

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

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The Incapacity Benefit Reforms pilot was introduced in October 2003 to increase the number of incapacity benefit recipients who move towards and into paid work. The package of measures that comprise the reforms was initially piloted in seven areas of England, Scotland and Wales. The expansion to a further fourteen areas began in October 2005.

This report presents findings from the second cohort of a longitudinal qualitative study of the views and experiences of incapacity benefit recipients who have taken part in the pilot. It builds on findings from the first cohort of 24 incapacity benefit recipients, published in July 2005. Findings from the third and final cohort will be reported in due course.

The second cohort, which started in September 2004, included 53 incapacity benefit recipients from the seven pilot areas. The research was conducted by the Social Policy Research Unit, the National Centre for Social Research and the Policy Studies Institute. Follow-up telephone interviews were conducted three months later and after a further six months. Of the 53 recruits to the panel, 34 people were followed for eight or more months.

Key findings

- As in the first cohort, the number and frequency of contacts with Jobcentre Plus staff varied. There were people who supported the principles of the Pathways pilot and welcomed the help on offer.
- The second cohort gives further indications of what is and is not helpful for people attending interviews, for example the ways Incapacity Benefit Personal Advisers (IBPAs) are perceived as particularly understanding, and practical difficulties in attending Jobcentre Plus offices.
- The second cohort supports findings from the first that IBPAs tailor support they offer to people's circumstances and needs. Some people had little or no knowledge of services available, but, as before, forms of financial support were generally well remembered.
- In both the first and second cohorts, use of pilot services was linked to motivation to work. There was limited use of pilot services among people in the second cohort. Decision making about the Choices package was sometimes influenced by perceived 'gate-keeping' in accessing services, problems in understanding elements of services, and feeling pressure to take part.
- Among important new findings about experiences of CMP are that people become engaged when they want to work and recognise the need to resolve personal feelings, and that people can be put off attending sessions for a number of reasons relating to personal circumstances and the way sessions are run.
- Ways in which RTWC helped people in the second cohort were in enabling the take-up of shorter working hours, feeling financially better off in work, and providing income during the early stages of business development.
- As in the first cohort, there were people focused on working, people hopeful about working sometime in the future and people not interested in working. There was evidence to suggest that by taking part in Pathways, people in these groupings can be helped to take suitable jobs, to see paid work as a more immediate possibility, or to become more focused on work.
- Health problems were critical in people's

thinking about work. Paid work seemed less likely where health deteriorated and people experienced family problems.

- Not all who returned to work could sustain it. There is a need for support when people experience problems at work, and for assistance in regaining incapacity benefits.
- An important issue for policy consideration is how contact with the pilot is maintained, given the finding that people can be reluctant to take the initiative in renewing contact.

Summary of research

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

Experiences and views of the Work Focused Interview regime

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

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

Additional findings from the second cohort enhance our understanding of:

- the practical difficulties in attending Jobcentre Plus offices when people have debilitating health conditions, child care responsibilities,

difficulties in finding reliable and accessible transport, difficulties accessing parts of the buildings; and when there is limited space for parking, and no suitable seating for people with musculoskeletal conditions;

- the ways in which IBPAs try to tailor discussions to people's current concerns and needs, by initiating discussions about health and entitlement to benefits at early WFIs, rather than making work a main focus;
- how IBPAs can be perceived as particularly understanding where they have some shared experience of health conditions or social problems;
- the way in which contact with IBPAs may end, particularly when incapacity benefits are withdrawn, and how people were reluctant to renew contact.

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

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

As before, various forms of financial support were well remembered. Findings from this cohort show that people who do not have actual experience of receiving financial support still retain basic knowledge about the possibilities of combining work and benefits and the availability of financial top-ups once in work.

Other important findings from the second cohort were:

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

themselves willing, and despite having reservations.

Services used in moving towards work

As in the first cohort, people who were not motivated to work generally did not use pilot services, and those who, individually, used most pilot services were people who were initially focused on working. From the second cohort come new findings about people not initially focused on working going on to try pilot services and some people moving into work without using any pilot services, even extending to non-take-up of RTWC.

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

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

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

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

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

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

Changes in views and steps taken

The task for IBPAs is hard when they meet people initially not interested in working, some of whom have negative feeling towards taking part in WFIs. From the second cohort come findings that, among this group none saw any improvement in their condition, and some reported deterioration. In such circumstances, compliance with attending interviews reflected resignation, and avoidance of penalty rather than interest.

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

Findings from both cohorts show how people initially focused on working maintain their motivation and go back to work, and that this process is speeded by even slight improvements in health. The task here for the IBPA is to give every support possible to enable people to take the kind of work that suits them and to smooth the transition. From the second cohort come findings that help us understand that not all who return to work can sustain this. Such people need practical help in regaining incapacity benefits and not all people who meet problems on returning to work get the right support to help them through.

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

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

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

Discussion and conclusion

Key messages for policy and practice are:

- there is a level of general support for the principle of offering information and support

about work, as long as this intervention is timely and without pressure;

- the IBPA's approach draws positive response and interest in services among some people, especially those already focused on working;
- in thinking about work, perceptions and trajectories of health are critical influences;
- some people with chronic ill-health or pain who might be expected to see opportunities in the CMP believe that if anything else could be done for them their medical experts would know and suggest it;
- other factors undermining potential opportunities for help in the CMP include lack of understanding of the aim and process, and negative early experiences with practitioners;
- some people may need external support and encouragement in order to keep attending the CMP, raising resource and skills issues for Jobcentre Plus;
- financial support in returning to work is of key importance to some people. Permitted Work rules, RTWC and tax credits are all helpful to individual people. When things do not go smoothly here, financial problems develop quickly;
- further attention might be paid to ways in which contact with the pilot is maintained. When initiatives are left with benefits recipients, contacts can be fragile;
- gaps in services for those needing help with debt management, complex financial assessments and benefit situations, and support in dealing with alcoholism.

The full report of these research findings is published for the Department for Work and Pensions by Corporate Document Services (ISBN 1 84712 002 4. Research Report 345. April 2006).

It is available from Paul Noakes at the address below. You can also download this report free from: www.dwp.gov.uk/asd/asd5/rrs-index.asp

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