

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

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Introduction

The Pathways to Work Pilot was introduced in October 2003 and aims to increase the number of incapacity benefits recipients who move towards and into paid work. The package of measures which comprise the reforms was initially introduced in seven Jobcentre Plus districts, and extended to other areas in 2005 and 2006.

One component of the comprehensive evaluation of the Pilot is a longitudinal qualitative study of the views and experiences of three cohorts of incapacity benefits recipients. Findings from the first and second cohorts have been published (Corden *et al.*, 2005; Corden and Nice, 2006). This report presents findings from the third and final cohort, and draws together the main conclusions from the overall panel.

Since April 2004, a total of 105 incapacity benefits recipients from across the seven Pilot areas have taken part in interviews with researchers from the Social Policy Research Unit (SPRU), the National Centre for Social Research (NatCen) and the Policy Studies Institute (PSI). In the third cohort, which started in March 2005, were 28 incapacity benefit recipients recruited from Essex, Gateshead and South Tyneside, East Lancashire and Somerset.

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

through the Pilot, and how they made decisions about work.

Main findings

- Across the panel, a picture emerged of chronic ill-health among the participants. It seems likely, therefore, that the panel was largely composed of people who may face particular disadvantages and problems in thinking about and making progress towards work.
- Not all who took part in Pathways went on to attend a series of work focused interviews (WFIs). There was evidence to suggest Incapacity Benefit Personal Advisers (IBPAs) considered people's circumstances in asking them to attend interviews and in offering support. There were generally positive memories of IBPAs.
- The research showed general support for the principles of Pathways, but strong emphasis on the importance of the intervention coming at the right time and the support offered suiting the circumstances of individual people.
- People liked learning about available support, and financial help in particular. However, few people in the panel had used services from the Choices package and those who did tended to be people initially focused on working.
- In retrospect, many people felt the most important influence on their views about work or their behaviour in relation to work was their perception of their health. Few people felt that taking part in Pathways had made a major difference. Some felt that the Pilot had perhaps made things easier, or made things happen more quickly.

Summary of research

Experiences and views of the work focused interview regime

Many people said they had been apprehensive about attending their first WFI. Advance telephone calls from IBPAs were sometimes effective in explaining the purpose of the interview and quelling concerns about the implications for benefit receipt.

Not all Pathways participants attended a series of regular WFIs, and some people had very little contact with Pathways. People whose IBPA had agreed they did not need to keep attending and that this was the right course of action for them, felt relieved and pleased. A separate study (Knight *et al.*, 2005) presents evidence of Advisers acting in response to individuals' needs and circumstances in arranging interviews and in the topics discussed.

People who kept in touch with their Adviser outside the series of formal WFIs were those who were focused on working, those seeking advice on specific topics, those who agreed to keep their Adviser informed of their circumstances and those experiencing problems with benefit receipt.

There was general agreement with the principle of attending a meeting at Jobcentre Plus. People found value in having an opportunity to explain their circumstances, in obtaining information they had not heard before about support available, and in being helped to think differently about their prospects. There was more uncertainty about the value of attending a series of WFIs when people felt discussions had been repeated, when there had been no sense of progression, and when the offers of help seemed irrelevant to current circumstances and needs. Timing was therefore important.

People made decisions about taking up Choices package support based on their perceptions of their readiness for work and of their health, the possible financial implications, and their knowledge, understanding and expectations of the support offered. Information about financial support was high up in people's memories about what they had been told and what they had wanted to know more about.

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

People retained generally positive impressions of IBPAs, and felt that Advisers had made a valuable contribution.

Experiences of services used in moving towards work

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

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

We know from separate research (Blyth, 2006) that around 20 per cent of Pathways participants use Choices services. It was therefore not surprising that there was relatively limited experience of services among people in the panel. In general, people who were not motivated to work did not use Choices services. People who used most services tended to be people initially focused on working.

There was considerable interest in the Condition Management Programme (CMP), but few people went on to take part. There was evidence of lack of understanding of the aim of the Programme or what the process might entail. People were easily put off keeping appointments or continuing with sessions. Some did not like the idea of having to meet other people in group settings. In separate research (Barnes and Hudson, 2006) CMP practitioners acknowledged that people might find it hard to engage with group work, especially those who had not worked for many years. The small number of people who had taken part regularly in one-to-one therapy sessions found these helped them understand more about themselves, including how to maintain work relationships.

Across the panel, some people had already been in touch with Job Brokers before joining

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

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

Across the overall panel, there was widespread use of NHS specialist, hospital and general practice services during the panel period.

Reflections on the difference made in people's lives

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

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

Other influences on why views about working changed or not were: being formally retired by employers on health grounds, which generally put an end to thinking about work; age; being self-motivated to work; having support from family; feeling financial pressure to work, and finding suitable jobs.

There was mixed evidence of the impact of Pathways. In reflecting back, most people who moved into work during the panel study thought

the Pilot had done little to influence this move as they had continued on paths they were already taking. There was, however, some evidence of information and advice helping to smooth people's returns and of personal support maintaining morale. The small group of people who were initially thinking of work as something possible in the future and thought the Pilot had made some impact on health, or thoughts and behaviour in relation to work, had made some use of the CMP or Job Brokers. Some people not yet ready to work had positive impressions of the information and advice they received at Jobcentre Plus and intended to return when their circumstances changed.

In looking back, there were generally positive memories of IBPAs and of having become more informed about available help. Generally negative retrospective perspectives focused on how attendance at interviews was an unwanted imposition when people felt they were not ready for work or not considering working again.

Discussion and conclusions

People's different health trajectories of recovery, deterioration or chronic unchanging conditions, and their different hopes and expectations of such trajectories are key to understanding experience of and response to Pathways interventions.

The research showed general support for the principles of Pathways, but strong emphasis on the importance of the intervention coming at the right time and the support offered suiting the circumstances of individual people. Understanding the effects of a range of conditions such that the kind of information given is timely and useful requires considerable skill and training among IBPAs, and this will have resource implications for extending and maintaining Pathways.

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

Knowing that failure to attend might jeopardise benefits was influential in maintaining

compliance. However, there was little evidence of increasing interest in or movement towards work among people whose compliance was driven by fear of losing benefits.

More attention might be paid to the way in which people perceive the end of contacts with Pathways, so that people are encouraged to get back in touch if circumstances change. There was frustration when people lost valued access to Pathways following the withdrawal of incapacity benefits.

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

For people not yet ready to think about in-work financial support, what was needed was often good advice about benefits for people not in work. Some were frustrated when they could not discuss housing benefits or Disability Living Allowance.

There was limited use of services within the Choices package by people in the panel. Despite considerable interest in the CMP few people went on to use it. Findings showed how fragile contacts were between the CMP and incapacity benefits recipients, and that processes involved were often unfamiliar and uncomfortable. More proactive approaches may be necessary to encourage people to take up opportunities to take part, keep appointments and feel supported during a process of learning about themselves and their behaviour.

In retrospect, looking back over the year since initial contact with Pathways, the most important influence for many was their perception of their health. Few people in the panel felt that it had been taking part in Pathways that had made a major difference in their views about work or their behaviour in relation to work. Some felt that the Pilot had perhaps made things easier for them, or made things happen more quickly, although not changing their overall views or

general direction. There was certainly evidence of satisfaction with what had been offered, which could perhaps influence people's readiness to use the service again.

References

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The full report of these research findings is published for the Department for Work and Pensions by Corporate Document Services (ISBN 1 84712 110 1. Research Report 398. October 2006). It is available from Paul Noakes at the address below. You can also download this report free from:

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