to feel better during the panel period related this to lifting of symptoms, response to NHS treatment, getting control of alcoholism and the warmer weather. (The final panel interviews took place in summer, when people with respiratory and musculoskeletal conditions often feel rather better and can move around more easily.) Those who did start to feel better returned to work and hoped to continue, or said they would be interested in talking again about trying

work at their next interview with an IB Personal Adviser or Jobseeker's Adviser. Those who did return to work during the research included people who had had no contact with the Pilot for several months before finding a job themselves and people whose path back to work had been influenced by the Personal Adviser's knowledge about training opportunities available, and smoothed by having in-work financial support.

In looking through the panel data about people who initially said they would like to work again sometime in the future, we find evidence of some of the 'set-backs' described by Personal Advisers, in their own perceptions of ways in which people make progress during participation in Pathways (Knight, *et al.*, 2005, p 94). Although people interviewed in the second panel cohort did not use the same constructs and language as Personal Advisers, there were examples of people who moved into work but found they had taken on too much and had to stop or reduce hours; people who experienced considerable deterioration in their physical condition; people whose personal circumstances became harder and people who were disallowed benefit following a medical examination and lost entitlement to support through Pathways.

4.4 Overall reflections on the Pilot

So far, our analysis in this report has drawn on people's immediate and recalled experiences and views of Pathways at the time of each research interview. This section draws on slightly different data enabling a new analysis. The final part of the final research interview invited participants to look back over the last year and to reflect on their participation in the Pilot in its entirety. The resulting reflections on services received and any impact felt inform the following discussion.

A similar analysis was conducted for the first cohort and reported. As in that cohort some people this time offered rather different perspectives when looking back, compared to their more contemporaneous observations. Some people gave more or less emphasis to the importance of some Pilot inputs that had previously been mentioned. Some people recognised that they were more positive overall about their experiences with the benefit of hindsight or after having felt more supported during the later stages of their involvement with Jobcentre Plus. The opposite was true for some people who reflected that perhaps more could have been done for them, or whose more recent disappointments and dissatisfactions led them to give more negative reflections, despite their early optimism. One panellist suggested that being more acutely affected by a mental health condition at the time of contacts with the Pilot and early research interviews may have contributed to the difference in perspective compared to his reflections once his health problems had eased. As before, findings in this section do not contradict what has been reported in the preceding chapters; rather they offer a different perspective which deepens our understanding.

4.4.1 Reflections on the experience of the service

As reported in Chapter 3, rather few members of the second cohort had actual experience of using Pilot services and opportunities and so much of people's reflections centred on their contact with staff at Jobcentre Plus and their Personal Adviser in particular. Their reflections tended to evaluate the way that they had been made to feel rather than how they had been helped to make progress towards work, corroborating findings from the first cohort. For purposes of description and understanding, we group people according to whether their reflections were generally positive, generally negative or mixed.

Generally positive reflections

In looking back, people who generally felt positively about Pathways were those who felt they had gained something from their experiences and their expectations had been exceeded. Not feeling pressured and feeling comfortable, supported and encouraged were important. Repeated contacts from Jobcentre Plus interpreted as staff taking an interest in people were welcome to those looking for support at a time when poor health made life uncertain. Information-giving and advice about available support was regarded as helpful by people looking for work and some not yet able to take advantage. Hearing Advisers' suggestions had made some people hopeful about their future employment prospects. Just being able to talk options through with someone had been useful even where work was a long-term aim. Some people pointed to practical help they had received from their Personal Adviser, such as writing a CV and making job applications, which they said they could not have done otherwise. Help was judged to have been timely by people who had been helped to receive financial support when the possibility of full-time work arose. On reflection, some said it had been the right time and useful to be given something to focus on other than their health.

Generally negative reflections

Some people's overall reflections on their involvement with the Pilot at the end of the panel period were generally negative. They perceived no positive outcomes and felt their time and effort had been wasted. Such overall negative assessments appeared to stem from people's disagreement with the principle of attending WFIs. People said they did not like being told what to do, had felt pressured by staff, perceived the motivation for the Pilot as reducing expenditure rather than helping people, and were not interested in talking about work. These people described chronic health problems that they did not think would improve sufficiently to enable them to return to work before they intended to retire.

There were also generally negative reflections among a group of people currently looking for, or taking steps towards, work, considering activities such as training, voluntary work and work within Permitted Work rules. They said they had been disappointed overall and their expectations had not been met. In particular, they felt the support they needed had not been offered, the choice of support options was limited, and they had not been encouraged as much as they would have liked or as

they had been when receiving out-of-work incapacity benefits in the past. The frustrations and disappointments encountered in claiming, losing and reclaiming benefits remained at the forefront of some people's reflections on their contact with Jobcentre Plus.

Mixed views

Most people saw positive and negative elements in their involvement. In summing up their thoughts on Pathways, some people talked about both helpful and unhelpful aspects of the service. For example, one person found the timing of the initial discussion helpful in reviewing options about work, but was disappointed at not having the same Adviser on each occasion and not finding out about financial support at an earlier stage. Some people picked out particular times when they had appreciated the help offered but a change in circumstances, such as loss of benefits or contact with a different Adviser, had served to frustrate them and leave them feeling dissatisfied. A small number of people were ambivalent about their experiences when looking back. In general, these people had little contact with the Pilot on which to pass comment.

It is possible to draw a distinction between some people's reflections on the principle of work-focused support and reflections on their experiences in practice. As might be expected these did not always tally. Having to attend WFIs had felt '*degrading*' to some who felt they could not work, but being given practical help to claim additional benefits, find out what support was available, and to feel supported by the Adviser, had been welcome. The requirement to attend WFIs was not felt to be suited to all incapacity benefit recipients, such as those who were too ill and incapable of work, people who had been '*disabled from birth*' and had only known protected or supported work environments. On the other hand, some supported the principle of meeting to discuss work and had not minded attending interviews but felt this help was not relevant to their own situation throughout the last year. Such help might be useful at sometime in the future however. Support for the principle of attending WFIs came in arguments about avoiding or limiting abuse of the welfare benefits system, supporting those people who need help and encouragement to find work, and providing information not available elsewhere or previously known.

4.4.2 Reflections on the difference made in people's lives

At the end of the panel period, although some people said the Pilot made a difference in how they looked for work, made plans, and felt about themselves, most people saw no or little overall impact on their lives when they looked back.

Making a difference

In the first cohort, some people said at the end of the panel that taking part in the Pilot had made a big difference in terms of their current work circumstances. In this second cohort, one woman described how her discussion with a Personal Adviser had been a turning point, increasing her momentum to take planned steps towards work. However, few people, upon reflection, talked about the Pilot making a big

difference to their lives, although some perceived positive impacts that had made some difference. Some people already focused on work attributed the information and help from their Personal Adviser as making a difference to the way they looked for work. The knowledge gained of services, financial opportunities and Advisers of whom questions could be asked and advice sought, had been useful in shaping plans to work in the future. One woman who took on a full-time job during the panel said she would not have been in the same financially settled position without information from Pilot services. Having opportunities to talk to Personal Advisers and counsellors had left some people feeling encouraged, that their confidence had been boosted and generally more positive about their future work prospects. One young woman reflected that her partner had started using Jobcentre Plus for advice and help following her own positive experiences.

In looking back, few people thought the Pilot had made an overall negative impact. However, one person thought their depression had intensified as a result of talking about work.

No impact

Most people felt that, in retrospect, the Pilot had made no overall difference to their thoughts or actions regarding work. Those who had experienced little contact with Jobcentre Plus tended to see such contact as a very small part of their life. Some people's thoughts about their capacity to work and their plans for returning to jobs had not changed throughout the period of contact with Pathways. It was thought the Pilot had been unable to effect changes in people's thoughts and actions where health problems remained significant barriers to work, especially among people not interested in work.

Another perspective was offered by some people who had previous dealings with Jobcentre Plus and said their experience of Pathways had offered nothing new or that it made much of a difference to them. Similar thoughts were expressed by people who completed interviews in the first cohort.

Upon reflection, those who made steps into or towards work did not generally attribute their progress to their participation in Pathways. Instead, other factors were considered more important and included:

- personal motivation and determination to do something considered worthwhile;
- the support of family members and friends in stopping drinking, and in building confidence by getting out of the house and socialising;
- improvements in health over the course of time;
- financial pressure to be earning a wage, or wanting to contribute to the household income;
- a supportive relationship with an employer and the availability of suitable work;
- other services and support, such as business sponsors and health services.

Some of the people who regarded the Pilot as having made no overall impact on their lives identified small ways in which Pathways had affected them. Some people who started working during the panel study described how help from Jobcentre Plus had made things easier but had not been critical to their decision-making regarding work. They said they would have returned to work without RTWC or the help from Job Brokers, but this help had eased the stress on their finances and helped them find work quicker. Contact with one Personal Adviser was said to have helped maintain momentum in taking steps towards employment, but that these steps would have been taken anyway.

4.5 Plans for the future

This section uses data, again collected at the end of the final panel interviews, from people asked to look ahead and to talk about their hopes for the future. With so many of the cohort facing continuing health problems at the final research interview it is perhaps unsurprising that most expectations for the future centred around health trajectories and that plans for work were heavily dependent on whether there would be changes in the effects of health conditions. The following discussion focuses on what was said about employment expectations and how expectations might be met with the help of services, particularly Pathways.

4.5.1 Expectations of employment

Most of those who had sustained work at least until the final research interview were hoping to continue working. Some were satisfied with their current job or self-employed work and did not perceive circumstances in which they would look for alternative work. Advantages derived from being in employment included: financial security, improvements in mental health, increased confidence, and being helped to focus less on deteriorating physical health problems. One young woman was using her current full-time job as a means of paying off debts and had plans for higher-paid work in the future, perhaps after updating qualifications. One parent who said she did not really need earnings, expected to stop working in the near future. With deteriorating physical health her priority was her family life, although she might think about work again later.

The hopes of most of those panel members who were not working but still interested in work at the end of the panel, rested on improvements in their health or the way that they managed pain. A few people said they were now ready for work and one was actively job-searching. Of those who said their health needed to improve first, some people had more focused plans for work. They were expecting to return to their old job or employer, or to find new work without difficulty, some having recently experienced a period in work. A period of voluntary work, continuing on a college course, and a gradual return to paid work using Permitted Work rules were plans already in place for some people. Some of those who said they remained hopeful of working again had long-term plans which involved retraining and returning to their Personal Adviser for advice and help in finding

suitable work. Work was a long-term aim because they faced long waits for treatment, were hoping to find more effective medication, and had childcare responsibilities. Some people's hopes were mixed with doubts that they would ever feel able to work again. Their hopes for employment were founded on the need to ease financial pressure and to regain structure in their lives.

A group of participants finished the panel expecting not to work again. Most were in their 50s and all had chronic health problems that they believed would not improve or would only get better following treatment. Some people felt treatment would not occur soon enough for them to seriously consider returning to work before reaching state pension age. Some hoped they would feel able to continue their involvement in voluntary work. Some talked about possibly following up suggestions for training mentioned in WFIs, but had no real plans.

4.5.2 Services needed to achieve aims

At the end of the research period, many panel recruits found it hard to identify services they felt were needed in order to help them achieve their aims. They said they did not know what services were available, were not sure what they needed or felt that nothing more could have been offered to them through their involvement so far with Pathways. Many of their needs related to the provision of health care and they did not associate this with what could be delivered through Jobcentre Plus. As in the first cohort, faster NHS investigations and treatment were in demand.

Changes to the way Jobcentre Plus operates and the services it provides were suggested by people who had experienced problems or had ambitions that they felt had not been sufficiently supported by the Pilot. More information about entitlement to benefits and the continuation of Pilot support if benefits were withdrawn were suggestions made by people frustrated by benefit processing and the effects of medical assessment decisions. People who were disappointed that they had not accessed training felt that the necessary funding for courses should be available and that training opportunities should look to cater for people with family responsibilities and particular health needs. Giving more encouragement to incapacity benefits recipients to consider work, through routes such as Permitted Work and easier access to training courses, was suggested by people who were motivated to work and felt they had not been encouraged, especially in comparison with help received when claiming out-of-work benefits. Increased flexibility of the Permitted Work rules was argued by a man who felt his prospective work pattern, determined in large part by his fluctuating health problems, did not fit current rules. He wanted to continue receiving benefits whilst working, paying back money if he earned more than permitted over an assessment period. One person with a particular physical impairment felt that Jobcentre Plus' service would improve with the use of a regional expert to give advice to clients and training to staff on awareness of such impairments.

4.5.3 Further contacts with the Pilot

The final research interviews took place roughly a year after people were recorded as having made a new claim for incapacity benefits. The researchers' expectation was that some people would have completed a series of interviews and ended their contact with Pathways. Given the use of deferrals, others might be expecting contact to continue.

Some people did not know whether they would have further contact with the Personal Adviser, including people who thought the initiative now lay with them. Circumstances in which they might renew communication with their Adviser included if they felt ready for work, wanted to access training, or were looking for an alternative kind of work. Others were more certain as to whether there would be further contact.

Expectations of continuing contact

Some people who expected contact to continue had appointments booked or knew contact would resume after a certain period of time, according to other plans such as hospital appointments. Some had reached the time when they expected their Adviser to be in touch and spoke of their intention to initiate contact. Some were looking forward to their next meeting with their Adviser and knew discussion would centre on ideas to return to work gradually or developing plans to take part in the CMP. Looser expectations were held by people who did not mind further contact with their Adviser but had no specific or immediate plans for taking any steps towards work. They expected the Adviser to be in touch because they had been in regular contact so far. Those who expected to be well enough to return to work in the short- to mid-term envisaged making approaches to Jobcentre Plus if they had questions or wanted advice about changing jobs, or wanted to receive RTWC. Self-employed people thought ongoing contact with Jobcentre Plus might be helpful.

Some people who did not want to be contacted again were expecting Jobcentre Plus to write or telephone at some point because they believed they would not be left alone.

Beliefs that involvement had come to an end

Among those still claiming incapacity benefits and not in paid work, no further contact with the Pilot was expected by people who had recently spent a period without any contact, or had been told by their Personal Adviser that they would not resume contact. Some people had not heard again from their Adviser for a sustained period of more than seven months, after completing a series of five or more WFIs, or following the withdrawal of benefits after a medical assessment. Some of these people, who had not valued the meetings with their Adviser, were pleased that contact had not resumed and hoped there would be no word from Jobcentre Plus again. Contact with Jobcentre Plus had been formally ended by some clients' Personal Advisers after a series of contacts or after the Adviser said they understood they were not fit enough for work.

Contact had ceased for people who left incapacity benefits for other benefits or employment. In contrast to those who said there had been a definite end to their involvement with the Pilot, one woman was surprised she had no final '*after-care*' meeting after she returned to work.

4.6 Discussion

As found in the first panel cohort, much of what happened to people after joining the Pilot, in terms of development of views about working and any steps taken towards work, depended on health trajectories. Findings confirmed, however, that people already strongly focused on returning to work generally pursued their aim, and most had tried work again by the end of contact with the researchers, even when they had to deal with deterioration in their condition. Most found their own job opportunities, and it was an advantage to have kept in touch with employers or the local labour market. Some received help from specialist supporting organisations, with which they had been in touch for many years. Information and advice from Personal Advisers about Permitted Work rules helped people make phased returns. Information about and practical help with in-work support encouraged people to build up hours. Not all were able to sustain jobs, especially when symptoms recurred. If transitions back to incapacity benefit went smoothly, however, people could remain determined to try working again when they felt better, and Personal Advisers had a key role here. If people found themselves worse off financially in work, or met problems regaining benefits when they had to leave work, confidence in trying work was shaken.

There was no evidence from the second cohort of the Pilot making big differences to the views of people who joined the Pilot when they were not thinking of working or wanted to stay on benefits. There was some evidence of such people being more prepared to think about possibilities. Some were prepared to try the CMP, but did not continue with sessions. Continuing poor health or deterioration in condition was a feature of this group, and some expected to claim state retirement pension before long.

There were examples of Pilot influence on people who hoped to work again sometime. This was especially the case, as found in the first cohort, during the first few months after contact with the Pilot, for people whose health improved enough to think more positively about work, and for people prepared to think about trying new kinds of work or different jobs. Personal support and encouragement from Personal Advisers, and information and advice about training, Permitted Work, financial support to help the transition off benefits, and information about in-work financial support were important in helping maintain momentum and confidence.

However, continuing poor health and recurrence of symptoms was also a feature of this group in the second cohort. This meant that some felt even further from work at the end of the panel period, and some of the steps which people started to take came to nothing during the research. An important finding from the second cohort

is that those people who were most keen to try the CMP, including the person who found it most helpful, experienced withdrawal of service on loss of Incapacity Benefit, and did not renew contact when benefit was reinstated on appeal.

There was evidence of support, in principle, for Pathways and the idea of work-focused support for some people claiming incapacity benefits. Some continued to feel, however, that Pathways was inappropriate help for themselves, because their health condition was too severe. There was evidence of interest in and intentions to use services in the future among people who hoped their condition would improve.

5 Discussion and conclusions

We have presented in this report findings from the second cohort of the longitudinal qualitative study of the views and experiences of people who had taken part in the Incapacity Benefits Reform Pilots. The first cohort recruited 24 people, across the first three Pilot areas: Derbyshire; Bridgend, Rhondda, Cynon and Taff and Renfrewshire, Inverclyde, Argyle and Bute. That wave of research was completed in December 2004 and findings have been fully reported (Corden, Nice and Sainsbury, 2005). This second cohort recruited a further 21 people from the three early Pilot areas, and an additional 32 people who had taken part in the second tranche of Pilots in four new areas: Essex; Gateshead and South Tyneside; East Lancashire; and Somerset.

Findings from this second cohort enable us to explore further and among more people the broad areas of interest in the overall study: experiences and views of Work Focused Interviews (WFIs); decision-making in relation to services offered within the Choices package; experiences of using such services; perceptions of quality of service, and how taking part in the Pilot influenced decisions and actions about moving towards work. Findings reported here enhance the general picture of the way in which Pilot services can help people, and provide further information about the roles which Pilot services may play in particular personal and health circumstances of individual people. The findings also provide some pointers to new issues, which did not emerge strongly from the earlier cohort.

The chapter begins with some preliminary discussion about recruitment to the panel, and how far participation through the series of three research interviews was sustained. The personal characteristics of people in the second cohort are then considered. Both these issues are important in understanding how findings from the first and second cohorts may be combined and considered alongside each other.

5.1 The second cohort

In both the first and second cohorts, numbers of people recruited to the panel met the target ranges in terms of the most frequently reported types of conditions among incapacity benefits recipients generally, and the main conditions targeted by

the Condition Management Programme (CMP), according to the primary conditions recorded on the Department for Work and Pension's (DWP's) database. The range of health problems described by people recruited, when they talked to the researchers, was again broadly similar in both cohorts.

Although there was no attempt to assess severity of condition of people taking part, the researchers were struck by the extent to which chronic ill-health and continuous need for specialist NHS care and services was a feature of those recruited to the second cohort. At the first research interview in this cohort, half of those taking part said their day-to-day activity was currently affected by continuous or intermittent severe pain. It was not unusual for people who depended on medication for pain control to explain that these drugs caused them to sleep during large parts of the day, and affected their memory and concentration. Two-thirds of the people in the second cohort said, at their first research interview, that their condition limited their mobility or dexterity. As the panel interviews progressed, for many men and women in the second cohort the experience was of no improvement in their condition, or further deterioration in health.

This picture of chronic ill-health across the second cohort may be related to some of the findings. The second cohort may have included people facing particularly high barriers in relation to undertaking any new activities, as a result of their ill-health or condition. Chronic ill-health may also be one contributory strand in the relatively higher level of attrition in the second cohort, in comparison with the first. Some people may have been hard to contact for follow-up interviews because they did not feel well enough at the time, or because they did not want to discuss further a deteriorating condition.

What this means, in terms of analysis and reporting, is that care must be taken in terms of bringing together or comparing findings from the two cohorts. Initially, the researchers thought it might be possible to explore differences in people's experiences in relation to different kinds of service delivery. For example, we might compare findings between cohorts within the same geographical Pilot areas to look for evidence of later recruits receiving a more mature service which had addressed teething problems. However, we have not attempted this, because we believe that possible differences in personal and health circumstances of the two cohorts are likely to obscure any changes in development of service delivery. Initially, the researchers also thought it might be possible to compare people's experiences of Pilot projects and services in different areas. However, the relatively higher attrition in panel participation in some Pilot areas means, we believe, that this level of analysis is invalid. The approach taken is, therefore, to enhance and expand on earlier findings, looking across the overall second cohort group for confirmation of previous findings from the overall first cohort group, or alternative and additional perspectives, and to look for new issues emerging.

The issue of confidentiality has also influenced the way in which we report some of the findings from the second cohort, in relation to use of services such as the CMP and Return to Work Credit (RTWC). In numerical terms, few people in the second

cohort used such services, and we report findings here in general terms, without particular details of people's experiences in order to ensure anonymity.

With these provisos, our discussion continues by reminding readers of key findings from the earlier cohort, enhancing the picture, and drawing attention to new issues which have emerged.

5.2 Experiences and views of the Work Focused Interview regime

As in the first cohort, there was a wide range of experience of taking part in WFIs, with some people remembering only a single interaction with an Adviser, and others describing a more extended process, with several interviews and sometimes additional telephone calls or dropping in to the Jobcentre Plus office to make queries or report circumstances.

Again, people remembered the first or only WFI as a new experience, which dispelled some prior expectations about being pushed into work and provided new information which was immediately interesting, or seen as potentially useful in different circumstances. In this cohort, it was their health condition and current benefit entitlement which some people remembered as the main content of this interview. This may reflect the apparent major health problems that were a feature of this cohort, and management of interviews by Advisers to match people's circumstances and needs.

While some people welcomed the interview as timely, felt supported by offers of help and wanted to take part, there was a sense of resignation among others, especially those who felt too ill to work or already received intensive support from health services and other organisations. Among people who felt like this, some responded positively to information and expressed interest in suggestions in order to be seen as appreciative of the personal attention and pleasant approach of the Adviser, and not to jeopardise benefits. Again, there was support for the idea of having WFIs, and the underlying principle of helping people back to work, but also strong feelings among some that such support had been offered at the wrong time for them, or was inappropriate for their own circumstances. There was both support for and arguments against having a series of interviews, as found earlier.

The research interviews in the second cohort showed considerable interest in the information about financial support which some people received at an early stage in the WFIs. Although relatively few people went on to use RTWC or in-work tax credits, there was general retention of basic knowledge that it was possible to combine work and benefits, or have financial support for lower earnings.

Findings about views of the approach of Personal Advisers, experiences of the content of interviews, and aspects of experience such as the location and environment were broadly similar to those from the first cohort. Some people felt Personal

Advisers with direct experience of their own health conditions or social problems were especially understanding. There was emphasis again on the practicalities of attending interviews at Jobcentre Plus. For this group of people, aspects such as the time of day, availability of childcare, transport, parking facilities, expenses incurred, anticipation of problems with access or lifts, and availability of seating suitable for people with musculoskeletal conditions have a high profile. Having to wait, or be close to other people perceived negatively, is particularly stressful for some people dealing with mental health conditions. People appreciate arrangements made so that visits are as easy as possible.

From this cohort come various strands of evidence about the way in which contact with Personal Advisers may end or be broken. When contact ended formally as a result of withdrawal of incapacity benefit following a Personal Capability Assessment, there were strong feelings among people who had welcomed the opportunity to take part and thought interviews were proving helpful. It did not occur to such people to renew contact when benefit was reinstated. This may represent lost opportunities for people to use Pathways. Where people were uncertain about how or when contact with Personal Advisers might resume after cancellation or deferment, evidence suggested that many people were unlikely to take initiatives themselves towards renewing contact. A few people got back in touch with requests for information when their circumstances changed, but when this did not occur to people they missed out on entitlements to in-work support, or help in getting through problems arising in work.

Uncertainty about further contacts with Jobcentre Plus suited some people who had found their experience unwelcome and unhelpful, and they were unlikely to take initiatives themselves to get in touch with Personal Advisers.

5.3 Decision making about the Choices package

Finding a group of people in the second cohort who said they had little or no knowledge of the various services available to them if they wanted to try work may reflect limited contact with the Pilot or lack of memory of content of discussions with Advisers, both of which may be related to the general picture of poor health.

Among those who did learn about services and support from their Personal Adviser, there was perhaps some evidence from this cohort of Advisers tailoring information-giving to what was known about people's circumstances. In some cases, that approach helped people choose help that was right for them. However, there was also some evidence of the way in which tailoring support and information-giving to perceived individual needs may restrict choice for some people, especially those who have limited contact with the Adviser, do not feel confident about asking again for further details, or assume that there is no further relevant information for them. Findings show the fine balance that exists between giving information that is relevant and timely, and information that may be useful in the future.

Although the rhetoric of participation in Pathways is one of 'choice', findings from the second cohort show that from the perspective of those who take part, there is some perception of 'gate-keeping' by a range of other people who make decisions about what is appropriate for them. This is perceived as taking place through tailored information-giving by Personal Advisers, assessments of suitability for CMPs by Personal Advisers and Programme staff, and views of GPs, specialist nurses or hospital consultants. Some people appear pleased to have such decisions made on their behalf, trusting the experience and knowledge of professionals, but others doubted that Personal Advisers had sufficient understanding of their particular condition to take such a role.

There was evidence from the second cohort that it can be hard to enable people to understand in advance processes and approaches involved in the CMP. This contributed to some of the misunderstanding and negative perceptions that prevented some from taking up offers of support. There was evidence that some people expressed interest and agreed to take part, despite reservations, because they felt some pressure to appear interested and responsive. These circumstances were usually reflected in subsequent drop-out and dissatisfaction. This represents both a waste of resources and reinforcement of negative experiences among people taking part in Pathways.

5.4 Experiences of using services

Those people in the first cohort who were not motivated to work did not use Pilot services, and this was also broadly true of people in the second cohort. Those in the second cohort who, individually, used most Pilot services, were people who were initially focused on working when they first met a Personal Adviser, and went on to start work. There were also examples of people not initially focused on working who went on to try Pilot services. In the second cohort, however, there was not a clear relationship between use of Pilot services and moving into work. While some of those who made this move had used a range of services, others had made little or no use of these, even extending to non-take-up of RTWC.

There was limited use of the CMP and RTWC among the first cohort in this research. It was suggested that this might be related to the timing of the research interviews – people were recruited to the first cohort at an early stage in the Pilot when CMPs were still being developed and Incapacity Benefit Personal Advisers (IBPAs) were building expertise in helping people. The hope was that the second cohort would provide wider data about service use. However, there was less data in the second cohort about use of new Pilot services than we might have expected, which may be related to the persistent picture of chronic ill-health.

5.4.1 Jobcentre Plus staff and services

In both panel cohorts there was a wide spectrum of use of Jobcentre Plus services. Some people had never visited a Jobcentre Plus office before being asked to go to meet their Personal Advisers, while some were already regular visitors in their search

for jobs, or had considerable previous experience through repeated benefit claims and other New Deal programmes and services. In both cohorts, some people met with Disability Employment Advisers (DEAs) while they were taking part, although in the second cohort these contacts predated participation in the Pilot and nobody remembered being referred to a DEA or Work Psychologist by their Personal Adviser, which had happened to some in the earlier cohort.

5.4.2 Condition Management Programme

Although there was considerable expressed interest in the CMP among people in the second cohort, extending for some people throughout the panel period, there was limited experience of using the Programme. Possible reasons for this have been discussed in Section 5.2.

What findings we have are important, however. There was evidence of continued lack of understanding about the processes involved among some of those who met programme staff. There was also some evidence of keeping initial appointments in order to be seen as responding to Advisers' suggestions. Despite initial interest expressed to Advisers and researchers, people were easily put off and some declined to continue with sessions offered. There were a number of contributory strands including ill-health, family matters taking priority, perceived travel expense, and among those who tried the Programme, feeling uncomfortable in talking to the practitioner, or feeling unable to face group sessions.

People who did go on to take part in a series of sessions were people who recognised a need to resolve personal feelings; were keen to get back to work, and already had or gained during sessions some understanding of the counselling process, through previous experience of cognitive behaviour therapy or other counselling techniques.

When initial interviews or therapy sessions were cancelled as a result of withdrawal of incapacity benefit, people hopeful of support or already finding sessions helpful were frustrated and disappointed.

There was evidence throughout that some people may need continuous support and encouragement to make and maintain contact with the Programme.

5.4.3 Financial support services

Again, relatively few people in the second cohort had experience of receiving a grant from the Adviser Discretionary Fund or using RTWC. There was some non-take-up of in-work support among people who had little understanding of what was available and found work themselves with limited contact with Jobcentre Plus.

RTWC was certainly helpful to some people. It enabled people to work shorter hours than normal, in order to suit their condition. The extra £40 per week made up for earnings forgone from otherwise longer hours. Some people felt much better off financially with earnings, RTWC and Working Tax Credit (WTC), and were pleased at how soon after starting work payments of RTWC went into bank accounts. RTWC provided the only income during early months in establishing a business.

However, there were mixed experiences of delivery and impact of RTWC: Delays in receiving payments led quickly to financial problems, and loss of the financial support due to missing time limits for renewal was a big disappointment. Resolving disputes with Jobcentre Plus about requirements for provision of evidence of self-employment took up time and effort. Not everybody felt better off financially in work. Those who had felt better off on benefits described refusal of application for WTC, and reactivation of debt recovery as soon as they had earnings. One person found current entitlement to WTC reduced by recovery of previous overpayments.

Although there was limited evidence of use of Pilot services in the second cohort there was evidence of people remembering, several months after WFIs, some of the services that had interested them. In particular, people still interested in working some time in the future retained a basic grasp on the idea that it was possible to boost low earnings when trying work or taking jobs with hours that suited their condition.

5.5 Taking steps towards work

As discussed in the earlier report, the task for Personal Advisers is hard when they meet people who initially are not interested in work, some of whom have strong negative feelings towards the idea that Jobcentre Plus staff should ask them to go to interviews about their condition. Those people exempt from the Personal Capability Assessment, who may be judged to have the most serious conditions, are not required to take part in WFIs. However, in both research cohorts there were people who judged themselves that they were too ill to work or in too much pain, or a combination of personal circumstances, age, local job opportunities and employer attitudes made it impossible or undesirable to work.

In the second cohort it was possible to follow most of this group of people through the whole panel period. None saw any improvement in their condition, and some reported deterioration. Compliance with attending interviews generally reflected resignation to the system and avoidance of penalty rather than interest. There was some evidence of slightly more focused thinking as a result of talking to an Adviser, and we must put this together with the small amount of evidence from the first cohort that views about working among this group of people can change over time. There appears to be value in encouraging people to think about their situation and options that might be available, and keeping open easy access to information.

Findings from the second cohort provide further evidence that people initially focused on working maintain their motivation and go back to work. Improvement in health speeds this process, and people respond to even slight reductions in symptoms if they really want to work again. The task for the Personal Adviser here is mainly to give every support possible to enable people to take the kind of work they want and to smooth the transition. This includes information about and practical help to achieve Permitted Work and in-work financial support. People appreciated such help. Not all were able to sustain work, however, and there was evidence in the

second cohort of need for practical help in regaining incapacity benefits. There was also evidence that some people who met problems at work did not get the kind of advice that might have helped them through.

In both cohorts the most frequently held initial feeling about returning to work was that this was a possibility for the future. Findings from the second cohort confirmed that older men who have worked many years in what they think of as their own occupation or trade find it hard to think about doing any other kinds of work. It may take a long time to think positively about other options, during which they get older and some face deteriorating health.

There was evidence from the second cohort, as in the first, that taking part in Pathways does help some people see work as a more immediate possibility, start to take steps and even move into work. Health trajectories are critical, however, and part of the picture from the second cohort was of people whose condition deteriorated along with additional family problems leading them to feel paid work was even less likely.

5.6 The difference made

People in the second cohort who looked back at the end of the series of research interviews on their involvement with the Pilot, generally saw positive and negative elements. It was common for people to pick out particular pieces of information that had been helpful at various times, or to mention the generally pleasant and encouraging approach of the Personal Adviser. On the other hand, with hindsight, people thought some information or advice had been timed wrongly, or regretted their experiences of financial problems.

In the second cohort, few people thought, in retrospect, that the Pilot had made a big overall difference to their lives. On looking back, most felt any influence on their thoughts or actions had been relatively small, perhaps making things easier or happen more quickly, but not changing their general direction.

5.7 Lessons for policy

Building further on findings from the earlier cohort, we draw together here some of the key messages for practice and policy:

- Among incapacity benefits recipients there is a level of general support for the principle of offering information and support to people who might like to work, so long as this intervention is timely and there is no pressure on people who feel unable to work.

- Some people respond positively to the Personal Adviser's approach, and are interested in the range of services available to them, going on to use those services which appear relevant to their needs. This is particularly true of people already focused on working, for whom WFIs and components such as Permitted Work rules and financial support tend to speed and smooth their route back to work.
- For individual people, the critical factor in trying or returning to work is whether they feel able to do so. Trajectories of health are predominant influences, and some see other contributory factors as being their age, personal circumstances, and local job opportunities. We might have expected some people with chronic ill-health or pain to see opportunities in the CMP for getting additional help to deal with these problems. Some did, but a common response to the idea among people who received on-going intensive NHS health care and treatment was that if anything else could be done for them their medical experts would know and suggest it.
- Other factors which may be undermining potential opportunities for help within the CMP include: lack of understanding of the aim or process, possible 'gate-keeping' by Personal Advisers and negative early experiences of the Programme, such as feeling uncomfortable in discussions with practitioners. For some people, personal interactions with practitioners would be acceptable, but not group events. Early drop-out represents a waste of resources and may reinforce negative views. An issue for policy makers is how far it is possible to go via Jobcentre Plus, in enabling people to understand a complex process such as cognitive behaviour therapy, and continuing to support them in making contact and attending. People taking part may have to look closely at the underlying reasons for their behaviour. This can be a painful and uncomfortable business, in which people may need external support and encouragement in order to keep going. This is both a resource and skills issue for Jobcentre Plus staff. If people's perceptions of 'gate-keeping' are correct then there is also a question about how far this is appropriate behaviour by Personal Advisers.

The focused study on the CMP provides further information here (Barnes and Hudson, 2006b). There may also be more data about experience of use in the third panel cohort.

- The financial support available to help incapacity benefits claimants return to work is of key importance. Permitted Work rules, RTWC and WTC are all very helpful to particular people. The simple application process and speedy delivery of RTWC are seen as advantages of this way of delivering in-work support. When things do not go smoothly, however, financial problems develop quickly. This cohort showed how problems with the renewal process and provision of evidence of self-employment undermine some of the positive impact. The focused study of RTWC will provide fuller information about the way in which this measure works well.

- Further attention might be paid to the way in which contact with the Pilot is maintained and ends. Evidence is that when initiatives are left with benefits recipients, for example, to return phone calls, remake appointments or keep in touch, contacts can be fragile. While uncertainty about what happens next is sometimes welcome to those hoping to hear no more from the Pilot, for others who might respond to more proactive approaches there is danger of loss of momentum. Again, there are resource issues here, and room for discussion about how far Jobcentre Plus staff should go in encouraging participation in voluntary activities.
- Some gaps in services needed by incapacity benefits recipients taking part in Pathways which were identified in the earlier report are still unfilled. These include complex financial assessments and advice and help with debt management. To this we now add services to support people dealing with alcoholism, some of whom reported waiting lists for direct help through the NHS.

As a final point, we emphasise again that care is needed in assessment of these findings from the second cohort. There is a relatively limited picture of use of Pilot services. We shall not attempt further general conclusions until we can enhance findings with those from the third cohort, and the focused studies.

Appendix A

Client panel study, cohort two: research methods

A.1 Recruiting the panel

The second panel cohort comprised 53 people in receipt of incapacity benefits from seven different Pilot districts. Recruitment followed largely the same process as for the first cohort (Corden *et al.*, 2005):

Firstly, an extract from the Department's screening tool database was used to select 42 people from each area, except Somerset, who were receiving incapacity benefits, had not been screened out and had attended their second Work Focused Interview (WFI). Forty-one letters were sent in Somerset because there were fewer people available on the database who had recently had their second interview. Again, we used purposive sampling to obtain diversity across the selection. The sampling criteria included sex, age, main health condition and occupation. As before, we aimed 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 Department for Work and Pensions (DWP).

A letter from an officer at the Department was then sent to the 293 selected people in September 2004. The letter (see Appendix B) was unchanged from that used in the first cohort, and again, asked recipients to reply within two weeks using a prepared reply slip and pre-paid envelope if they did not want to take part in the study. The letter and reply slip were written in both English and Welsh for recipients in Bridgend.

Sixty-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. A total of ten people decided to opt-in to the study at this point by indicating this explicitly on their reply slip or by

telephoning the contact numbers given in the letter. At a later stage, interview appointments were made and kept with all but two of these people.

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 of the first wave Pilot districts and eight from the second wave districts. As Table A.1 shows, some people declined to take part at this stage. The target number of participants was met in all areas but recruitment proved challenging at times. Contact details were not always accurate, there were some refusals and an interview was belatedly cancelled when the participant was no longer able to make the appointment.

In general, recruiting people from the lowest age range of 18 to 29 proved particularly challenging. As in the first cohort, some younger clients, in particular, did not return messages or answer their mobile phones. In some areas it was harder to recruit people with mental health conditions compared with other kinds of health problems. Disconnected and switched off phones and inaccurate contact details were common barriers to making contact. When people were contacted and declined to take part their reasons included feeling too ill; being back at work; the timing not being right due to receiving treatment or having entered a busy period; finding it difficult to talk to people, especially about claiming benefits; and no longer receiving incapacity benefits or being in contact with Jobcentre Plus. Others did not state a reason. One refusal came once the researcher had arrived to conduct the interview at the client's house. Another person was willing to participate but a mutually suitable appointment could not be agreed.

Two people in Gateshead said they had already been phoned and asked to take part in what they thought was the same research study, answering questions about their benefits claim on the telephone. The researchers had no knowledge of this. One of these people wanted to take part in this study and became a panel member; it was mutually agreed with the other person that they would not take part in this study.

In some cases, phone numbers were not given in the Department's database and it was important not to exclude these potential participants. Here, letters were sent inviting the benefit recipient to take part and, if willing, to indicate a convenient date by using the reply slip and pre-paid envelope provided. None of the panel members were recruited in this way this time.

Table A.1 Recruitment

	Bridgend	Derbyshire	Renfrew	Gateshead	East Lancs	Somerset	Essex
Invitation letters sent	42	42	42	42	42	41	42
Opt-out through reply slip	13	11	9	7	10	7	6
Telephone contact made	10	10	12	14	10	12	16
Declined to take part	3	3	4	5	2	4	7
First interviews achieved	7	7	7	8	8	8	8

When researchers made contact by phone with potential participants and those who had already indicated their desire to participate, 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 or other properties they owned. Letters confirming the date, time and place of the interview were sent to participants prior to the interview, with information sheets about the evaluation (see Appendix B).

A.2 Panel participation and attrition

The 53 initial face-to-face interviews were conducted in the period from September to December 2004. They were followed by telephone interviews three months later in January to March 2005 and completed in a second wave of telephone interviews after a further five to six months in July 2005.

As occurred in the first cohort and in other similar previous longitudinal research (Corden *et al.*, 2005), 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. No further interviews were conducted with ten of the 53 people who participated in the initial interview. A further nine people did not take part in the final interview. Thirty-four people were followed for eight or more months, of whom five were not contacted for the first follow-up but joined the panel again for the final interview.

Reasons for attrition from the panel were as follows: At the follow-up stage, two people opted out without giving a reason. 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. A small number of people who were re-contacted failed repeatedly to keep appointments; or indicated in discussion with the researchers that they felt

uncomfortable about taking further part, or that their circumstances had changed and they felt they had nothing more they wanted to say. The researchers respected these feelings.

Attrition was higher amongst the older age ranges, particularly men in the oldest category. Those lost throughout the panel included people in all four of the primary health condition categories by which they were originally sampled. Almost half of those with cardiovascular conditions dropped out. It proved more difficult to retain panel members from some of the newer Pilot areas.

Table A.2 Panel participation and attrition

	Panel members per district						
	Bridgend	Derbyshire	Renfrew	Gateshead	East Lancs	Somerset	Essex
First interview							
Three months	7	7	7	8	8	8	8
Second interview							
Six months	7	6	5	8	1	4	7
Third interview							
	6	5	4	8	6	2	3

A.3 Conducting the research interviews

A.3.1 Initial interviews

As in the previous cohort, 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 WFI regime and any subsequent Pilot services or schemes of support. In light of what had been learnt through the first cohort interviews, minor changes were made to the topic guide of themes and suggested questions. The guide continued to enable researchers to be responsive in spending time exploring the issues and views salient to the participant. The topic guide used is at Appendix B.

Before each interview, researchers again explained the purpose of the research and that it was hoped the respondent would be willing to continue their participation in two further interviews 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 B. In general, the interviews lasted between 60 and 90 minutes and all gave their consent to be tape-recorded. Participants received £20 as a token of thanks.

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.

A.3.2 First follow-up telephone interviews

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

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

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

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 in July and 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, and where they had acquired a new mobile phone number.

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. With the participant's agreement, notes were taken and dictated immediately after a couple of interviews, when contact had been made unexpectedly and tape-recording equipment was not in place. The researcher did not want to reschedule the interview for another time in case contact could not be re-established.

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 July. Their agreement to participate was again obtained.

A.3.3 Final follow-up telephone interviews

The final interview was conducted around four broad themes:

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

As before, the topic guide accommodated areas of discussion not previously explored, such as people's reflections on the last nine to 12 months (see Appendix B). In reflecting on their involvement in the Pilot, participants were asked for their views on what elements had been helpful or unhelpful, whether and how their expectations had been met, and their suggestions for programme improvements.

The final telephone interviews took place in July 2005. Contact was established by phone and a date for the interview arranged. A further nine panel members could not be contacted for the final interview. Four people who were not contacted for the first follow-up interview, took part in the final interview.

One interview was postponed when the respondent had been taken into hospital, but was completed at a later date.

Problems associated with the use of telephones in research interviews were encountered in the final interviews, including not being able to hear the researcher clearly and disconnecting phone lines. 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.

A.4 Data analysis

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

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

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

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

For this report, the accounts of all respondents were explored within the common thematic framework, with in-case and between-case analysis at different points in time. 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 'base-lines' for situating data against which comparisons might be made. As in the first cohort, one such base-line for purposes of analysis was the point of application for incapacity benefit, and another was the first face-to-face contact with the Pilot such as the first WFI.

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

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

Twenty-seven men and 26 women were recruited to the panel. Of these, 12 men and 17 women stayed with the panel and took part in three interviews. In addition, four men and one woman took part in the initial interview and the final interview nine months later.

As in the selection of the previous cohort of the panel, the aim was to give greater emphasis to the middle age range, 35-49 years, to reflect the age range of people making claims for incapacity benefit and entering the Pilot. Table A.3 shows the ages of recruits to the panel.

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

Ages	Men	Women
18-29 years	4	1
30-49 years	11	12
50 years and older	12	13

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

The panel included people from a range of family types and of households. The panel included 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 a few months to the late teens. The largest family had six children. Some panel members in the youngest age group, both men and women, lived in their parents' homes, while some people said that older parents or relatives were now living with them, to receive support and care. 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 occur are mentioned in the report.

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, local authority and housing association rented sectors, and supported accommodation. People lived in a range of properties (houses, ground-floor and first floor flats; flats in high rise blocks; hostels, and accommodation attached to businesses) in urban and rural locations. Among those who stayed with the second panel, some moved to another home during the period of research.

There was one representative of a minority ethnic group and one person whose domestic partner was from a minority group.

A.5.2 Health

As in the first panel cohort, one criterion used for purposive selection of panel members was their health condition, recorded as the primary condition on the DWPs' database of incapacity benefit recipients. The aim was to achieve a roughly equal number of people with mental health, musculoskeletal and cardio-vascular conditions because these are the most frequently reported types of conditions among incapacity benefit recipients generally, and the main conditions targeted by the Condition Management Programme (CMP). The aim also was 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 musculoskeletal 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	14-21	13	18
Musculoskeletal	14-21	17	21
Cardio-vascular	14-21	16	14
Other	0-14	7	16

People who said they had mental health problems generally reported depression, anxiety, phobias, or effects of stress. Long-term conditions included manic depression. People who reported musculoskeletal conditions included several who had back problems associated with spinal injury, slipped discs or degenerative conditions, and some people with various kinds of repetitive strain injuries they associated with previous forms of employment. As in the first cohort, several panel members reported arthritis. Cardio-vascular conditions reported included heart disease, angina and arterial disease. Among those reporting other conditions, six people were diabetic. Other conditions included cancer, digestive and liver problems, epilepsy, visual impairment, speech impairment, asthma and recovery from alcohol and drug addiction.

Patterns of development or recurrence of health problems and impairments can be important influences on employment histories and views about working. As in the first cohort, 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 unexpected onset due to injury, or heart attack after previously fairly good health. There was a wide difference in expectations in respect of future health. Some people were looking forward to eventual recovery, for example, following treatment for the effects of accidents or less severe depression. Others saw their future in terms of stabilisation and management of their condition, while others faced the likelihood of deterioration in their condition. 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, cardio-vascular problems, and other illnesses and conditions.

The researchers discussed with people how their conditions affected their capacity to work. In the first research interview in the series more than half the people recruited to this panel said their day-to-day activity was currently affected by continuous or intermittent severe pain. It was not unusual for people who depended on medication for pain control to report that these drugs caused sleepiness or loss of concentration. Two-thirds said, at the first interview, that their condition limited their mobility or dexterity. Some explained that they had problems with short-term memory, and sometimes incontinence, which they associated with the effects of medication and/or pain.

A.5.3 Financial situation

At the time of the first research interview, most people were receiving incapacity benefit or Income Support (IS), or both. Two people were receiving National Insurance credits only, both of whom had partners with paid jobs. Overall, 20 people had domestic partners doing paid work, ranging from relatively well-paid full-time jobs to small part-time jobs with earnings supplemented by Working Tax Credit (WTC). Several panel participants said that their health condition had meant that their partner had to reduce their hours of work in order to help care for them or the children.

By the time of the first interview, two people were supplementing incapacity benefit income with earnings from part-time jobs under permitted work rules. One person was doing some work in his self-employed business, but his formal employment status was unclear. One person whose job was still open was receiving reduced wages from her employer, while two people had returned to work and stopped claiming incapacity benefits.

Several panel members received other benefits, mainly housing and council tax benefits and Disability Living Allowance (DLA), and some parents received Child Tax Credit (CTC). A small number of people had private or occupational pensions (or both), and two people, one of whom was previously self-employed, received monthly payments from insurance policies. Child maintenance payments supplemented household income in two families, and one woman received a personal allowance from a previous partner. Details of the amounts of each source of income were not sought.

As reported for the first panel cohort, indebtedness was a problem for at least six people, who reported large outstanding payments due to loan companies, banks and in one case, Her Majesty's Revenue and Customs (HMRC).

As a result of this wide range of financial and personal circumstances, some people reported that their financial situation was difficult. At the other end of the spectrum, some of the panel members said that they currently had no financial worries, or indeed were quite comfortable financially.

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

Pilot service	Number of people
Participation in CMP	4
Contact with Job Brokers	6
Receipt of Adviser Discretionary Fund	4
Receipt of Return to Work Credit (RTWC)	5
Receipt of WTC	3
None of these	38

Some people used more than one service, so numbers in Table A.5 do not sum to 53.

A.7 Reflections on participation in the panel study

At the end of the final research interview, respondents were asked about their experiences of taking part in the interviews. In general, people were positive about the interviews and had few problems with the research design.

As in the first cohort, people said that questions had not been intrusive and participation had not been inconvenient. Some people felt that the interviews were repetitive, but that this was part of the purpose of the research and enabled the researchers to see how things had changed.

Again, some people expressed their enjoyment in having taken part and talked about ways in which the interviews had helped them. Some people had looked forward to interviews for the social contact. Consequences of having taken part were feeling encouraged and motivated, and feeling that someone cared. Some people talked about being pleased that research was being done and that they were able to contribute their views. There was some interest in accessing the written report of the study's findings. One person felt obliged, in part, to participate in response to receiving state benefits.

The duration of the study period and the number and frequency of interviews was again discussed with respondents. People agreed that the research needed to take place over a long period of time, in order to capture a full picture of the developments in people's lives. Some people said it would be a good idea to continue the research for a longer period and that they would be happy to participate further. Gaps of six months and three months were acceptable to most people. As in the first cohort, some people thought that an interval of six months might be too long for people who would find it hard to remember details, such as people who had a lot of contact with Jobcentre Plus and people experiencing memory loss. Some people suggested alternatives such as holding interviews when triggered by developments in people's lives, or every three months for a year so that the effects of all four seasons on individuals could be observed.

As earlier, the use of both face-to-face and telephone interviews was generally considered to be acceptable. Some people were pleased that they had the opportunity to meet the researcher first, but were happy to continue by telephone contact afterwards. Some people indicated a preference for one method. Face-to-face interviews were liked because they felt more personal and it was, therefore, easier to open up. These interviews were also preferred by people who considered face-to-face contact a more familiar way of talking to people, and by people whose physical health conditions made talking on the telephone difficult. Telephone interviews were preferred by people who said they felt more confident talking on the phone, and by people who were used to telephone conversations as part of their work. One person thought other people would like the anonymity of phone contact.

Some people who spoke to the same researcher at each interview said that this was a good idea. However, those who had spoken to more than one researcher thought this had not been difficult.

There were people who suggested that longer interviews were tiring. These people were happy to continue participating, however, because they had a lot they wanted to discuss. One person planned their day to help them manage the demands of the interview. Some people were pleased the research was being conducted in such depth.

In this cohort there were some people who thought that taking part in the research had influenced them. Some said they had been made to think more about their involvement with Jobcentre Plus and had questions they wanted to ask at their next WFI. Some people spoke about the impact on their behaviour, having been motivated to visit Jobcentre Plus or ask about specific support following discussions with researchers, and knowing what kind of questions the researcher would ask at the next interview. Getting on better with a Personal Adviser was said to be a consequence of having the opportunity, during research interviews, to reflect on the relationship.

One person said it was hard not to believe that his Personal Adviser was aware that he was taking part in the research, and thought that being asked to attend subsequent WFIs was in some way related to taking part in the research.

Appendix B

Research instruments

Social Policy Research Unit
The University of York
Heslington
York YO10 5DD

7 September 2004

Dear

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

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

A researcher 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 Tuesday 21 September. You can either use the reply slip at the end of this letter and the pre-paid 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

A handwritten signature in black ink, appearing to be 'Elizabeth Cole', written in a cursive style.

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.

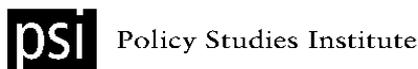
Reply slip**Research into helping Incapacity Benefit claimants**

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 people's experiences of receiving Incapacity Benefit (IB) in seven areas (South Wales, Renfrewshire, Derbyshire, Somerset, Essex, Gateshead and Lancashire). The research began in the autumn of 2003 and will continue for three years.

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

You might be asked to take part in this research either by participating in a focus group in your local area or taking part in a one-to-one interview. A focus group would involve you taking part in a discussion with seven or eight 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

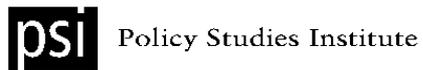
Tel: 020 7549 9553

Roy Sainsbury

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

rds2@york.ac.uk

Tel: 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.

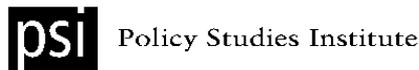
I agree to take part in a series of interviews
with a researcher

YES/NO

Name

Signature

Date



IB Reforms Evaluation

Longitudinal Study Wave One, Cohort Two; Wave Two, Cohort One Initial Interview: Topic Guide

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

- provide information about the claimant's personal background and circumstances;
- explore their work history and current attitudes towards work;
- explore how the claimant's health condition affects their ability to work;
- understand 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 IB 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 IB 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 Pilots
 - ▲ Probe for thoughts on what was helpful in getting work
- Prompt for any further contact with Jobcentre Plus
- 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 1st 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 1st 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 1st 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 Jobcentre Plus
- 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

E. 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

F. 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

G. 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?

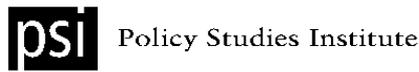
✿ **If not mentioned earlier check the following:**

- 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 Study Wave One, Cohort Two; Wave Two, Cohort One

Final follow-up interview: Topic Guide

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

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

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

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

In work support has become part of the Pilot provisions so please ensure that clients are asked about this where relevant (and indicated below).

Remind of date of last interview

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

Remind of confidentiality

Seek permission to tape-record.

A. CURRENT SITUATION AND EXPECTATIONS

1. How are you? How have the last 6 months been?

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

FOR THOSE IN WORK AT LAST INTERVIEW

2(a). Can you tell me about your job?

- How are you finding work?
 - ▲ meeting expectations;
 - ▲ positive and negative aspects of working,
 - ▲ impact on health,
 - ▲ impact on financial situation
- Are you experiencing any problems?
- Any **in work support** received (*please ask, as this is becoming part of the Pilot provisions*)

If they are no longer in work:

Can you tell me how you came to stop working?

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

FOR THOSE IN WORK SINCE LAST INTERVIEW

2(b). Can you tell me about your job?

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

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

FOR THOSE NOT IN WORK:

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

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

Remind respondent of thoughts about work at last interview:

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

FOR ALL:

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

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

ASK IF NOT RAISED SO FAR:

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

B. INVOLVEMENT WITH THE PILOT AND ANY SERVICES REGARDING PREPARATION FOR WORK

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

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

Ask either 5(a) or 5(b)

5(a). IF HAD CONTACT WITH JOBCENTRE:

- Who did you see/speak to? (inc telephone contact)
- How many times? Where?
 - ▲ Thoughts on location and accessibility

- How did this contact come about?
 - ▲ Understanding of purpose of contact
 - ▲ Were you required to make this contact; or required to do anything as a result of this contact?
 - ▲ If aware that WFIs are compulsory, ask for their views about this requirement
- What happened? What did you talk about?
 - ▲ Any discussion of services/interventions/support options (e.g. Choices package)
 - ▲ Probe for thoughts on the amount of information received
- Any decisions made about action/steps to take? Action Plan made/reviewed/updated?
- Any contact with PA between meetings?
 - ▲ Probe for purpose and outcome of making contact
- Thoughts on the usefulness and value of meeting(s) and support offered/received
 - ▲ Any gaps; could they have offered something else?
 - ▲ Impressions of manner and expertise of PA
 - ▲ Perception of PA role and value
 - ▲ Probe for whether respondent felt meeting focused on their individual needs
 - ▲ Probe for thoughts on their involvement in the discussion and decision making
 - ▲ Probe for views on the timing of the meetings (fit with personal circumstances)
 - ▲ Probe for their perception of whether or not subsequent WFIs have built on the info and discussion in 1st WFI
 - ✱ If mentioned, follow-up references made to PCA and probe for impact on their participation in the Pilot and their views on the Pilot
 - ✱ If mentioned, follow-up references to their awareness and understanding of their involvement with the Pilot

5(b) IF NO CONTACT WITH JOBCENTRE:

- Reasons for no contact
 - ▲ Will contact be resumed? If so, when and why?
- Do you know if your contact with the Jobcentre has now come to an end?

- ▲ When?
- ▲ Why?
- ▲ Number of meetings with PA overall
- ▲ Whose decision to end contact?
- ▲ Probe for views on how contact ended
- Do you have any intention to make contact again?
 - ▲ Who with?
 - ▲ When/in what circumstances?
 - ▲ For what purpose(s)?
- Any thoughts about the prospect of no further contact
 - ▲ Probe for whether continued involvement in the Pilot could have benefited them
 - ✱ **If mentioned, follow-up references made to PCA and probe for impact on their participation in the Pilot and their views on the Pilot**
 - ✱ **If mentioned, follow-up references to their awareness and understanding of their involvement with the Pilot**

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

FOR ALL:

6. Have you been taking part in any programmes or services offered to you through the Jobcentre? *(Be aware that some may have received services in the Choices package but not visited the JC or seen their PA – e.g. clients participating in CMP who do not continue with WFIs until CMP completed)*

- Use of services provided through their contact with PA in WFI (e.g. CMP; RTWC; ADF; NDDP; other work preparation)
- Nature and frequency of contact with service provider
 - ▲ Understanding of purpose of service(s)
- Who did you see?
- What happened? (any discussions, assessments, advice, information given, decisions made about future action/steps to take)
 - ▲ Probe for impressions of staff
 - ▲ Probe for views on the timing of the support/service (fit with personal circumstances)
 - ▲ Probe for whether respondent felt the support/service had focused on their individual needs
 - ▲ Probe for views on the value of each service

IF INVOLVEMENT WITH A PROGRAMME OR SERVICE HAS ENDED:**7. Can you tell me how your involvement with the programme/service came to an end?**

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

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

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

WHERE NOT ALREADY ASKED:**8. Do you expect to have any more contact with the Jobcentre?**

- Meetings planned with PA
- Do you know what service options are available to you?
- Prompt for plans to participate in/receive CMP; RTWC; ADF; NDDP; any other work preparation (appointments, intentions, expectations)
 - ▲ Probe for their understanding of the purpose and process of each service
 - ▲ Probe for their awareness that their participation is voluntary and for the factors influencing their decision whether or not to participate in the services available
 - ▲ Expectations for the outcome of their involvement with individual services

IF THEY DON'T EXPECT ANY MORE CONTACT:

- Do you know if your contact with the Jobcentre has now come to an end?
 - ▲ When?
 - ▲ Why?
 - ▲ Number of meetings with PA overall

- ▲ Whose decision to end contact?
- ▲ Probe for views on how contact ended
- ▲ Any thoughts about the prospect of no further contact, e.g. whether continued involvement in the Pilot could have benefited them

FOR ALL:

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

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

C. REFLECTIONS ON PARTICIPATION IN THE PILOT

May we now look back on what has happened since you made contact with the Jobcentre about a year ago. Looking back helps us get an understanding of your overall experience.

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

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

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

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

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

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

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

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

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

and whether:

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

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

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

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

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

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

- What kind of support would you like to receive?

D. EXPERIENCE OF TAKING PART IN THE RESEARCH

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

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

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

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

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

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

Thank you very much

Remind no further contacts.

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

References

Barnes, H. and Hudson, M. (2006a) *Pathways to Work – Extension to some existing customers: Early findings from qualitative research*, DWP Research Report 323, Corporate Document Services, Leeds.

Barnes, H. and Hudson, M. (2006b) *Pathways to Work: Qualitative research on the Condition Management Programme*, DWP Research Report, Corporate Document Services, Leeds.

Blyth, B. (2006) *Incapacity Benefit Reforms – Pathways to Work Pilots performance and analysis*, DWP Working Paper 26, Corporate Document Services, Leeds.

Corden, A., Nice, K. and Sainsbury, R. (2005) *Incapacity Benefit Reforms Pilot: Findings from a longitudinal panel of clients*, DWP Research Report 259, Corporate Document Services, Leeds.

Department for Work and Pensions (2002) *Pathways to Work: Helping people into employment*, HMSO, London.

Dickens, S., Mowlam, A. and Woodfield, K. (2004) *Incapacity Benefit Reforms – the Personal Adviser Role and Practices*.

Kazimirski, A., Adelman, L., Arch, J., Keenan, L., Legge, K., Shaw, A., Stafford, B., Taylor, R. and Tipping, S. (2005) *New Deal for Disabled People Evaluation: Registrants' Survey – Merged Cohorts (Cohorts one and two, Waves one and two)*, DWP Research Report 260, Corporate Document Services, Leeds.

Knight, T., Dickens, S., Mitchell, M. and Woodfield, K. (2005) *Incapacity Benefit Reforms - The Personal Adviser role and practices: Stage Two*, DWP Research Report 278, Corporate Document Services, Leeds.

Lewis, J. (2003) Design issues, in Ritchie, J. and Lewis, J. (eds), *Qualitative Research Practice*, Sage, London.

Molloy, D., Woodfield, K. and Bacon, J. (2002) *Longitudinal Qualitative Research Approaches in Evaluation Studies*, Working paper No 7, Social Research Branch, Department for Work and Pensions, London.

Nice, K. and Sainsbury, R. (2004) *Incapacity Benefit Reforms – Early Findings from the Longitudinal Panel of Incapacity Benefit Claimants*, interim report to DWP (unpublished).

Snape, D. and Spencer, L. (2003) The foundations of qualitative research, in Ritchie, J. and Lewis, J. (eds), *Qualitative Research Practice*, Sage, London.