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Pathways to work - extension to some existing customers

Early findings from qualitative research

Helen Barnes
Maria Hudson

Policy Studies Institute

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Department for Work and Pensions

Research Report No 323

Pathways to Work – extension to some existing customers

Early findings from qualitative research

Helen Barnes and Maria Hudson

A report of research carried out by Policy Studies Institute on behalf of the
Department for Work and Pensions

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List of abbreviations

BA	Benefits Agency
CMP	Condition Management Programme
DWP	Department for Work and Pensions
FA	Financial Assessor
FCO	First Contact Officer
IBPA	Incapacity Benefit Personal Adviser
IS	Income Support. Income Support is a non-contributory, income-assessed benefit available to people who are not required to work.
JPP	Job Preparation Premium
JSA	Jobseeker's Allowance
NDDP	New Deal for Disabled People
NDLP	New Deal for Lone Parents
PCA	Personal Capability Assessment
RTWC	Return to Work Credit
WFI	Work Focused Interview

Summary

In October 2003, based on proposals outlined in the Green Paper 'Pathways to Work: Helping People into Employment' (2002) changes to the claiming requirements and services offered for Incapacity Benefit (IB) customers were introduced on a pilot basis in three Jobcentre Plus districts (an additional further four districts became part of the pilot in April 2004). A further 14 districts are joining in phases from October 2005, so that the changes will affect a third of the country by October 2006.

The main elements of the pilot provision are as follows:

- **New specialist teams** of specially trained **Incapacity Benefit Personal Advisers** (IBPAs), as well as Disability Employment Advisers (DEAs) and Work Psychologists, to advise and support people directly.
- New IB customers are required to take part in a **Work Focused Interview (WFI)** with the IBPA eight weeks after their claim¹; most will then be required to undertake a series of five further mandatory WFIs. Non-attendance can result in deductions from benefit.
- A **Choices package** of interventions offers people a range of provision to support their return to work. The package consists of easier access to existing programmes, such as New Deal for Disabled People (NDDP), Work Preparation and Work-Based Learning for Adults (Training for Work in Scotland). The package also includes new work-focused **condition management programmes (CMP)** developed jointly between Jobcentre Plus and local National Health Service (NHS) providers.
- A **Return to Work Credit** (RTWC) of £40 per week payable for a maximum of 52 weeks is available to those returning to, or finding new, work, of 16 hours or more, where gross earnings are less than £15,000 a year.
- IBPAs have access to an **Advisers' Discretion Fund** (ADF). This currently allows them to make awards of up to £100 per customer to support activities that can improve the likelihood of a person finding or taking up a job.²

¹ This is the case for all claims, and not only in the pilot areas, from October 2005.

² Previously £300.

- Only those identified as having the most severe functional limitations (i.e. Personal Capability Assessment (PCA) exempt) and those identified through a **screening tool** as least likely to need additional help to make a return to work, are not required to attend the series of mandatory WFIs, although these (and all) IB customers can request such interviews on a voluntary basis. All IB customers in the pilot areas have equal, voluntary, access to the Choices package, the RTWC and the ADF.

From February 2005, the Pathways provision was extended on a mandatory basis to some existing customers (those making a new claim in the two years prior to the start of the pilot) in the first seven pilot areas. The provision differs from that available to new customers in several respects:

- **contact by telephone** advising them of the WFI process and their responsibilities, before customers are asked in writing to take part in WFIs;
- **three compulsory WFIs, rather than six;**
- the availability (on a discretionary basis) of a **Job Preparation Premium (JPP)** of £20 per week, payable for up to 26 weeks, payable for up to 26 weeks, for those engaged in work-related activity, in addition to any other benefits payable.

A key policy concern in relation to the implementation of the extension of Pathways to Work pilots to existing customers is to understand any differences in the nature of this group relative to new customers, and any additional demands this is likely to place on the IBPAs. This report covers the early experiences of existing customers and IBPAs working with them, in the first few months after implementation.

The study was conducted in the following Jobcentre Plus districts:

- Renfrewshire, Inverclyde, Argyll and Bute;
- Essex;
- Derbyshire;
- Somerset.

Customer focus groups were held in March/April 2005. Altogether, 18 customers took part in the research; 13 participated in focus groups and five were interviewed on an individual basis. Telephone interviews with 19 IBPAs, working in 17 jobcentres, were conducted during July and August 2005. Interviews and discussion groups were tape-recorded and transcribed for analysis. The data for this study was analysed systematically using 'framework'. This is a qualitative analysis method, developed by the National Centre for Social Research, which uses a thematic approach to classify and interpret qualitative research data, using a series of charts relating to different thematic issues.

Customers generally reported a low awareness of the pilot before being contacted by Jobcentre Plus and had not heard of the pilot via word of mouth. However, unlike new customers at early stages of the pilot, some existing customers had expected to

be contacted following recent news coverage of proposed changes to IB. Customers reported feeling nervous and fearful about going into the jobcentre for their first WFI. There was, however, general acceptance of, or resignation to, mandatory interviews.

Many customers were positive about the contact that they had with personal advisers and valued the support and encouragement that they had received. The handful of customers who had taken up CMP was, on the whole, positive or hopeful. There were mixed feelings about WFI locations. A recurring theme from customers was a lack of privacy in jobcentres.

Several customers felt that their hopes had been raised and then dashed in the Pathways Pilot, having expected to find work quickly. Others felt that they faced barriers to work, including employer discrimination on age and health grounds, which could not easily be overcome, despite involvement in the pilot. A further observation, rather than criticism of the pilot, was made by those too ill to work; they felt that they had nothing to gain from it.

The majority of IBPAs interviewed were fairly recent recruits and, thus, relatively inexperienced. Only three advisers had been in post since the start of the pilot.

Adviser caseloads varied widely; estimates of the numbers of people seen on an average day ranged from around four–five to ten–12; IBPAs generally felt that around six was optimal. Some advisers felt under considerable time pressure, and were unable to devote as much time as they would have wished to individual customers. Advisers were seeing a mix of new and existing customers; for some, existing customers made up the majority of their caseload. The perceived demands of working with existing customers could lead to emotional pressures, and advisers tended to prefer a mixed caseload for this reason.

IBPAs generally welcomed the idea of extending the pilot to existing customers. They were enthusiastic about the pilot and were glad that it was being extended to another group which could benefit. However, there was some concern that existing customers may be harder to help and require additional time and resources compared to new customers, for a variety of reasons, including a possible need to retrain or update skills, a different financial situation, possible deterioration in their health over time, social isolation, loss of work routine, and reduced confidence in their ability to find paid employment again.

Relative to new customers, the types of issues faced by existing customers generally tended to be seen as different in degree rather than kind, and not all IBPAs felt that there were systematic differences between existing customers and new customers as groups. Some IBPAs expressed concerns regarding particular groups of existing customers. IBPAs across all districts raised the issue of high rates of severe and enduring mental health problems among existing customers. This was an area where advisers felt they needed more support.

IBPAs welcomed the fact that they did not need to use the screening tool for existing customers. Some advisers, however, expressed the need for some means of screening out those who were not PCA-exempt but had severe health conditions. Views on JPP were generally negative and it was not being widely used. Several IPBAs commented that it seemed inequitable to have different provision for new and existing customers, and felt that JPP should either be available across the board or not at all. The reduced number of mandatory interviews was generally viewed as a good thing. Advisers varied widely in the extent to which they effectively used their discretion, by widespread use of waivers and deferrals, about which customers to prioritise

IBPAs reported negative initial reactions from existing customers. The wording of the letter was felt to be unhelpful in this respect, and although it was intended that existing customers should be contacted by phone before receiving the letter, this was not happening consistently across all districts and areas. Where it was possible to make contact beforehand, this was noted as having a beneficial effect on both customer responses and the initial attendance rate.

IBPAs described a variety of ways in which customers had made progress. Many of these were 'soft' outcomes, such as increased confidence and openness, changes in attitude and motivation, and punctuality/reliability in turning up for appointments. Other signs of progress noted included take-up of services offered and participation in training. There were also job entry outcomes among this group.

Concerns were expressed that management were not always aware of the amount of effort that needed to be expended to achieve a positive result; some advisers who had welcomed the initial focus on customer progress in the pilot, deplored what was felt to be a growing move towards targets; this emphasis was felt to be particularly inappropriate with existing customers, who might need help over an extended period of time.

A number of IBPAs commented on changes in their own views since starting to work with existing customers. Some had not realised how ill people would be and felt that many of the customers they saw were genuinely unable to work. Others, who had anticipated that this would be a difficult group to work with, had been pleasantly surprised at the high levels of interest and progress among existing customers.

The report demonstrates that the extension of Pathways to Work provision to existing customers has so far had a mixed reception among both customers and IBPAs. Customers and advisers made similar types of suggestions for improving the pilot, including more discretion regarding participation, additional referral resources for specific conditions, additional training, employer incentives, and an improved presentation and marketing of pilot services.

A key issue for further research with existing customers will be the extent to which they prove to be distinctive from new customers over time, and the implications this may have for IBPA resources. It may also be desirable to review the group of customers who are not required to participate.

1 Introduction

1.1 The Incapacity Benefit reforms – Pathways to Work

In October 2003, based on proposals outlined in the Green Paper 'Pathways to Work: Helping People into Employment' (2002), changes to the claiming requirements and services offered for Incapacity Benefit (IB) customers were introduced on a pilot basis in three Jobcentre Plus districts (an additional further four districts became part of the pilot in April 2004). A further 14 districts are joining in phases from October 2005, so that the changes will affect a third of the country by October 2006.

The new package is intended to re-focus customers on the prospects of returning to work through the combination of a series of Work Focused Interviews (WFIs) and various associated services and benefits. The main elements of the pilot provision are as follows:

- **New specialist teams** of specially trained **Incapacity Benefit Personal Advisers** (IBPAs), as well as Disability Employment Advisers (DEAs) and Work Psychologists, have been set up to advise and support people directly.
- New IB customers making fresh claims are required to take part in a **WFI** with the IBPA eight weeks after their claim³; most will then be required to undertake a series of five further mandatory WFIs at roughly monthly intervals. Non-attendance can result in deductions from benefit (**sanctions**).
- A **Choices package** of interventions offers people a range of provision to support their return to work. The package consists of easier access to existing programmes, such as New Deal for Disabled People (NDDP), Work Preparation and Work-Based Learning for Adults (Training for Work in Scotland). The package also includes new work-focused **condition management programmes (CMP)** developed jointly between Jobcentre Plus and local National Health Service (NHS) providers.

³ This is the case for all claims, and not only in the pilot areas, from October 2005.

- A **Return to Work Credit** (RTWC) of £40 per week payable for a maximum of 52 weeks is available to those returning to or finding new work, of 16 hours or more, where gross earnings are less than £15,000 a year.
- IBPAs have access to an **Advisers' Discretion Fund** (ADF). This allows them to make awards of up to £100 per customer to support activities that can improve the likelihood of a person finding or taking up a job (for example, purchasing new clothes to attend interviews)⁴.
- Only those identified as having the most severe functional limitations (i.e. Personal Capability Assessment (PCA) exempt) and those identified through a **screening tool** as least likely to need additional help to make a return to work, are not required to attend the series of mandatory WFIs, although these IB customers can request such interviews on a voluntary basis. All IB customers in the pilot areas have equal, voluntary, access to the Choices package, the RTWC and the ADF.

1.2 Overview of the evaluation

The key objective of the evaluation is to establish whether (and by how much) the pilot helps IB customers move towards the labour market and into work. In doing so, it will describe and explore underlying processes and factors which account for differing outcomes and experiences of the pilots. The evaluation includes research with IB customers, staff and providers; qualitative and quantitative evaluations of process and outcomes, a net impact analysis and cost-benefit analyses.

1.2.1 An overview of the impact analysis

The impact analysis will estimate the overall impact of the Pathways to Work pilots on a number of outcomes related to different aspects of the labour market (with the primary outcomes of interest being; employment, exit from benefits, earnings, employability and health). In addition, it will estimate the impact of the Choices package, the RTWC and whether the pilot has caused substitution effects. The methodology will be a combination of difference-in-differences, propensity score matching and micro-simulation techniques.

1.2.2 An overview of the quantitative research

The quantitative elements comprise a face-to-face survey and two telephone surveys with customers. A telephone survey to collect information equivalent to that obtained by the screening tool will take place with two cohorts in both pilot and non-pilot areas, before and after the start of the pilot. This survey will provide information from non-pilot areas in order to provide a comparison on which to base an assessment of the impact of the programme. A large scale face-to-face survey will take place over two stages with IB customers. This survey will quantify findings found in the qualitative research.

⁴ Previously £300.

1.2.3 An overview of the cost-benefit analysis

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

1.2.4 An overview of the qualitative research

The qualitative evaluation has several components exploring staff, provider and customer perspectives on the new pilots. The individual components are described below. The research involves both focus groups and one-to-one depth interviews; it began in October 2003 and will continue through to December 2006:

- **Site visits** were used to familiarise research staff with the implementation of the pilots in each district, to identify differences in the ways the pilots are being delivered across the pilot districts, and to establish contacts and working relationships with the staff involved. For the early sites these took place in late 2003/early 2004. In the later areas, these visits happened in May 2004 shortly after the 'go-live' date of 5 April 2004.
- **Six early focus groups**, the subject of a previous report, **with IBPAs and IB customers** were conducted in early March in each of the first three pilot areas⁵.
- A **longitudinal panel study with IB customers** began in April 2004 in the first three pilot areas⁶. Two staggered subsequent waves are also being conducted, covering all seven pilot districts. The panel is exploring customers' experiences of IB pilots in a series of interviews. An initial (face-to-face) interview is being followed up (by telephone) after three months and then again after another six months.
- A **series of short, self-contained focused studies**, designed to provide rapid feedback to staff and policy makers. These studies are exploring the IBPA roles and practices⁷, CMP, In-Work Support (IWS), RTWC, and various aspects of the extension of the pilots to existing customers. This report is the first to deal specifically with existing customers.

⁵ Dickens, S., Mowlam, A. and Woodfield, K. (2004), Incapacity Benefit Reforms – early findings from qualitative research.

⁶ See Corden, A., Nice, K. and Sainsbury, R. (2005) Incapacity Benefit Reforms Pilot: Findings from a longitudinal panel of clients.

⁷ Dickens, S., Mowlam, A., & Woodfield, K. (2004), Incapacity Benefit Reforms – The personal adviser role and practices.

Knight, T., Dickens, S., Mitchell, M., & Woodfield, K. (2005), Incapacity Benefit Reforms – The personal adviser role and practices: Stage two.

1.3 Extension to existing customers and its evaluation

From February 2005, the Pathways provision was extended on a mandatory basis to some existing customers (those making a new claim in the two years prior to the start of the pilot) in the first seven pilot areas. The provision differs from that available to new customers in several respects:

- **contact by telephone** advising of the WFI process and their responsibilities, before customers are asked in writing to take part in WFIs;
- three **compulsory WFIs**, rather than six;
- the availability (on a discretionary basis) of a **Job Preparation Premium (JPP)** of £20 per week, payable for up to 26 weeks, for those engaged in work-related activity, in addition to any other benefits payable.

A key policy concern in relation to the implementation of the extension of Pathways to Work pilots to existing customers is to understand any differences in the nature of this group relative to new customers, and any additional demands this is likely to place on the IBPAs. Issues which are of particular concern include:

- the extent to which existing customers face different barriers from new customers, and the impact this has on their attitudes to seeking work;
- reactions to the pilot provision available (both initial reactions and later take-up and its impact on work-seeking activity);
- what is the impact of the elements which differ from the provision to new customers (pre-WFI contact, JPP, smaller number of mandatory WFIs)?;
- does working with this group provide additional challenges for IBPAs, and if so, what extra training and support do they need to fulfil their role?

These issues are to be explored in a number of ways, including new studies specific to the experiences of existing customers (e.g. early experiences study, JPP-focused study), and by incorporating existing customers into the samples for other planned elements of the evaluation (e.g. RTWC-focused study). This report covers the early experiences of existing customers and IBPAs working with them, in the first few months after implementation.

The report consists of a further four chapters: Chapter 2 briefly describes the methodology for the study. Chapter 3 explores the initial experiences and reactions of existing customer involved in the pilot. Chapter 4 discusses the views and experiences of IBPAs. Chapter 5 considers issues relating to existing customers to be explored in further aspects of the pilot and its evaluation.

2 Methodology

2.1 Research design

In designing a programme of qualitative research to explore the early implementation of the extension to existing customers, it was not felt necessary to cover all the initial seven pilot areas, since there was likely to be considerable overlap in experiences. The study was conducted in the following Jobcentre Plus districts:

- Renfrewshire, Inverclyde, Argyll and Bute;
- Essex;
- Derbyshire;
- Somerset.

The choice of these four areas allowed for consideration of issues relating to contrasting labour markets, as well as different levels of experience in implementing the Pathways Pilot, and differences in the Choices package available. While it was possible that Incapacity Benefit Personal Advisers (IBPAs) in areas with the longest experience in working with new customers might have more confidence in taking on an existing customer caseload, it was equally possible that the reverse could hold where they had experienced difficulties in working with new customers and perceived existing customers as facing even more intractable barriers to work. At the time of the fieldwork, many of the IBPAs interviewed were in the early stages of working with existing customers, and this should be borne in mind when considering the findings.

These issues were initially explored during face-to-face depth interviews with personal advisers as part of the fieldwork for the second stage of the IBPA study (Knight *et al.*, 2005) immediately prior to implementation. Specific questions discussed:

- IBPAs' feelings about working with existing customers;
- their initial reactions to the new elements in the pilot provision;

- their feelings about the adequacy of the training received and any desire for additional support.

Customer focus groups were held soon after implementation, to gauge their initial reactions to the pilot, in March/April 2005. These explored:

- understandings of pilot provision;
- initial reactions to mandatory Work Focused Interviews (WFIs);
- attractiveness of Job Preparation Premium (JPP) and Return to Work Credit (RTWC);
- attitudes towards work;
- fears and hopes about the process.

A copy of the topic guide is provided at Appendix A.

Telephone interviews with IBPAs were conducted during July and August 2005. These explored their actual experiences of working with existing customers, and their use of the various components in the Choices package. A copy of the topic guide is provided at Appendix B.

2.2 Sample characteristics

Eighteen customers took part in the research; 13 participated in focus groups and five were interviewed on an individual basis.

Table 2.1 Customer sample characteristics

Gender

Male (10)

Female (8)

Age group

20s (2)

30s (2)

40s (2)

50s (11)

Not recorded (1)

Condition

Mental health (6)

Musculoskeletal (5)

Cardiovascular (2)

Other (5)

Length of time on IB

18 months to 3 years (9)

3-5 years (8)

Over 5 years (1)

Nineteen IBPAs were interviewed for the research, covering 17 jobcentres. Table 2.2. shows their characteristics

Table 2.2 IBPA sample characteristics

Gender

Male (4)

Female (15)

Hours of work

Full-time (14)

Part-time (5)

Length of time as IBPA

Since start of pilot (3)

12 months or more (5)

Over six months but less than 12 (3)

Six months or less (8)

2.3 Analysis and interpretation

Interviews and discussion groups were tape-recorded and transcribed for analysis.

The data for this study was analysed systematically using 'framework'. This is a qualitative analysis method, developed by the National Centre for Social Research, which uses a thematic approach to classify and interpret qualitative research data, using a series of charts relating to different thematic issues. Data is summarised into the appropriate cells with the context retained and its location in the transcript noted, allowing the analyst to return to a transcript to explore a point in more detail or to extract text for verbatim quotation. The charts allow the full pattern of an individual's attitudes and behaviour to be reviewed. They also display the range of views or behaviours described by participants, and allow the accounts of different participants, or groups of participants, to be compared and contrasted. The method of analysis allowed us to draw comparisons between the perspectives of different IBPAs and customers.

It is important to bear in mind that the findings presented in this report are based on small sample numbers and that the research was carried out at a very early stage of the extension to existing customers. The experiences and views expressed may, therefore, not be fully representative of IBPAs or existing customers as a whole, and may be subject to change over time.

3 Experiences of existing customers

This chapter explores the early experiences of existing customers in the Pathways to Work pilot. As noted in Chapter 2, the customer sample is fairly small due to low focus group attendance in all areas and the sample may have been skewed towards people with a more positive orientation towards participation in the Pathways Pilot. As will be discussed in the next chapter, many Incapacity Benefit Personal Advisers (IBPAs) shared a view of the early existing customer group as lacking in confidence and needing more encouragement compared with new claimants. Telephone interviews were used to boost the sample in one area, as an alternative, since no-one attended the group arranged. Consequently, a total of 18 customers participated in the early implementation study. The chapter begins with an overview of customer health and work histories and distance from the labour market. It then explores awareness of the Pathways Pilot and initial customer reactions to being brought within the scope of the pilot before exploring views on positive and negative elements of the pilot and suggestions for improvements.

3.1 Customer perceptions of health and work histories and distance from the labour market

Half of the 18 customer respondents had been on Incapacity Benefit (IB) for 18 months to three years, eight for three years to five years and one for more than five years⁸. Customer occupational backgrounds and feelings about work are summarised in Appendix E. A wide range of occupational backgrounds was represented in the

⁸ Although the target group of customers is defined as those making a claim in the two years preceding the initial pilot launch, this may be a continuation of a longer period of worklessness. The durations given here are based on customers' own accounts of the time they had been claiming, rather than administrative records.

customer sample, which included blue and white collar workers across the private and public sectors. Most respondents, irrespective of time spent in receipt of IB, desired a return to work, though most felt at some distance from the labour market and did not feel that a movement into paid work was possible in the near future. For most respondents, health conditions underpinned this short-term pessimism. Customer 4, for example, was in her fifties and had worked as an accountant in the public sector. She described her health issues as depression, anxiety and stress. After being on IB for approximately 18 months, she was lacking in confidence, found that she became stressed very easily and also experienced tiredness. A woman in her 50s, customer 11, had been in receipt of IB for over four years. Prior to this she had worked in production control in the electronics industry. Her main health condition was arthritis of the spine and the pain associated with this was so severe that she was unable to perform routine household tasks. In this context, she was not feeling that work was a realistic option.

Of all the respondents, customer 1 had experienced the longest period on IB, ten years. He had developed work-related stress while employed as a social worker and had stopped work in his late 30s. This developed into depression. His ensuing experiences are indicative of some of the difficulties that can arise in achieving a sustained transition to employment for some IB claimants whose health condition is a primary barrier to employment and are in need of reasonable adjustments at the workplace. In the last ten years he had undertaken a HND in computing and attempted a degree course, which he was unable to complete due to ill health. Most recently he had done Permitted Work for periods of six then three months. He provided IT assistance on a research project and was able to work from home for part of the time. His experience with Permitted Work was not wholly positive. Given too much to do for the hours that he was able to work and paid very little, in work that was becoming stressful, the job ended prematurely. At the time of fieldwork he had both emotional and physical symptoms of depression and felt unable to concentrate or handle stress.

Some respondents felt that their previous employment would now be inappropriate. Customer 14 was in his early thirties at the time of the focus group. Working as a broker in the financial services sector from the age of seventeen, he felt that he had burnt himself out. Stress at work combined with problems in his personal life contributed to a nervous breakdown and he had been in receipt of IB since 2001. During this time he has been diagnosed with bipolar disorder and has been seeing a psychiatrist on a regular basis for the past three years. While keen to return to paid work, he also wanted to avoid any return to a work context that he described thus:

'I was doing fourteen hour days, you know six 'til eight at night and again driving at five o'clock in the morning and getting to work and just working non-stop, great the money was brilliant but the stress that went with it was ridiculous you know...I've seen people doing drugs, I've seen people who become alcoholics you know because they can't handle the stress and they're doing things to stimulate their life to keep up with the lifestyle that they're leading and it is terrible to be quite honest.'

(Customer 14, male, age 30s)

Customer 2 had worked as a molten metal caster before developing back and heart problems. He felt that this condition was getting worse, was walking with a stick and losing his balance easily and was keen to renew his HGV licence and find driving work.

3.2 Customer awareness of the Pathways Pilot and first reactions

Customers generally reported a low awareness of the pilot before they were contacted by the jobcentre. They had not heard of the pilot via word-of-mouth. This was similar to the experiences of new customers at a similar stage (Dickens *et al.*, 2004b). However, unlike new customers at early stages of the pilot, some existing customers had expected to be contacted following recent news coverage of proposed changes to IB. Customers reported feeling nervous and fearful about going into the jobcentre for their first Work Focused Interview (WFI). Most customers seemed to have learned of the first WFI by letter, not via pre-WFI telephone contact, and this is consistent with IBPAs' account of their practices (see Chapter 4). On the whole, respondents described letters as not being very specific but about being helped back to work or having a series of three interviews. Customer 6 said that she received a note of her appointment date rather than a letter as such. Some customers saw the pilot as being about '*making sure you're genuine*', '*not pulling a fast one*' and '*getting people back into work*'. Customers also spoke about feeling '*terrified*' about their first WFI. Customer 7 was particularly graphic in her description of how daunting she felt at being called in to the jobcentre:

'Terrible, a very daunting experience. Absolutely dreadful... it was horrible... I think you've worked so long and been in such charge of your life, then all of a sudden you're not, you haven't been feeling well, you're starting to feel better within yourself, okay physically I'm not quite there yet but mentally I'm starting to feel better, but to go, to have to go... was just a horrible thought.'

(Customer 7, female, age 50s)

When customer 15 was first contacted by a IBPA she had felt quite pleased, but when a second adviser contacted her, this coincided with government publicity about getting people back to work and she was worried. More generally, customer anxiety seemed to have been exacerbated by the tone/wording of the letter, a point which was also made by advisers (see Section 4.5.1). For example, customer 13, described feeling stressed by the wording of the letter he received, found the threat of sanctions very confrontational and felt it rather ill-advised for people who may not be 'well adjusted' to receive such a communication:

'I was a bit disappointed with the way they worded the letter and I assumed it was in the light of because Tony Blair was getting a lot of tough publicity and the IB system and my letter sort of said if I don't turn up my benefit will be in jeopardy...And to me that's confrontational and for people who aren't very adjusted, well adjusted I don't think that's the way to go about...'

(Customer 13, male, age 50s)

It was often many years, since customers had been to a jobcentre, and some had no previous experience of doing so. They were unaware of more recent developments in service provision and so their expectations were out of date rather than based on a grounded understanding.

There was general acceptance of, or resignation to, mandatory interviews, although not necessarily a series of interviews. Not all customers were anxious about visiting the jobcentre. Customer 1 described how he understood that there were responsibilities that had to be complied with in order to receive benefits and was, therefore, not concerned about being called into the jobcentre. Similarly, customer 3 did not mind going to the jobcentre, feeling that it was part of the process of receiving benefits. Some customers had been to the jobcentre prior to Pathways. Customer 5, a young man in his 20s, had visited the jobcentre to see if there was any help available to support a transition back to paid work. He had not expected to be called into the jobcentre for an interview but was not concerned about this. Having already found it difficult to find out what he could do to try and get back to work, he was taking the opportunity to have WFIs in his stride. Customer 12, a woman in her early 50s who had left paid work, had been particularly pro-active and assertive in seeking job search support once her initial treatment for her condition was completed. She wrote to the jobcentre saying that she was ready to work. On receiving no response, she visited the jobcentre demanding to see someone for advice on how to get back to work:

'I wrote to them and said I've finished the treatment and I'm concerned that I am on the wrong benefit because I should be actively seeking work now, and I got no response to the letter, I actually wrote the same letter three times over a period of about two months, and in the end I phone them and still got no joy and so I went in and said I need to see somebody, I don't know where my life's going, I don't want to claim IB for the rest of my working life and I don't know how to get back into work.'

(Customer 12, female, age 50s)

Customer 12 was very pleased when she was eventually asked to visit a jobcentre under the Pathways Pilot.

None of the customers in the sample was in receipt of Return to Work Credit (RTWC), and some had not heard of it, as advisers had not discussed it with them. While seen as a good incentive for those able to work, most of those in our groups felt it to be completely irrelevant to them, as they were not well enough to work. Similarly, no-one was receiving Job Preparation Premium (JPP), and the rules of entitlement were not well understood by the customers who took part in this research.

3.3 Customer perceptions of positive elements of the Pathways Pilot

Many customers were positive about the contact that they had with IBPAs describing them as having been *'helpful'* and *'keen'*; and valued the support and encouragement that they had received. For example, customer 1 felt that the encouragement he had received to think positively about work in the future had been helpful. In particular, through Pathways he had found out how to get business advice, which he intended to pursue in the future. Being assigned to a IBPA was key for customer 5. Complimenting his adviser, he noted that he had visited the jobcentre previously when thinking about work but no help had been available. For some customers, particularly in one area, the first WFI had overcome their initial concerns about involvement in the Pathways Pilot. Customer 17 had felt that his benefits would be stopped if he did not attend but emphasized that from the outset, his IBPA conveyed that he would never be put under pressure or forced to anything that he couldn't do. Some customers were struck by changes in the jobcentre environment and atmosphere. This narrative was, in part, about the general encouragement they had received as well as feeling grateful to be contacted and acknowledged. Similar views were expressed by some new customers in earlier reports (Nice *et al.*, 2004, Corden *et al.*, 2005). Customer 16 had last been in a jobcentre over ten years previously and was amazed at the changes that had taken place:

'...all the screens and everything had been taken away and I was just gob smacked at the difference...Because the last time I had been in my old jobcentre was probably in 1992 to sign on because I had a period of unemployment then. And it was just such a shame. It was almost unrecognizable that it was still in the same place. So yes, I think the atmosphere is much better, it is much more, is more professional, the way you are treated, you are treated as a client rather than this little oik, and that makes a big difference to your self esteem, because you are actually valued as a person in a way that you never were.'

(Customer 16, female, age 50s)

Customer 2 felt that he was being supported in the Pathways Pilot and was pleased that people like his adviser were there to help him find work, because without this assistance he doubted that employers would be interested in him.

Some customers had accessed New Deal for Disabled People (NDDP) job brokers; those who had done so were generally positive about the experience, although *'first-time'* users were generally more positive than those who had used job brokers before.

The handful of customers who had taken up Condition Management Programme (CMP) was, on the whole, positive or hopeful. Customer 15, for example, had seen a CMP practitioner as part of her action plan and found the practitioner very supportive of her, *'brilliant'*. She was pleased to be seeing the practitioner at regular

intervals. Acutely aware of her labour market barriers and need for adjustments, she felt that CMP was showing her how to have a positive outlook and is worth quoting at some length:

'...there will be some days when I will not feel able to work, or won't feel able to necessarily tackle what my employer wants me to tackle. And you know I might be okay sitting and stuffing envelopes but I won't necessarily be up to anything very demanding. And I think when you add all those problems together and you are then applying for jobs it is quite difficult to see how an employer would actually want you and I think that is when you become quite disheartened. That is something that the Conditional Management Programme actually helps with because it shows you how to be positive about things like that rather than negative.'

(Customer 15, female, age 50s)

Customer 11 had started to receive reflexology and Indian head massage and was particularly impressed with the benefits of the massage, implying that it had helped her to feel more relaxed than her medication.

The extension to existing customers is of course at a very early stage at the time of writing and some customers were on the brink of CMP involvement when they participated in the focus groups or had just started. This was the case for customer 4 who had depression, anxiety and stress and was hopeful that seeing a therapist would help her. She had started to see a therapist and while she felt that it was too early to comment on any benefits, she did say that she was feeling somewhat pressurized by the therapist who was encouraging her to make her mind up about whether or not she wanted to return to work. This was different to the approach taken by counsellors who had worked with her in the past.

3.4 Customer perceptions of negative elements of the Pathways Pilot

There were mixed feelings about WFI locations. A recurring theme from customers with a range of health conditions was a lack of privacy in jobcentres. While customer 14, who had bipolar disorder, was happy to go into the jobcentre, he disliked being asked personal questions in an open-plan area, expressing a preference for having a 'one-to-one' interview in a private office. Customer 13, who had a heart condition, found it *'embarrassing'* and *'unnerving'* to reveal personal details in a public space. He elaborated:

'...all the time you're expected to make admissions about your limitations in front of everybody else and I find it very embarrassing to say the least.'

(Customer 14, male, age 50s)

It was not only men who felt ill at ease in an open-plan setting. Customer 15, a middle aged woman, with a health problem related to an earlier bladder cancer condition, would also have preferred a private room. Customer 6, with anxiety and depression, and customer 7, with liver problems and a rare internal bleeding condition, expressed similar sentiments:

'No matter how low you talk, everybody could hear everything.'

(Customer 6, female, age 30s)

While customers in the longitudinal panel study (Corden *et al.*, 2005), also mentioned the open-plan offices, and expressed initial doubts about privacy, they appear to have been of less concern than for the existing customers in this study.

Several customer narratives revealed that they felt that their hopes had been raised and then dashed in the Pathways Pilot. One or two customers (including customers 12 and 13) expected to be offered work at the first WFI; that a *'magic wand'* would be waved. It was seen earlier in this chapter that customer 12 had felt pleased when asked to visit the jobcentre. By the time of the focus group, and having had two WFIs, she was feeling frustrated and noted: *'I still don't know how to get back into work'*. Similarly, customer 18 conveyed a sense of disappointment with the pace of progression, feeling that it would have been useful if his first WFI provided him with a more realistic assessment of his prospects for finding paid work in a labour market context of limited opportunities:

'I think the chances of finding something would be useful... there aren't a lot, it is not out there and it gets your hopes up and you think, yes maybe I can do this, maybe this is, you know, and then weeks, months go past and you think, that was a waste of time then. You know, so it does build you up to let you down a little bit, if you don't get anything out of it.'

(Customer 18, male)

All four participants in one focus group felt strongly that there were few opportunities in the local labour market, which was dominated by agencies that followed very poor employment practices. These practices included staff not being paid if they were ill and being made redundant shortly before qualifying for employment rights. Such strong perceptions of the realities of labour market opportunities led to some cynicism about what advisers had to say about what the Pathways Pilot might offer:

'...so where that girl was going to get me a job that I could stay off any time I wasn't well, I do not know.'

(Customer 11, female, age 50s)

Generally, customers conveyed a sense of employer attitudes and behaviour being a barrier to paid work that Pathways was unable to tackle. Unsurprisingly given the age profile of the sample, there were concerns about age discrimination. There were also anxieties about employer preconceptions of capabilities and the staying power of potential recruits making a transition from IB into paid work, for example, if customers had a history of heart problems or mental health needs.

Some customers, however, were clearly feeling frustrated with the barriers to a return to paid work, questioning the knowledge of IBPAs, implying a lack of sincerity, a tendency not to follow-up action points and also a hint at adviser workload issues impacting on service provision. Both customers 13 and 14 were critical of what they saw as a lack of clarity from the IBPA. Customer 14 reported: *'they don't seem to know what they want from us'*; while customer 13 felt that he had been left without a sense of direction through the Pathways Pilot and with feeling that the advisers *'just can't be bothered'*. It is insightful to quote his words at some length:

'...it's as if they're getting stressed out over the amount of work that they're getting now, I don't know, all I've done is gone in there, told them about myself, what I want, they told me what they can get or offer me and then I come back and there's nothing on the computer about it, so do I go back to starting what I started the first time or do I tell them that I've already told you that, and I'm getting stressed out with them which is making me feel worse because I'm thinking well hang on a minute well what's going on, you know three months ago I was sort of alright I was getting on to my day to day living and I was doing what I was doing, now I'm thinking well hang on a minute they want me to do this, do they want me to do that, or is there that...I just don't know where I'm going.'

(Customer 14, male, age 30s)

A further observation rather than criticism of the pilot was made by those too ill to work; they felt that they had nothing to gain from it. For example, customer 4 had completed two WFIs and expected to have a third, but reported that there was nothing that an adviser could do for her until she was feeling better. While she would have liked to feel that she was well enough to work, and felt that this would raise her morale and confidence, she just did not feel up to it. She described how her current health problems (depression, anxiety and stress) had led to a loss of confidence, that she became stressed very easily and her medication was making her tired. Customer 16 was awaiting an operation while the priority for customer 9, a methadone addict, was to overcome his dependency issues, but as someone who was stable and non-injecting, he was not regarded as a priority for rehabilitation.

Similar views and experiences have been reported by new customers in earlier reports (see Nice *et al.*, 2004, Corden *et al.*, 2005).

3.5 Suggestions for improvements to the Pathways Pilot

Customers had several suggestions for improvements, some related to their specific experiences, others to their general observations. One suggestion was that the initial introductory letter inviting customers to get involved in WFIs might be a little more informative and softened by emphasising that the idea of the Pathways Pilot was to offer IB recipients more support. It was also suggested that it would be better to have the use of private rooms, rather than open plan settings, for WFIs. Some customers wanted more help with retraining, especially in manual trades. Having previously worked in cavity wall insulation and window installation, customer 9 wanted to retrain in a different trade such as joinery or plumbing. Customer 14 appeared desperate to obtain funding to learn a new trade and had so far been unable to do so. He had a related concern that IBPAs did not seem as aware of available support and opportunities as they might be and he had not been told about job brokers despite attending three mandatory interviews. A further suggestion for improvement was for advisers to gain more experience of claimant circumstances, needs and barriers to be in a position to help them make transitions into work:

'I think going with what [name of participant] said he wants somebody with experience of our problems, a knowledge if not experience, you don't expect them to employ one of us but it would be better if somebody was literally trained to do with...I think people have got to have an awareness of the multiple problems that create the ultimate problem that we have...'

(Customer 13, male, age 50s)

It was also felt that there was a need for more employer incentives to recruit people who had been out of paid work for some time. Jobshare and other flexible working arrangements were seen as beneficial to people on IB as well as those caring for children. Customer 6 had her WFIs waived due to caring commitments and, questioning current benefit rules, felt it unfair that she was not entitled to receive Invalid Care Allowance (ICA) as an IB recipient.

There was a plea for a greater understanding of mental health issues. One customer felt that there was a general misunderstanding of depression; an emphasis on making people better and moving them into employment rather than full comprehension that depression might be a long-term health problem. Listening to what a co-participant had to say about CMP in one focus group, customer 17 felt that the kind of psychological support that was being provided for customer 15 should be made available for everyone. He felt that this action would acknowledge how huge a barrier lack of confidence could be to IB recipients moving back into paid work.

4 IBPAs' early experiences of working with existing customers

4.1 Introduction

This chapter explores the early experiences and views of Incapacity Benefit Personal Advisers (IBPAs) working with existing customers.

4.2 The local office context

As described in Chapter 2, the 19 IBPAs interviewed were based in 17 jobcentres, across four of the pilot areas. These included both rural and urban locations, and ranged from large offices with a team of advisers to those with fewer than two full-time IBPA posts. Some offices employed dedicated administrative support, while in others administrative tasks were carried out by IBPAs. These area differences have implications for the organisation of the IBPA workload, and the implementation of the extension to existing customers. Location is also likely to influence the nature of labour market opportunities available to customers.

Caseloads varied widely, and not all advisers were able to put a figure on their current live caseload. Estimates of the numbers of people seen on an average day ranged from around four – five to ten – 12; IBPAs generally felt that around six was optimal. Some advisers felt under considerable time pressure, and were unable to devote as much time as they would have wished to individual customers. One described a typical day as seeing eight people with appointments booked in advance and then seeing around four additional people a day who dropped in '*on the off chance*'. Advisers were seeing a mix of new and existing customers; for some, existing customers made up the majority of their caseload. As discussed overleaf, the perceived demands of working with existing customers could lead to emotional pressures, and advisers tended to prefer a mixed caseload for this reason.

4.3 IBPA experience and training for role

As shown in Table 2.2, the majority of IBPAs interviewed were fairly recent recruits and, thus, relatively inexperienced; eleven of the 19 had been in post under a year, and eight had started work around the time of the extension to existing customers. Only three advisers had been in post since the start of the pilot. An adviser who had trained recently said that the training had included discussion of existing customers and their needs; some, but not all, of the others said that they had attended workshops on this issue prior to the extension.

Several IBPAs expressed the view that the training had not prepared them well for the demands of the role, both generally, in the sense that it had not dwelt extensively on the practical side of the job (a point which was also made in earlier reports, see Dickens *et al.*, 2004b) and because the existing customers they had subsequently seen often had such complex and severe problems. One adviser, reflecting on this, said *'we understood that they were going to be harder to deal with customers'*, but commented that she had encountered worse situations than she had expected. Describing details of suicidal customers, people who had been violent to other staff members in the past, and those with multiple problems and distressing personal histories, she felt that there were *'some really horrific ones where you can't get it out of your mind'*. She was not sure that anything more could have been done about this in training, but did identify a current unmet need for support and debriefing among IBPAs. Other IBPAs also expressed similar views. One, who said that she derived considerable job satisfaction from her role, was nevertheless concerned at the impact on her own mood:

'I find it very difficult to sit there every day listening to people's moans and groans and disabilities, and I do feel genuinely very sorry for a lot of the people I see. On a couple of occasions, not in front of them, but I have got very upset with what I have been told. It is very difficult to cope with.'

4.4 IBPA perceptions of existing customers and the barriers they face

4.4.1 Views on extension to existing customers

IBPAs generally welcomed the idea of extending the pilot to existing customers, and were keen to offer their services to this group. They were enthusiastic about the pilot and were glad that it was being extended to another group which could benefit. This was expressed in various terms; for instance making customers aware of the different services available to them, tackling barriers to work, or addressing social isolation. However, there was some concern that existing customers may be harder to help and require additional time and resources compared to new customers (see Section 4.4.3). Similar views were also expressed in the second report on IBPA practices (Knight *et al.*, 2005).

4.4.2 Views on differences in provision

IBPAs welcomed the fact that they did not need to use the screening tool for existing customers; their reservations regarding it have been noted in previous reports (see Dickens *et al.*, 2004b) and were reiterated in this study. Some advisers, however, expressed the need for some means of screening out those who were not Personal Capability Assessment (PCA)-exempt, but had severe health conditions. While some advisers were comfortable using their discretion to waive in such cases, others would have welcomed more guidance.

Views on Job Preparation Premium (JPP) were generally negative; see Section 4.5.3 for a discussion of the reasons for this, and the rather limited circumstances in which it was being used. Several IPBAs commented that it seemed inequitable to have different provision for these two groups of customers, and felt that JPP should either be available across the board or not at all.

The reduced number of mandatory interviews was generally viewed as a good thing. Advisers tended to feel that the number of mandatory interviews required was somewhat arbitrary, since they would expect to be working long-term on a voluntary basis with those customers who still required support. Two interviews was seen as ample to assess whether it was going to be possible to make progress with a customer, but customers might need many interviews before they were ready to move into work. Advisers felt that there were some customers where they saw little point in seeing them for three Work Focused Interviews (WFIs), but they varied widely in the extent to which they effectively used their discretion, by widespread use of waivers and deferrals, to concentrate on those they felt would respond most readily to help. Advisers not using deferrals and waivers in this way were more likely to argue for a reduction in the number of mandatory WFIs. Advisers who were finding it hard to fit voluntary interviews into their schedule, because of other demands on their time, were most likely to argue for increased numbers of mandatory interviews,, less because they genuinely wished the interviews to be mandatory, than that they saw this as a mechanism for ring-fencing time.

4.4.3 Differences between existing and new customers

As was noted in the second IBPA study (Knight *et al.*, 2005), the IBPAs interviewed expressed a view that existing customers tended to be further from the labour market than new customers, for a variety of reasons, including a possible need to retrain or update skills, a different financial situation, possible deterioration in their health (including the development of multiple health conditions) over time, social isolation, loss of work routine, and reduced confidence in their ability to find paid employment again. This remark was typical of advisers' comments regarding the health status of existing customers:

'For some of the stock customers, you know, they may have come on with, I don't know, a heart condition or something and then become depressed and got progressively worse, do you know what I mean?'

The issue of deteriorating health was made harder to deal with by the fact that changes are often not reflected in the medical certificates submitted.

'That's what I find difficult, having to ring the customer without the full facts. It's embarrassing sometimes. You think they have minor back problems or stomach problems and it's cancer.'

It was noted in the longitudinal customer studies (Nice *et al.*, 2004, Corden *et al.*, 2005) that some new customers were still coming to terms with their condition and its implications, or may not even have had a definite diagnosis, at the time of their first WFI. By contrast, existing customers have generally had longer to adjust to their condition. This may mean that they are more settled and able to engage with the pilot, or, conversely, can be a cause of resistance to change, due to a desire not to *'rock the boat'*. Despite the existence of linking rules, Permitted Work and other provision, customers often fear benefit problems if they start a job which does not work out, and not all such fears are unfounded.

Existing customers were described by IBPAs as being *'comfortable in their routine'* or even *'happy'* in their situation, in that they had often *'adjusted to life on benefit'* with a fixed income and a certain routine, and felt that changes to this might cause problems. In contrast to new customers, whose benefit claim is often not resolved at the time of their first WFI, existing customers have a stable benefit claim and are usually on a higher rate of benefit. As with the issue of their health condition, this can have contrasting implications. The fact that the claim is resolved leaves the customer free to engage with the work focus of the interview; but at the same time higher rates of benefit may mean there is more at stake in returning to work. Financial incentives such as Return to Work Credit (RTWC) were seen by IBPAs as having less motivational effect for this group than for new customers; *'money isn't everything to them'*. One adviser felt that it was often difficult to persuade existing customers that *'there is a life beyond benefits'*. Where people were on means-tested benefits, such as Income Support (IS) and Housing Benefit (HB) or receiving Legal Aid, there could also be real financial disincentives to work.

Relative to new customers, the types of issues faced by existing customers generally tended to be seen as different in degree rather than kind, and attributed primarily to the longer periods they had spent out of work. Not all IBPAs, however, felt that there were systematic differences between existing customers and new customers as groups. Some were keen to stress that they treated each person as an individual (typical comments here included *'it's hard to generalise'* and *'everyone's different'*) while others commented that there was a considerable overlap between the two groups, since some Incapacity Benefit (IB) customers were technically *'new'* but had in fact been out of work and claiming benefits for many years, while voluntary customers, who were seen to generate many of the pilot's most positive outcomes, often came from the pool of existing customers.

Some IBPAs expressed concerns regarding particular groups of existing customers. IBPAs across all districts raised the issue of high rates of severe and enduring mental

health problems among existing customers. This is also borne out by the experiences of Condition Management Programme (CMP) practitioners (Barnes and Hudson, forthcoming). This was an area where IBPAs felt they needed more support. Many felt ill-equipped to deal with mental health issues, since they lacked training in this area; one IBPA commented on the difficulties that could be created where customers were keen to take part, but this was not appropriate to their current condition, for instance in cases of schizophrenia and bipolar disorder – *'their enthusiasm is their illness'*. The supportive role played by CMP practitioners was much appreciated in such cases. People diagnosed with personality disorder were identified as a particularly difficult group to deal with, but one which was often not recognised by health services, since this is not regarded as a treatable condition. Mental health problems were also not always apparent in advance, for instance if they were not identified as a primary condition on the medical certificate.

People misusing drugs and alcohol were felt generally unlikely to be able to engage with the pilot. In localised areas within districts, IBPAs reported large numbers of existing customers with such problems. In some cases, the issue was that there was no desire to change on the part of the customer, while for those who did wish to address their dependency issues, there were not always adequate suitable referral agencies locally. Individual IBPAs, however, were keen to stress that it was important not to stereotype customers on the basis of such problems, and gave examples of customers who had successfully used their involvement in the pilots as an opportunity to tackle their substance misuse.

Despite the perceived challenges in working with existing customers, IBPAs did not generally feel negative or unconfident about their ability to do so, except in cases where they felt unsure of the medical implications of a condition. Some advisers felt that this was a more difficult group to help in terms of motivation – *'you have to work so hard to light a small glimmer'* and that it was, therefore, important to maintain a mixed caseload to maintain job satisfaction:

'If I have a day where it's a majority of stock customers, I am low at the end of the day. You need a variety of customers. You cannot see stock constantly because it's physically and mentally draining.'

IBPAs felt that the biggest challenge was getting existing customers to attend in the first place, but had found that it was not necessarily harder to work with them, or place them into employment, once this initial engagement had occurred. Several reported successful job entries by existing customers.

4.5 Experiences of working with existing customers

4.5.1 Initial reactions

IBPAs reported negative initial reactions from existing customers; when called in for interview, this came as *'a bolt from the blue'* and people were often *'fearful'*, *'suspicious'*, *'upset'*, *'confused'* or *'angry'* at what they perceived as a threat to their

income or a challenge to the validity of their medical condition. One adviser described existing customers as *'up for a fight at their first appointment...they're arguing because they've got it in their minds that we've got no right to be asking them in'* while another said they were in a *'panic as they think we want to stop their benefits'*. Some IBPAs felt that it was not always worth calling in existing customers when *'they blatantly say they're not interested'*.

The wording of the letter was felt to be unhelpful in this respect, as has also been noted in both IBPA studies (Dickens *et al.*, 2005; Knight *et al.*, 2005)) – one IBPA described it as *'aggressive'*, and although it was intended that existing customers should be contacted by phone before receiving the letter, this was not happening consistently across all districts and areas, as customer experiences also attest. One IBPA noted *'if you haven't managed to speak to them first, they come in awfully defensive'*. Where it was possible to make contact beforehand, this was noted as having a beneficial effect on both customer responses and the initial attendance rate. Another issue mentioned in this respect was the accuracy of customer telephone contact details, which were often out of date, and made it difficult for advisers and administrative staff to establish contact even where they did have the resources to do so.

Advisers felt that new customers tended to react differently to initial contact because, unlike existing customers, they had often had the key messages about the Pathways Pilot reinforced by several sources (e.g. First Contact Officer (FCO), Financial Assessor (FA) or IBPA), in some cases were claiming for the first time and thus, had no set expectations, and were generally less intimidated by the prospect of employment, since most had worked in the recent past. One adviser suggested that the extension to existing customers would have benefited from a longer lead-in period, so that publicity messages would have filtered out to the public before it was implemented, and another also commented *'I don't think it's been sold to them very well.'*

In contrast to this general view, however, some advisers reported that existing customers tended to respond with more enthusiasm than new customers, precisely because it was so long since anyone had taken an active interest in their situation.

'I've also found that some of them are just grateful to be seen and are willing to...because someone's actually taken the trouble to call them in and talk to them it's given them a bit of confidence perhaps to do something.'

Again, this is consistent with some customer views expressed in the previous chapter.

4.5.2 First WFI

Advisers reported that because of these initial reactions, people tended to be *'guarded'* and *'anxious'* at their first WFI, and it was important to spend time getting to know the customer and putting them at their ease, reassuring them that there is no pressure to return to work. Not having to complete the screening tool was viewed

as helpful in this respect, since it allows more time, and allows the interview to remain more informal. Several advisers described keeping the approach very broad at this first interview, with an emphasis on getting to know the person, and introducing a work focus quite gradually by means of questions such as *'how do you see yourself in ten years time?'*. While some advisers chose to discuss health issues at some length in this first interview, so that they could understand the customer's needs, others had made a deliberate decision not to foreground health at this stage.

In general, advisers said that they covered very similar ground to what they would expect to discuss in a first WFI with a new customer, but that they were careful not to *'to bombard them with too much information'*. There was often an emphasis on pilot elements seen as particularly relevant to those who had not worked for some time, such as CMP, Permitted Work, linking rules for benefit receipt, and the financial incentives. Many advisers described tailoring the information provided to the person's circumstances, rather than telling them about everything that is available, and leaflets were often given to back up things that had been discussed in the interview. As discussed in Section 3.5, one disadvantage of this approach is that customers may not learn about provision which would have interested them.

Some IBPAs also consciously adopted a slightly slower pace when working with existing customers: *'we don't rush them because I don't think a lot of them would come back, to be honest with you'*. While some advisers felt that it took longer to establish rapport with existing customers, others felt that this was similar for new and existing customers.

Subsequent WFIs were generally being held at roughly monthly intervals. As discussed below, advisers were generally using action plans to track progress.

4.5.3 Use of particular provisions

IBPAs working with existing customers generally expressed negative views regarding the JPP, consistent with those expressed prior to its introduction (Knight *et al.*, 2005), and it was not being widely used. JPP was felt to be administratively cumbersome; one adviser commented that it involved more paperwork than RTWC. Advisers tended to view it as something that should be used sparingly, and to reward and motivate those who had made real efforts to progress – doing something *'a bit above and beyond'*; some were far from clear as to who might be eligible. In one district, an adviser reported that local guidance had initially been to use JPP for those who did not respond to other elements of provision; advisers had not liked the idea of rewarding the least motivated, and it had, therefore, been little used (although two advisers in another district did report using it to overcome resistance to engagement in this way). They have subsequently been advised to pay it to anyone eligible.

Concern was expressed about the lack of consistency that could arise due to the discretionary nature of JPP, and advisers felt this could be problematic where customers became aware of this. One gave the example of participants on the same

local course, some of whom had received JPP to attend while others did not. Another issue raised was that if JPP expires and the customer has still not found work, this may be demotivating. One adviser argued that an enhanced payment on entering work might be a more appropriate incentive for longer-term benefit recipients, while another favoured using this funding for training aimed at those with greatest needs. Few advisers had customers who were receiving JPP. Those who were receiving JPP tended to be people who had shown particular levels of initiative (e.g. setting up a charity) and those whose commitments to work-related activity were extensive (such as a man whose voluntary work involved significant travel and a woman who was doing various courses and voluntary work amounting to almost a full-time working week).

IBPAs gave varied accounts of existing customers' engagement with CMP. Some felt that take-up had been very low, and attributed this to customers' greater experience of being ill, and a perception that they had little to learn about coping with their condition. Others said that take-up of CMP had been higher among existing than new customers, and attributed this to the fact that many were no longer receiving active treatment or support from the National Health Service (NHS). It should also be noted that overall levels of referrals to CMP have increased (and become more appropriate) as the provision has 'bedded down' and as advisers have become more familiar with what is on offer (see Knight *et al.*, 2005, and Barnes and Hudson, forthcoming). Some IBPAs reported that, although there was initial enthusiasm for the idea of CMP among existing customers, the prospect of opening up and talking about their condition was difficult to contemplate, especially if it involved group situations. The latter point is also supported by customers' views (see Chapter 3), and by the low attendance at the customer focus groups.

There was little discussion of job brokers, and at the time these interviews were being conducted, they did not appear to be widely used for existing customers; referrals to New Deal for Disabled People (NDDP) were being made in some cases, usually following the three mandatory WFIs.

Waivers were being used in cases where the adviser accepted that the customer's reasons for not wanting to engage were valid and appropriate, usually because of the severity of a health condition, although the circumstances involved varied widely. Examples given included those with severe and progressive conditions, especially if they were close to retirement age, and those with terminal illnesses (who are, in any case, exempt, but do get called in where records are not up to date). Some advisers reported that where customers were in receipt of Disability Living Allowance (DLA) or used a wheelchair, this was sometimes seen as a proxy for severity, while others considered waiving in cases of severe phobias or where there was ongoing involvement with mental health services. It was not that this alone would form the basis of the IBPA's decision, but rather that if a customer in this situation said they did not feel able to consider work, they would be inclined to waive at this point, rather than persisting with the interviews. Others reported an increasing use of their own discretion in waiving over time, as they became more confident. For some advisers,

however, waiving the requirement to attend interviews felt too final a step. One explained that she would always prefer to defer rather than waive, because *'I don't want to write people off'*, while another commented that she would prefer adviser discretion to be formalised in some way, so that people would be advised that there was no further requirement for them to attend at that time, while leaving open the possibility of future contact.

Deferrals were being used primarily in cases where a person was receiving active treatment; examples given included people part-way through a course of chemotherapy and people undergoing rehabilitation for drug or alcohol misuse. Where customers were awaiting treatment for an ongoing health condition (for instance an operation or counselling for a mental health condition), IBPAs also tended to feel that there was little that they could do, and WFIs were often deferred in such cases. Other examples discussed were in cases where customers were adjusting to a change in medication, or recovering from an operation.

Few of the IBPAs interviewed had used sanctions with existing customers, and most were reluctant to do so except as *'a last resort'*, although one adviser described needing to do this fairly regularly in order to secure attendance at the first WFI. Sanctions were generally felt unlikely to have a positive impact – one adviser spoke of them as *'pouring oil onto fire'* – and IBPAs described ways of avoiding them as far as possible, by phoning customers, arranging for a visiting officer to call, sending out a letter which is highlighted in red, or placing a temporary stop on the payment of benefit. Some advisers were keen to downplay the mandatory nature of existing customers' involvement in the pilot, in one case going so far as to avoid any mention of compulsion, and it was difficult to envisage how sanctions could have been used in such cases. In some cases, non-attendance was a consequence of mental health problems, and sanctions would not have been appropriate. Sanctions were, however, generally regarded as appropriate in cases where customers clearly understood the nature of their involvement in the pilot, and were very obviously not co-operating. One adviser reported sanctioning customers only to discover that they had moved away from the area; payment into bank accounts appears to have made it harder to keep track of changes of address.

4.5.4 Customer progress

IBPAs described a variety of ways in which customers had made progress. These included successful job outcomes, and it was noted that not all existing customers were hard to place into employment, despite having been on benefit for longer than new customers. IBPAs also described a range of 'soft' outcomes, such as increased confidence and openness, changes in attitude and motivation, and punctuality/reliability in turning up for appointments.

'I would say probably my personal bench mark is probably how they engage, how they participate in the interviews...that is a good measure of progress, how they react, how anxious they are, and what we are going to do.'

Some of these changes were things which IBPAs observed in their day-to-day work but did not normally monitor. Other signs of progress noted, which were recorded on action plans, included take-up of services offered and participation in training. Again, these are consistent with IBPAs' accounts of progress among new customers (Dickens *et al.*, 2004b; Knight *et al.*, 2005).

Several IBPAs commented that because some existing customers were so far away from work, even having persuaded them to come in and engage with the pilots was a major achievement. Concerns were expressed that management were not always aware of the amount of effort that needed to be expended to achieve a positive result; some advisers who had welcomed the initial focus on customer progress in the pilot deplored what was felt to be a growing move towards targets; this emphasis was felt to be particularly inappropriate with existing customers, who might need help over an extended period of time. One adviser said she was trained that her role was '*not to railroad people back into work*' but because of the pressure to demonstrate positive outcomes, now feels that this is what she is being expected to do, and commented that this was making her '*question the integrity of the pilot*'.

Advisers did not generally report using the client progress kit, and of those who said that they used action plans, only a few reported copying these to customers. It was more common for advisers to report using the action plan to refresh their own memory prior to seeing a customer again and to review progress towards agreed goals. One adviser who had made a conscientious attempt to use the client progress kit, said that she had abandoned this after becoming aware that what she was recording was too subjective, and overly influenced by her own mood on a given day. Advisers did not report adopting different strategies in relation to existing and new customers.

IBPAs also gave examples of customers who have failed to progress or moved backwards. Those with a severe or progressive health condition were often in the former group, as they were genuinely too ill to work. Another group which advisers identified was those who had spent many years on benefit and had no desire or motivation to change; '*they get up, they walk their dog and come home, they're set in their ways*'. Several IBPAs argued that where it was difficult to motivate existing customers, it would be better to concentrate scarce resources on those who do demonstrate an interest in participating. There were few examples given of customers who had moved backwards, but these illustrate the potential risks of participation in the pilot for vulnerable groups. One customer with a diagnosis of schizophrenia was described as having panicked about having to come in for interviews, started frantically applying for jobs and ended up hospitalised. Another was a customer described by her IBPA as '*a victim of her own success*' who took up CMP and job broker services, started a job and was doing well, until the employer offered her more hours than she could easily cope with, and '*she just completely fell apart*', losing the job and feeling worse than at the outset.

A number of IBPAs commented on changes in their own views since starting to work with existing customers. Some had not realised how ill people would be and felt that many of the customers they saw were genuinely unable to work. One adviser commented:

'Prior to doing this job myself I was very sceptical and thought half of them were 'at it', but actually doing the job I'm finding that a lot of them are, have got serious health problems, and I can see why they're angry for being contacted.'

Others, who had anticipated that this would be a difficult group to work with, had been pleasantly surprised at the high levels of interest and progress among existing customers; one adviser felt that her own job satisfaction had improved considerably as a result.

4.6 Suggestions for change

Based on their early experiences of working with existing customers, IBPAs identified a number of areas where they felt the pilot could be improved. Some of these relate to fixed elements of the pilot design, while others are aspects of implementation and thus, more readily adaptable.

While some IBPAs argued that existing customers would benefit from additional WFIs, and others were keen to see the number of mandatory WFIs reduced, both groups were expressing a desire for more adviser discretion in tailoring provision to customers' needs and levels of motivation. A view strongly expressed by some IBPAs was that the same system (i.e. the same number of mandatory WFIs and access to JPP) should be available to both new and existing customers.

A number of IBPAs made suggestions relating to the ways the pilot has been publicised, with a desire for more local publicity. Some suggested that there should be more outreach sessions held at community centres, colleges and GP surgeries, where it was felt that customers would be more likely to be responsive than in a jobcentre environment. This is now happening in some areas. There was also felt to be a need for improved leaflets and a more enabling, rather than punitive, approach in the wording of initial letters inviting people for interview – *'the letters do frighten people'*.

There was a perceived need for more CMP provision – described in one area as *'a victim of its own success'* – and for a need for provision specifically designed to meet the needs of existing customers, who have had a health condition for longer and may not have worked for some time. Existing provision was seen to have been developed very much with the needs of new customers in mind, and was not always suitable. In particular, there was felt to be a need for more one-to-one support for these customers, as they were not always comfortable in a group situation, and sometimes needed more intensive help.

IBPAs highlighted several referral gaps in respect of existing customers. One of these was for intermediate training provision for those who have completed CMP and are keen to progress further, but are not yet ready for programmes such as Training for Work and Work-Based Learning for Adults, which are intended to produce rapid job outcomes. It was also suggested that this training, which is often geared to those in their 20s, might need to be adapted to meet the needs of this generally older group. The issue of increased funding for training was also raised. Those with literacy issues, or problems with drugs and alcohol, were widely perceived as hardest for advisers to help, and there was a desire for more specialised referral agencies – one adviser suggested that people in these categories should be directed away from mainstream IBPAs, as they are not qualified to meet these complex needs, and it reduces their capacity to work with other customers.

It was also suggested that IBPAs needed to be offered improved training in how to deal more effectively with customers who responded negatively and were unwilling to engage with the pilot. There was felt to be a need to learn motivational techniques which could be employed in such circumstances.

5 Issues for further evaluation of the extension to existing customers

5.1 Initial impressions and experiences

This report has demonstrated that the extension of Pathways to Work provision has so far had a mixed reception among both customers and Jobcentre Plus staff. Customers and advisers made similar types of suggestions for improving the pilot.

5.1.1 Positive experiences to date

Advisers reported many positive experiences of working with existing customers, in some cases confounding their previous negative stereotypes about working with this group. They had observed considerable increases in confidence and 'soft' skills among existing customers as well as achieving job entry outcomes.

Some customers were very pleased to have been offered support by the pilots, especially where they had been on benefits for several years, and spoke highly of the services they had received including advice and support from the Incapacity Benefit Personal Adviser (IBPA), and other services such as the Condition Management Programme (CMP). Some reported improvements in health.

5.2 Negative experiences to date

An issue which has been highlighted by each stage of the research involving IBPAs is the emotional demands which are placed on them by the role and the lack of any formal support mechanisms specifically designed to address this. These demands are increasing over time, as the pilot is extended to customers with more complex needs, and the growth in customer numbers has resulted in both increased caseloads and the recruitment of less experienced advisers to this role. These factors

suggest that there is an urgent need to monitor caseloads and to address the support needs of IBPAs in a more systematic way.

There is also an incipient tension between any pressure to achieve rapid job entry targets, and the type of longer-term work which is required to help those who have been out of the labour market for some time. This is evident from the accounts of both customers and IBPAs. As noted in the second IBPA study (Knight *et al.*, 2005), IBPA caseloads require careful monitoring, to ensure that the quality of the service offered, and their own well-being, is not compromised by the numbers of people they are expected to see. Advisers would also benefit from more clarity and explicit guidance on what they are expected to deliver, so that they can tailor their caseloads accordingly.

From the point of view of customers, the nature of contact with Jobcentre Plus has sometimes been difficult, regardless of whether or not they welcomed an opportunity to discuss the possibility of work with an adviser. This was because of negative reactions to what was perceived as the threatening tone of the initial letter, the mandatory requirement to attend, and the lack of privacy in offices. An initial enthusiasm for taking part has sometimes been marred by the failure to make progress as rapidly as customers would have liked.

5.3 Suggestions for improvement

Customers and advisers suggested changes to the wording of the initial letters, to emphasise the supportive nature of the services being offered, rather than the threat of sanctions. IBPAs also felt that it was necessary to improve the way the pilot was being 'sold' and to engage in local publicity and outreach, including sessions in community-based venues. The latter might help to overcome the initial anxieties which some customers felt at having to attend a jobcentre. Advisers were also keen to learn motivational techniques which could help to engage those customers who did not seem initially interested but had the potential to benefit.

Advisers were keen to have more formalised discretion in deciding the number of interviews to be attended, and some were effectively exercising such discretion, by means of extensive use of waiver and deferral. Some customers, who were simply complying with a requirement to attend, and feeling that they derived little or no benefit, would also clearly have welcomed this.

Both advisers and customers highlighted the need for a greater understanding of certain conditions, particularly mental health issues, and the need for additional referral resources for people with mental health problems and drug and alcohol issues. Advisers were keen to see more CMP services and training provision specifically geared to the needs of existing customers. Customers also highlighted a need for retraining, particularly where they had been out of the labour market for a long time, or where a return to their previous occupation was precluded by the nature of their health condition.

Customers who felt that there was a lack of employer demand, especially those who felt they were disadvantaged by age and disability or illness, felt that the provision of employer incentives might be necessary to improve their prospects of finding employment.

5.4 Issues requiring further research

Key issues for further research with existing customers will be the extent to which they prove to be distinctive from new customers in terms of their profile, needs and outcomes over time, and the extent to which this affects both the amount of time IBPAs need to spend with them and the nature of the services which are most appropriate to their needs.

A key question, in view of both customer experiences and those of IBPAs, is the appropriateness of including all existing customers who are not Personal Capability Assessment (PCA) exempt, or whether other factors should be taken into consideration when deciding whether mandatory interviews are appropriate.

The next stage of the qualitative research with existing customers will explore the lessons learned, and identify examples of good practice, now that the extension of the pilots to this group has 'bedded down'. This will be conducted by means of a case study, involving interviews with matched pairs of advisers and customers.

Planned quantitative work, including the cost-benefit study and customer surveys, will provide valuable information on any differences, in both outcomes and the costs of achieving these, between new and existing customers.

Appendix A

Customer focus groups topic guide

EVALUATION OF PATHWAYS TO WORK

EXTENSION TO EXISTING CUSTOMER (EARLY IMPLEMENTATION) STUDY

FINAL TOPIC GUIDE: CLIENT FOCUS GROUP

Research objectives:

- **understand clients' experiences of entering the Pathways to Work pilot both before and after initial meeting with PA:**
 - information received;
 - understanding of the pilot;
 - expectations;
 - experiences of PA/external providers;
 - early concerns or difficulties;
- **explore early reactions to the pilot from clients.**

1 Introduction

- Introduce self, the evaluation and organisations involved (NatCen, SPRU, PSI).
- Stress independence of evaluation from DWP:
 - different strands of research, qualitative elements involve interviews with range of staff and clients;
 - series of small focused studies, aim to feed back throughout evaluation rather than just at end, allowing for findings to be incorporated during pilot;

- these focus groups with clients (and will be interviews with staff) in four of the first seven pilot areas, looking at early views and experiences: *'The purpose of this group is to hear **from you** about how things have been going, what being involved in the scheme has meant for you and your views about the scheme overall'*.
- Explain about refreshments/toilets, etc.
- Explain about confidentiality, tape recording and length of discussion.
- Ask people to sign consent forms, reassuring about confidentiality.

Begin by asking how discussion will work best particularly if third party facilitators are present and how participants would like others to communicate in order to participate fully. Is there anything else that can be done to make it easier for them? Would people like to take a break halfway through?

2 Group introductions

Brief round table introductions

- Name.
- Living circumstances.
- Length of IB claim and reasons for claim (*probe gently for nature of health circumstances/disability; duration of incapacity, benefit history, when last worked – if ever*).
- Any other issues affecting ability to look for work (health and non-health related).
- JCP office dealing with their claim (*where they go to see the PA*).

3 Contact with Jobcentre Plus

- Experience of **contact** with Jobcentre Plus **prior to first meeting with PA** (*if not already covered*), explore:
 - type of contact: telephone, visit, letter;
 - who spoke to: FCO, FA, PA or other staff (NB may need to explain these roles);
 - views about information received (*e.g. comprehensiveness, accuracy, accessibility, timeliness*);
 - how they felt about being called into Jobcentre, whether they had expected this, what they expected, understanding of why they were being called in, how they were feeling about likelihood of return to work at this stage, how relevant they felt the WFI was for them.

- **Contact with IB PAs:** overview of contact with PAs so far NB: FOCUS ON NUMBER OF MEETINGS SINCE START OF REFORMS:
 - what meetings have happened and when, duration of meetings (*NB: clients may not call these meetings 'work focused interviews', so topic guide talks about PA 'meetings'. Views to be discussed subsequently*);
 - location of meeting (*accessibility/confidentiality*).
- **Content:**
 - explanation given for purpose of meeting;
 - needs discussed and identified (*did PA seek understanding of their situation (e.g. health, family circumstances), were aspirations for work/type of potential work discussed, explore any unmet needs*);
 - types of help/support discussed
(recall of range of elements discussed, eg PA support, JPP, RTWC, Job Brokers, CMP/NHS, other financial or practical support);
 - views on the types of support offered;
 - client views of information sought, any reluctance to provide information asked during the WFI;
 - views about written information received (*e.g. comprehensiveness, accuracy, accessibility. Probe as to whether information about JPP, RTWC, CMP, NDDP, permitted work, etc was given*);
 - views verbal information given (*e.g. comprehensiveness, accuracy, accessibility. Probe as to whether information about JPP, RTWC, CMP, NDDP, etc was given*).

Views of PA contact:

- first WFI:
 - impressions of PA (*helpful, knowledgeable, friendly, supportive*) and impact on client;
 - was the support on offer perceived as being appropriate, relevant, if not why not (probe reaction to WFI if already on NDDP at time);
 - how did they understand their health condition and its impact on ability to work and (how) did PA challenge their own views of this;
 - similarities or differences to previous JCP+ experiences/meetings/PA support;
 - understanding of PA views about development of Action Plan (AP), satisfaction with AP;
 - did the meeting turn out as clients expected, did it meet client expectations, did it change their views or expectations?;
 - understanding of next steps;

- feelings about next steps, any key expectations or concerns;
- any gaps in support being offered (*giving examples*).
- second WFI (*for those who have had two by time of focus group*):
 - attitudes about going for WFI for second time (*viewed positively, or not; reasons for feelings*);
 - description of how second meeting compared with first (*did they see the same PA, did it build on the first WFI, use made of Action Plan*);
 - outcome of PCA and impacts (*NB: respondents should all have had IB claim accepted*);
 - content of meeting and outcomes;
 - views of second PA contact.
- **Outcome of meetings**
 - client's understanding of outcome;
 - awareness of mandatory nature of regime;
 - use made of Action Plan;
 - next steps.

4 Contact with other agencies

- Description of any contact with other agencies resulting from IBPA meeting (both within JCP – DEA, WP, and outside, CMP, job broker, etc).
- Reasons for non take-up or drop-out of any service offered.
- PCA assessments (if relevant):
 - description of process (*clarity of information provided and received, ease of completing PCA self assessment form, any issues with processing of form or notification of outcome*);
 - views of process (*timing of PCA, did they have their PCA before WFIs, if so was it helpful to have it before the series of WFIs, what works well/less well*);
 - experiences of having a medical assessment.
- External Providers (*including job brokers, training providers, voluntary agencies, health professionals etc*) **NB: experience probably limited at this stage:**
 - understanding of nature of participation (*i.e. voluntary*);
 - nature of contact (*when, what was involved, needs identified and those not identified, type of help sought and received, activities undertaken: appropriate/helpful*);
 - views of provider (*perceptions in terms of specialism and expertise, interactions with staff*).

- Expectations of future involvement (*plans for next 3 months, any intention to take up provision from Pathways, hopes, concerns – any plans to see PA again, any change in how process is perceived as result of involvement*).
- Suggestions for improvements to the package of support they have personally been offered.

5 Knowledge and awareness of IB reforms

- How/when found out about Pathways to Work (before they were affected personally).
- Did they consider volunteering before they were called in? (why, why not?).
- Understanding of what's involved.
- When/how became aware that reforms affected them?
- Initial understanding of what was involved?
- Feelings (anxieties, hopes) at this stage.

Probe for understanding of:

- purpose of the meetings with PAs (*generally and for themselves*);
- nature of participation (*vol. or mandatory*);
- awareness that individuals participating in a pilot, levels of understanding of different elements.

6 Views of Pathways to Work

- Overall views of pilot:
 - extent to which reforms are being seen as work focused vs supportive;
 - positive aspects of support for clients (*appropriate, relevant*);
 - added value from reforms;
 - fears/concerns about pilot and extent to which these were being addressed (*eg not feeling well enough to be able to focus on work*);
 - what worked well/less well.
- Suggestions for improvements to scheme as a whole (*specific aspects/client groups*).
- Any other issues, concerns or key points the participants would like to make that haven't been discussed.

Thank participants for their time and remind about confidentiality. Explain how findings will be used. Pay respondents incentives.

Appendix B

IBPA in-depth interview topic guide



EVALUATION OF PATHWAYS TO WORK

EXTENSION to EXISTING CUSTOMER (EARLY IMPLEMENTATION) STUDY:

PA TELEPHONE INTERVIEWS

Research objectives:

- Understand PAs experiences of the early stages of extension of the pilot to existing customers in the IBR.
- Explore differences in ways they work with existing and new customers.
- Exploring what works and any difficulties/constraints faced by the IBPA in performing their role effectively.

1 Introduction

- Introduce self, the evaluation and organisations involved (Natcen, SPRU, PSI).
- Stress independence of evaluation from DWP:
 - different strands of research, qualitative elements involve interviews with range of staff and clients;
 - series of small focused studies, aim to feed back throughout;

- evaluation rather than just at end, allowing for findings to be;
- incorporated during pilot;
- focus groups have also been held with clients.
- Explain about confidentiality, tape recording and length of discussion.

2. Background information

- How long have you worked as an IBPA?

Probe:

- office based in;
- other current roles;
- previous roles;
- how large is your case load?

Probe:

- number of customers seen regularly;
- typical daily number of appts booked/actually conducted;
- mandatory/voluntary breakdown;
- existing customers/new claimants breakdown.

3. IBPA Views about their role

- Thinking about your work with existing customers, what are the key challenges of this role? Are these different **types** of issues from working with new customers, or just more instances of similar issues?
- How satisfied do you feel in this role? Has this changed since starting to work with existing customers?
- What is the balance between dealing with new and existing customers, and how does this feel to you?
- Overall views about extension to existing customers.
- How confident do you feel about interviewing existing customers?
[identifying any worries about all or any groups of existing customers and any links to perceived/actual skill gaps below]
- **New PAs only** – Did your training include specific elements on working with existing customers? What did you think of the training?
- **Existing PAs only** – Have you undergone any additional training for working with existing customers? What did you think of this training?
- Do you feel you have any ongoing training and skills gaps?

Probe re:

- How could these gaps best be met?
- Have you told anyone about these?

4 Differences between extension to existing customer/original Pathways Pilot provision

- Pre-WFI contact, explore to what extent this is being done and how (by phone, letter?), perception of usefulness, impact on attendance rates.
- Feelings about absence of screening tool – preference or not for using screening tool.
- Feelings about 3 mandatory WFIs – too many, too few to make progress?
- Views on usefulness of further voluntary meetings after 3rd mandatory.
- JPP – which clients are told about this and why, how do they respond, is it acting as an incentive? If PA not using this, why is this?
- JPP – PA's views on administering, deciding when eligibility criteria are satisfied.

5 Differences between extension to existing customer/original Pathways customers

- Are there differences between existing and new customers in terms of motivation and readiness to work? Are these different in **type**, or only in degree? Why is this? What additional barriers do they face?
- Are there differences in the circumstances (health, income, household) of existing and new customers? Why is this? Have there generally been changes in circumstances since their initial claim? What sorts of situations have you encountered here? Do existing customers tend to be receiving ongoing support from health professionals?
- General response to mandatory requirement to attend WFIs/sanctions – any differences between existing customers and new customers?
- Any differences between existing and new customers in reaction to/take up of various elements of Choices provision (e.g. CMP, RTWC)
- In your experience, is there any basis for a view that existing customers are in some way 'harder to help' than new customers? If indicates agreement - Is this more about their initial engagement or about placing them into work?
- Do you anticipate that existing customers will need more in-work support and employer adjustment than new customers? Why do you say that?

6 Experiences of Work Focused Interviews

- What do existing customers expect when they arrive at the jobcentre?
- What do you cover in first WFI with existing customers?

Probe re:

- How this compares with other customers?
- Information given about referral options and why?
- Whether/which customers are given written information to take away, why/why not?
- Development of action plan at this stage
- How do existing customers respond to the first WFI, and to information provided?
- Does it take longer/is it harder to build rapport with/gain confidence of existing customers?
- In what circumstances waivers and deferrals are used.
- In what circumstances sanctions are used.
- Whether WFIs are being held at monthly intervals?
- Whether WFIs continue beyond mandatory 3, and in what circumstances they do so? What is the impact on workload, time, etc?

7 Customer progression through the IB Reforms

- Number and types of existing customers referring to different options?
- How do you define customer progression through the IB reforms? Any differences between new and existing customers?
- How is progress measured (use of action plans/client progress kit)
- Which types of (existing) customers are/are not responding well to the process?

Probe re:

- What are the reasons for this (role of WFI and PA/other service providers relative to other factors such as state of health, inclination to work, age, confidence, etc...)
- Examples from caseload of existing customers who have made forward/backward movements and how IBPAs have worked with them.

8 Suggestions for improvements

- Do you have any suggestions for improvements?

Thank respondent for their time and remind about confidentiality. Explain how findings will be used.

Appendix C

Charting framework IBPA telephone interview



Policy Studies Institute

EXTENSION TO EXISTING CUSTOMER (EARLY IMPLEMENTATION) STUDY

FRAMEWORK FOR IBPA TELEPHONE INTERVIEWS

GENERAL NOTES – we are interested in understanding PA experiences of the early stages of the extension of the pilot to existing customers in the Incapacity Benefit Reforms. This requires exploration of differences in ways they work with existing and new customers.

Please use *italics* for charter comments, and *apostrophes/italics* to indicate words which are direct quotes from IBPAs.

Chart 1 – BACKGROUND AND EXPLORATION OF THE IBPA ROLE

1.1 Background information

- Length of time an IBPA.
- Which office they're based in.
- Roles before becoming IBPA.
- Any other roles undertaken alongside IBPA role.
- Size of caseload/number customers seeing regularly, typical number of daily appointments booked (mandatory/voluntary).
- Existing customers/new claimants breakdown.

1.2 IBPA views about their role

- Key challenges working with existing customers.
- How challenges in working with existing/new customers compares, balance.
- Feelings about interviewing existing customers.
- Job satisfaction, any changes.
- Overall views about extension to existing customers.

1.3 Training

- *New IBPAs* – any extension to existing customer related training, views about.
- *Existing IBPAs* – any extension to existing customer related additional training, views about.
- Views about on-going training and skills gaps.

1.4 Other

Chart 2 – DIFFERENCES BETWEEN EXTENSION TO EXISTING CUSTOMER AND ORIGINAL PATHWAYS PROVISION

2.1 Pre-first WFI contact

- Is this happening?
- Nature of communication with IBPA prior to attendance at WFI (by phone, letter?), what told, who does this.
- Impact of nature of communication, particularly on attendance rates.

2.2 Screening Tool

- Feelings about absence of screening tool for extension to existing customer (any preference for not using screening tool).

2.3 Mandatory and voluntary WFIs

- Feelings about 3 mandatory WFIs (too few, too many to make progress?).
- Views on usefulness of further voluntary meetings after third mandatory.

2.4 Job Preparation Premium

- Whether IBPAs are using JPP.
- Which clients are told about this and why?
- How clients respond, JPP acting as an incentive?
- Reasons for IBPA non-use of JPP.
- Experiences of/views on administering JPP.

2.5 Other

Chart 3 – DIFFERENCES BETWEEN EXTENSION TO EXISTING CUSTOMERS AND ORIGINAL PATHWAYS CUSTOMERS

3.1 Differences in customer motivation and readiness

- Whether differences in existing/new customer motivation and readiness to work (examples).
- Whether differences in type or only in degree.
- Reasons for this, additional barriers faced by existing customers.

3.2 Differences in customer circumstances

- Whether existing/new customers differ in their health, income, household circumstances.
- Reasons for this.
- Any change in circumstances of existing customers since initial claim. Examples.
- Existing customer receipt of ongoing support from health professionals.

3.3 Differences in responses to mandatory requirements

- Any differences in response of new/existing customers to mandatory requirement to attend WFIs.
- Any differences in response to sanctions.

3.4 Reaction to and take-up of choices provision

- Whether existing/new customers react differently to the various elements of the choices package.
- Any differences in take-up.
- Whether existing customers harder to help than new, views on why.

3.5 In work support

- Views on whether greater need of existing customers for IWS and employer adjustment.
- Reasons given.

3.6 Other

Chart 4 – EXPERIENCES OF WORK FOCUS INTERVIEWS WITH EXISTING CUSTOMERS

4.1 First WFI – customer reaction

- Expectation of existing customers on arrival at the jobcentre.
- Behaviour/attitudes during first WFI.
- Whether takes longer/is harder to build rapport.

4.2 First WFI – coverage

- Content of first WFI.
- How this compares with other customers.
- Information given about referral options and why?
- Whether/which customers are given written information to take away, reasons given.
- Whether any action plan developed at this stage.

4.3 Use of waivers and deferrals

- Whether and in what circumstances waivers are used.
- Whether and in what circumstances deferrals are used.

4.4 Sanctions

- Whether and in what circumstances sanctions are used.

4.5 Timing and number of WFIs

- Whether WFIs held at monthly intervals.
- Whether WFIs continue beyond mandatory three.
- Circumstances in which voluntary WFIs held.
- Impact of voluntary WFIs on IBPA workload/time.

4.6 Other

Chart 5 – CUSTOMER PROGRESSION THROUGH THE IB REFORMS

5.1 Defining and measuring progress

- How they define progression through the IB reforms (e.g. return to work, managing condition more effectively, growth in confidence).
- Any difference between new and existing customers.

- How progress is measured (use of action plans/client progress kit).

5.2 Customer progress: movement forwards

- Which type of customers respond to the process and IBPA views about reasons.
- How IBPAs have worked with customers and factors accounting for forward movement.
- Examples from caseload of customers who have made forward movement.

NOTE – look here for role of WFI/service providers relative to other factors such as state of health, inclination to work, age, confidence etc.

5.3 Customers not making progress

- Which type of customers are not responding to the process and IBPA views about reasons.
- How IBPAs have worked with customers and factors accounting for no progress/backward movement.
- Examples from caseload of customers who have made backward movement.

NOTE – look here for role of WFI/service providers relative to other factors such as state of health, inclination to work, age, confidence etc.

5.4 Other

Chart 6 – SUGGESTIONS FOR IMPROVEMENTS/CHANGES

6.1 Suggestions for improvements/changes

6.2 Other

Appendix D

Charting framework customer focus group/depth interview

EXTENSION TO EXISTING CUSTOMER (EARLY IMPLEMENTATION) STUDY

FRAMEWORK FOR CUSTOMER FOCUS GROUP/INTERVIEW

GENERAL NOTES – we are interested in understanding customer experiences of the early stages of the extension of the pilot to existing customers in the Incapacity Benefit Reforms.

Please use *italics* for charter comments, and *apostrophes/italics* to indicate words which are direct quotes from customers.

Chart 1 – BACKGROUND

1.1 Personal information

- Length of time on IB.
- Office used.
- Age.
- Living circumstances.

1.2 Work history

- When last worked.
- Previous work done.
- Reason stopped work.

1.3 Health condition

- Nature of condition.
- How it affects everyday life and ability to work.

1.4 Any other issues affecting employability

- e.g. family issues, debt, limited work history.

1.5 Feelings about returning to work

- Fears, anxieties, optimistic?

Chart 2 – CONTACT WITH JOBCENTRE PLUS

2.1 Contact prior to initial meeting

- Type of contact (letter? phone?)
- Who was this contact with?

2.2 Views on initial information received, and how felt about being called into jobcentre

2.3 Contact with PAs

- How many WFIs to date?
- Location.
- Length.
- Views on location.

2.4 Content of 1st WFI

- Scope of discussion.
- Information provided on different aspects of Choices provision.
- How reforms were presented to them.
- Action plan completed?

2.5 2nd WFI

- What covered.
- Feelings about.

2.6 Further WFIs

- 3rd mandatory; any voluntary WFIs following this?
- What covered.
- Feelings about.

2.7 Future contact with PA

- Expectations and hopes regarding further contact.
- Reasons for this.

2.8 Other

Chart 3 – CONTACT WITH OTHER AGENCIES

3.1 Which agencies

- Services received.

3.2 Views of services received

3.3 Reasons for non take-up of any services offered

3.4 Suggestions for improvement

3.5 Other

Chart 4 – KNOWLEDGE AND AWARENESS OF PATHWAYS PILOT

4.1 Awareness of reforms before personally affected?

- If yes, whether considered volunteering, and reasons.

4.2 When/how became aware that affected, understanding of what was involved

4.3 Initial feelings

- Any change in these over series of WFIs?

4.4 Other

Chart 5 – OVERVIEW

5.1 Overall views on Pathways Pilots

5.2 Positive elements

5.3 Negative elements

5.4 Suggestions for improvement

5.5 Key concerns

5.6 Other

Appendix E

Customer profile

Table E.1 Customer profile

Customer ID, gender, age and last occupation	Customer perception of current health issues	Customer perceptions of distance from the labour market and feelings about work
Customer 1 – male, age 40s, professional	Depression (has both emotional and physical symptoms)	Not in a position to return to work immediately due to depression. Hasn't ruled work out, but full-time work not feasible
Customer 4 – female, age 50s, professional	Depression, anxiety, stress	Doesn't feel able to work at the moment, though does feel a little work could be beneficial
Customer 6 – female, age 30s, intermediate or technical	Anxiety and depression	Work out of the question for now, living day to day
Customer 8 – male, age 50s, skilled manual worker	Depression linked to alcohol misuse	Work not a realistic option at present
Customer 12 – female, age 50s, professional	Psychological problems linked to accident	Wants to work in less stressful environment, but not as cheap labour
Customer 14 – male, age 30s, professional	Bipolar disorder	Ready to retrain/look for work and wants a less stressful job but one that still stretches him
Customer 5 – male, age 20s, skilled non-manual worker	Dislocated knee cap, not improved by recent surgery	Keen to find some office work
Customer 11 – female, age 50s, manual worker	Arthritis of the spine	Work not a realistic option at present
Customer 16 – female, age 50s, skilled manual worker	Spinal problems and osteoporosis	Can't move forward as awaiting operation. Not hopeful about finding work – due to retire in one year
Customer 17 – male, age 50s, manual worker	Spinal problems	Just about to return to work

Continued

Table E.1 Continued

Customer ID, gender, age and last occupation	Customer perception of current health issues	Customer perceptions of distance from the labour market and feelings about work
Customer 18 – male, manual worker	Back problems	Wants to start his own business
Customer 10 – male, age 50s, skilled manual worker	Cardiovascular problems	Work not a realistic option at present
Customer 13 – male, age 50s, skilled non-manual worker	Heart condition	Looking for work
Customer 2 – male, age 50s, manual worker	Back and heart problems	Wants to work and looking for work
Customer 3 – female, age 40s, manual worker	Complications following hysterectomy	Wants to return to work as soon as health problems are resolved, but in less damp environment
Customer 7 – female, age 50s, professional	Liver problems and rare internal bleeding condition	Intends to return to work, but previous work now inappropriate
Customer 9 – male, age 20s, manual worker	Drug user (registered)	Work not a realistic option at present
Customer 15 – female, age 50s, intermediate and technical	Health problem linked to earlier cancer and related stress	Feeling negative about prospect of finding work because of age

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