

# Research Summary

## Pathways to Work from Incapacity Benefits: A pre-pilot exploration of staff and customer attitudes

To inform the forthcoming Incapacity Benefits (IB)<sup>1</sup> Reform Pilots, the Department for Work and Pensions commissioned qualitative research with IB customers and with Jobcentre Plus staff who work with IB customers. The key purpose of the research was to explore the interventions that customers and staff consider necessary to move from benefits to employment.

A series of depth interviews and group discussions was conducted with Jobcentre Plus staff in offices currently conducting Work Focused Interviews (WFIs). These were former ONE pilots, extended WFI sites and Jobcentre Plus Pathfinder offices. Staff of different grades were selected across a number of regions. Interviews were conducted with IB customers in the same areas. The sample was split across gender, age, region, benefit source and type of illness/disability. Interviews were restricted to recent IB claimants to mirror the target group for forthcoming IB pilots, i.e. they would only have started claiming benefits within the last 12 months. Customers were further screened to determine their likelihood of ever returning to work, to ensure exclusion of those with severe illnesses. Fieldwork took place between January and April 2003.

### Key Findings

- There was some confusion regarding the level of intervention that staff should provide, with both customers and staff expecting the other to take the initiative. Customers sometimes left the Jobcentre and more specifically the WFI, assuming that staff would be in contact with them at some future stage to update them about any requirements or developments.
- Staff, on the other hand, expected the customer to be more proactive, as they felt there was little they could do until the customer had shown some willingness or ability to work. Even

where staff thought it appropriate to re-contact customers, lack of time and other work pressures limited the instances where this was done.

- Staff and customers considered the timing of contact and communication as key in facilitating customers' progress back to work.
- ⇒ If customers had their WFI too soon after the onset of their illness/disability they still regarded themselves as unready for work and were therefore not willing to discuss or absorb information relevant to returning to work. Staff agreed that the WFI occurred too early in the process. Although some viewed it as an opportunity to 'plant the seed', others deemed it to be of little use at that point.
- ⇒ If customers were seen too late, due to delays and booked up appointments, staff sometimes found trying to talk to respondents about work a rather fruitless activity. By this time customers had lost motivation and often started suffering from feelings of low self-confidence and depression. Customers agreed that they deteriorated over time and would complain that they had not received the support they desired at key times during their illness/ disability.
- Suggestions for rectifying these problems include;
- ⇒ Making follow up calls more frequently and at closer intervals regardless of a customers' progress
- ⇒ Allocating dedicated staff to phoning customers to discuss their progress and whether they are receptive to any offers. If so, forwarding relevant information or follow-up.
- ⇒ Conducting more pointed targeting, so that customers only receive relevant information to improve the chance of it being read rather than discarded.

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<sup>1</sup> Qualifying (i.e. income replacement rather than extra-cost) benefits include: Incapacity Benefits and National Insurance Credits on the grounds of incapacity (which may be awarded on their own or in addition to payments of income-related benefits, most commonly Income Support (IS)).

# Executive Summary

Jobcentre Plus staff and IB Customers gave their opinions about interventions they considered necessary to help progression from incapacity benefits to employment.

## Staff Views

### Office structure

- Staff attitudes to working with IB customers varied, often depending on whether they had volunteered to work with this group or not. Although some were less enthusiastic about working with IB customers than others, all believed that they dealt with this group in a professional manner.
- Disability Employment Advisers (DEAs) were reported (and observed) to be the most knowledgeable and motivated group dealing with IB customers, due to their specialist knowledge and interest in this customer group. However, they often had the least capacity due to their responsibility across more than one Jobcentre.
- The levels of staff training varied, and many considered their past training as being insufficient in equipping them with the knowledge and ability to deal with IB customers efficiently.
- Similarly, only a minority of staff had heard of many of the Jobcentre Plus incentives and initiatives available to customers and few knew what they involved or at which customers they were targeted. This was despite a desire to be kept informed about new developments, even from staff not dealing with the provision personally. Involvement with local agencies, who helped to find work or provided training for IB customers, varied.
- Staff viewed customers originating from Statutory Sick Pay (SSP) as more 'genuine' cases, than those originating from Jobseeker's Allowance (JSA). However, JSA customers, were considered easier to place than their SSP counterparts, but were in turn, harder to motivate.

- Larger Jobcentres were criticised for the lack of communication and information that filtered through (caused by change of management, lack of resources, constant change of policies etc). Smaller Jobcentres often had no facilities to offer due to their size and sometimes more remote location.

- Areas that used Specialist Advisers to deal exclusively with the IB customer group (as opposed to Generalist Advisers who cover all customer groups) felt customers were more likely to have access to a good selection of facilities.

### The Process

- WFI appointment times were typically 40-45 minutes, but often the time within this which was allocated to focussing on work was limited by other issues. Follow-up interviews also suffered due to other work pressures, lack of resources and occasionally due to the sentiment that time could be spent more efficiently elsewhere, with non-IB customers.
- Customers' motivation, personality and self-confidence, as well as the state of the local labour market were barriers impacting on staff's ability to place customers.
- A significant proportion of customers were seen as needing training or retraining, but staff only had access to a limited supply.
- Few staff were aware of any rehabilitation courses in their locality and associations were mostly limited to those focusing on drugs and alcohol rehabilitation.

### Older Customers and New Deal

- Staff emphasised that they did not treat older customers differently. However they were occasionally deemed more difficult to deal with due to being more 'set in their ways', and because employer attitudes could be problematic.
- Staff awareness of New Deal for Disabled People and New Deal 50plus, varied depending on their personal involvement with the two.

## Medical considerations

- Information provided by customers about their medical condition was critical in assessing both when the customer could be fit for work and the type of work which would be appropriate. However, few staff considered challenging the customers' perception that their GP had advised them not to work, as this was outside their area of expertise. They were also wary of customers' reactions to confrontation.
- Some Jobcentres had been making use of Capability Reports and opinions of their usefulness were mixed. If completed correctly it served as a useful tool, but this was not often the case.

## Office culture

- All staff were sure that they had been doing their very best to help all customers, including those on IB. Most problems were resource related such as too few staff, too little available money, lack of time to deal with each customer, too much pressure, high staff turnover and constant change.
- The introduction of targets was generally disliked, and in some cases they were criticised for impacting negatively on IB customers. Although additional points were allocated to IB customers these were sometimes insufficient to account for the additional difficulty in placing them. This sometimes resulted in IB customers being neglected in the bid to attain the target.
- Some Jobcentres adopted individualised operating systems (e.g. group targets) which worked successfully and resulted in an enthusiastic team of staff, complimented by customers.

## Customer Views

- Customers' self classification of their illness/ disability was very much in line with what was initially diagnosed by their GP, someone on whom they relied for both medical and emotional support.

## Benefit history and understanding

- Benefits are seen as a lifeline that keep them housed and fed, but are insufficient to provide an enjoyable existence.
- Many admitted having limited knowledge regarding the benefit system and had learnt by trial and error. Initial direction was mostly provided by their GP/ hospital or word of mouth.
- Understanding of what is allowed in relation to working whilst on benefits was vague; most customers assumed that no form of work was allowed. Involvement by the Jobcentre at this stage was also unclear.
- Younger customers were somewhat less motivated to move off benefits, having originated from less skilled and lower paid jobs. Older customers were however, more likely to feel embarrassed and uncomfortable about the need to claim benefits.

## The work experience

- Positive associations with work were consistently listed as money and sociability and most acknowledged that 'work is good for me'.
- Future aspirations of work were strongly linked to past experience and enjoyment. Older customers were most keen, but least able, to return to work whereas mental health customers were least eager to do so.
- Some had attempted employment since being on benefits but had encountered unexpected problems. This was especially amongst those who had been overly optimistic to return. This failure then impacted negatively on self-confidence and future attempts at re-employment.
- Customers described full time work as 'scary' as it required a long term commitment which they were unsure they would be able to fulfil. There was also concern about the perceived expectation from employers of a speedy re-adjustment.
- In most cases, an initial part-time job would have been preferred but this was rarely

available. It was often also not financially viable to justify the effort.

- Many were further afraid of attempting employment in case they lost their current benefits. Customers were dissuaded by the perceived difficulty of re-entering the benefit system, if the new job didn't work out. There was little knowledge of linking rules or similar initiatives.
- Many customers based their ability/inability to return to work on their GP's advice, although in a number of cases a customer's opinion of whether or not they were able to work was simply endorsed by their GP.
- Due to the nature of their illness/ disability, numerous customers faced the prospect of not being able to return to their past line of work. Many felt immobilised by this reality and had failed to think of a way forward.
- Older customers perceived there to be prejudice against them, and this was experienced by some. Median age (40+ years) customers were most concerned and critical about their age, whereas older respondents (50+ years) had worked through this negativity and refocused on the benefits of the experience and reliability they offered employers. Having said this, older customers were less likely to attempt work depending on their proximity to retirement.

### **The Jobcentre experience**

- Due to the recency of some benefit claims, customers had experienced little contact with the Jobcentre overall and were largely unfamiliar with the role and speciality levels of staff.
- Many had negative preconceptions regarding the Jobcentre and felt it was not a place one wanted to be associated with. It was not seen as providing an extensive or comprehensive selection of jobs.
- Although a lot of customers were complimentary about the friendliness and helpfulness of staff, others were negative and described their experience as humiliating and demeaning.

- Timing of appointments and receipt of information emerged as crucial to the effect and success thereof. Many had attended their WFI at a time when they were still anxious about their illness/ disability and subsequent benefits. Information regarding work had thus not been welcomed or absorbed.
- Most were enthusiastic about the idea of training, but take-up was restricted due to more practical problems such as inflexible start dates, course intensity and status, and accessibility.
- Awareness of initiatives and incentives offered by the respective Jobcentres was low and staff were criticised for being uninformed about availability and eligibility criteria.
- Few customers had experience of any rehabilitation programmes, but most were positive about the concept and agreed with the emphasis on improving health followed by the focus on return to work. Increased NHS involvement was also considered favourable.

### **Summary**

Generally, customers tend to underestimate or misunderstand the role the Jobcentre can play in their receipt of benefits and progress back to work. They don't recognise the active and supportive role that staff can play to help them move from benefit back into work.

Staff have a vital role to play in the guidance and motivation required to encourage customers in their attempts to return to work, but often feel unable to challenge customers' decisions and choice not to return to work and in particular to question customers' perceptions of their doctor's advice.

Problems mostly arose due to lack of knowledge and understanding of each other's roles and abilities, caused by lack of training, unclear lines of communication and inappropriate timing of events.