Pathways to Work: Extension to existing customers (matched case study)

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Abbreviations

**ADF**  Adviser Discretion Fund (award of up to £300 to help with return to work)
**CMP**  Condition Management Programme (developed between Jobcentre Plus and NHS)
**DEA**  Disability Employment Adviser
**FTA**  Failure to Attend
**HB**  Housing Benefit
**IBPA**  Incapacity Benefit Personal Adviser
**IB**  Incapacity Benefit
**IWS**  In-Work Support (range of provision to aid sustainability in work)
**JPP**  Job Preparation Premium (£20 per week award for help with work related activity)
**JSA**  Jobseeker’s Allowance
**PCA**  Personal Capability Assessment
**WBLA**  Work Based Learning for Adults
**WFI**  Work Focused Interview
Summary

Introduction

From February 2005, the Pathways provision was extended to customers who had made a new claim in the two years prior to the start of the pilot in the first seven pilot areas. In April 2006, the provision was further extended to customers who had made a claim between two and six years prior to the start of the pilot in six of the seven original pilot areas and to all customers who had made a new claim prior to the start of the pilot in one area. This study is part of a wider evaluation of the Pathways to Work programme and focuses on the experiences of these customers (referred to as ‘existing customers’) and their Incapacity Benefit Personal Advisers (IBPAs).

As context, it should be noted that the rate of benefit exit for existing customers is much lower than for new and repeat customers, with the likelihood of individuals leaving benefit without further assistance becoming significantly lower the longer that they are in receipt of Incapacity Benefit (IB).

A key concern then is to better understand the differences between existing and new or repeat customers and any additional demands that such differences place on IBPAs. There are also a number of ways in which Pathways provision for existing customers differs from that for new IB customers. This includes pre-Work Focused Interview (WFI) contact by telephone, a discretionary Job Preparation Premium (JPP) and three mandatory WFIs instead of the six mandatory WFIs for new and repeat customers.

This study uses a matched case design where IBPAs and customers are observed in a WFI and then each is interviewed separately about the WFI and their overall views and experiences. This design enabled the research to move beyond general views and perceptions to in-depth exploration of actual practice.

Seventeen observations of WFIs were conducted in four selected pilot areas between March and June 2006, with follow-up interviews conducted with the IBPAs and customers involved. Thirteen of these involved observations of first WFIs, two of second WFIs and two of third WFIs. IBPAs involved in the study all worked with both new and repeat and existing customers.
Health and other barriers

Existing customers were generally considered to have more severe barriers to work in comparison to new and repeat customers. Customers participating in this study were characterised by having health barriers which were significant and sometimes severe and which were also often unstable. Some of these customers had multiple health barriers. In addition, customers in the study commonly also faced other barriers to work such as ongoing family illness or caring responsibilities, the attitudes of other family members, life crises such as divorce and bereavement and fundamental skills gaps such as independent living skills or poor English language skills. IBPAs also discussed other barriers facing existing customers due to being out of the workplace for a long time, such as the need to update skills, loss of confidence, social isolation and loss of work routine. The nature of the barriers facing existing customers meant that IBPAs generally perceived them to be a long way from work.

Customer awareness and views of Pathways

There seemed to be increased customer awareness, in comparison with earlier research, of the Pathways programme amongst existing customers, gained largely through the media. However, there was limited understanding amongst customers about the detail of the programme. Customers generally thought that trying to help people on IB was a good idea for those who are able to work and for rooting out customers who were claiming fraudulently. However, customers commonly thought that the nature of their health condition meant that it was not appropriate to ask them to return to work.

Pre-WFI contact

IBPAs generally thought that the threat of sanctions to ensure that customers attended their WFIs was appropriate. However, they thought that the appointment letter did not contain enough information about the Pathways programme, the purpose of the WFI and, in particular, the new support available through the programme and that there was a disproportionate emphasis given to the threat of sanctions. They thought that this created a threatening tone which could make customers feel that they were likely to be pressured to return to work and which was likely to be unhelpful for establishing good rapport between the customer and IBPA and engagement with the programme.

Customers varied in their views on the appointment letter. The appointment letter raised anxieties for some who thought that the legitimacy of their claim was being questioned or that they would be forced off benefit into work. Others, although they did not see the appointment letter as informative, were less concerned and thought that it was a ‘standard’ letter and that the WFI was a routine part of receiving IB.
Customers generally valued a pre-WFI telephone call, especially where the IBPA was able to reassure them that the focus was on offering voluntary support and not about pressuring customers back into work. Some IBPAs thought that a pre-WFI telephone call could help mitigate any concerns raised by the appointment letter.

However, in practice, IBPAs were not always able to make pre-WFI telephone contact either because, despite repeated attempts, they could not gain an answer; because telephone contact details were out of date or, occasionally, because it was time-consuming and IBPAs were not convinced of its value.

The content of WFiIs and the presentation of information

Compared with WFiIs conducted with new and repeat customers, there was less discussion of work in the WFiIs with existing customers. In first WFiIs especially, IBPAs tended to focus on exploring health and other barriers, building up a relationship with the customer and reassuring them that the purpose of the programme was not to force them back to work. Customers attending first WFiIs commonly recalled IBPA’s assurances that they would not be forced into work and that the IBPA talked about new forms of support being potentially available to them. Some were positive about this whilst others felt overwhelmed with information or felt that what was being offered was inappropriate for them. Later WFiIs also were commonly less concerned with discussion about work than was usual with new or repeat customers and these often involved customers updating IBPAs on barriers, exploring referral options in more detail or discussing any referrals undertaken.

With few exceptions, customers reported that their IBPAs seemed knowledgeable about the information they presented and generally said that they found the verbal and written information that the IBPAs provided direct, to the point, and in plain English. Written information was especially useful where customers found it hard to ask questions, preferred to have information they could read in their own time, or where they had poor memories.

Discussion and understanding of health and other barriers

IBPAs experienced a tension between, on the one hand, obtaining enough information about customers’ health conditions and other circumstances so as to make effective referrals and interventions and, on the other, not ‘dwelling’ on barriers and problems. Customers varied in how much they wanted to share with IBPAs. Reasons for open discussion of barriers included being used to talking about health conditions with various professionals, wanting to gain the most appropriate support and wanting to convince the IBPA that they were really ill. Reasons for being disinclined to share information included not feeling the IBPA could help them, personal embarrassment, a feeling that may be seen to be moaning and, for customers with mental health conditions, because it could raise anxiety. Good rapport between an IBPA and customer could encourage disclosure, sometimes over the course of two or three WFiIs.
Where IBPAs were perceived as discouraging customers from discussing their health and other barriers, customers could think that IBPAs thought that they were not really ill or that something about their circumstances was inappropriate or too embarrassing to discuss.

IBPAs often felt a pressure to be knowledgeable about health conditions. They said that they sometimes consulted NHS Online or a medical dictionary to gain a better understanding of customers’ conditions and some would welcome working more closely with health professionals. Some IBPAs told customers to consult their GPs before taking up an option and valued the health assessor element of the Condition Management Programme (CMP). IBPAs were concerned that their limited knowledge of medical conditions relative to health professionals made it difficult to know whether work was a realistic option for customers and they were sometimes afraid of inappropriately putting pressure on customers to consider work, possibly even to the point of worsening their condition, or of raising false hopes.

The difficulties faced by IBPAs in gaining an adequate understanding of the complex barriers faced by many existing customers may suggest the need to review whether three mandatory WFs are sufficient.

**IBPA approaches to working with customers**

The approaches adopted by IBPAs tended to be based along a continuum. At one end were IBPAs who saw their role as identifying and working with customers who were nearer to the labour market and who appeared to be engaged with the WFI process. At the other end of the continuum were IBPAs who saw their role as being to work with virtually all customers and to listen, encourage and nurture them in ways that helped them to think about improvements in their health and circumstances, even where they thought that the prospect of a return to work, even in the longer-term, was remote.

However, the complex and multiple problems faced by existing customers meant that there were few customers who could be prioritised in relation to their proximity to the labour market. Consequently, in practice, IBPAs adopting the prioritisation approach generally felt that they had to work with customers who were further from work than they might wish and work towards more intermediate outcomes.

These findings suggest the need for greater clarity concerning the role of the IBPA and legitimate outcomes when working with customers who are far from the job market and guidance on working with reluctant customers, including those who are clear that they consider themselves too ill to work.

IBPAs sometimes thought that customers with the most severe conditions or conditions that were not yet identified or sufficiently managed by health services, should have been screened out before the first WFI.
IBPAs generally felt that they took a customer-led approach. Although, in some cases customers felt that IBPAs had responded to their needs and aspirations well, there were other examples where they felt that the IBPA had offered inappropriate support or tried to push them in a direction that they did not feel ready for. The overall approach of IBPAs (whether that of ‘prioritisation’ or the more inclusive ‘working with all customers’) could take precedence even where this went against customers’ views of what was appropriate for their needs or aspirations.

**Access, setting and time pressures**

All observed WFIIs took place in open plan offices. Notably, while some customers would have preferred more privacy, others said they liked the open plan arrangement because it was friendlier or because it was harder for the IBPA to behave badly towards them.

Time pressures arose for a range of reasons. These included customers arriving late; appointments over-running; customers needing to get away, for example, to collect children from school or because someone was waiting for them; the WFI being cut short because customers were in pain or discomfort; or where more customers turned up to their appointments than expected where a system of over-booking had been used to manage high levels of fail to attends (FTAs). Such pressures could affect IBPAs’ ability to build rapport, understand customer barriers, provide full and clear information about the Choices options and make appropriate suggestions and referrals.

**Referrals**

IBPAs commonly introduced the range of referral options at the first WFI. This appeared to be an effective way of avoiding making potentially inappropriate judgements about what might be most helpful for the customer and to encourage customer-led referrals. However, others chose to only mention one or two options because they felt confident that these were most appropriate and to avoid overloading the customer with too much information.

CMP was commonly seen to be the most appropriate referral option for existing customers given their distance from the labour market. It was seen to have a wide range of potential benefits in helping customers gain an insight into what they were capable of doing and helping them to better manage their condition. However, group work was off-putting to some customers and IBPAs had concerns that it was insufficient for customers with complex needs. IBPAs’ knowledge about the programme and confidence in referring was high where there was regular contact with service providers. However, there was evidence of misunderstanding and confusion in some cases, especially about if and when it was appropriate to refer those already receiving support through the NHS and those with specific types of condition, such as deep-rooted mental health problems.
There was some evidence of IBPAs making referrals, particularly to CMP, at an early stage in the WFI process, sometimes without having the opportunity to fully assess its appropriateness. This was based on a desire to achieve some progress with the customer, combined with uncertainty among some IBPAs about whether existing customers would return for further WFIs after their third mandatory WFI. Where IBPAs were clear that CMP was not appropriate they could be uncertain about what else they could do.

Training options were useful for updating skills and re-training where necessary. However, the training options available were not always considered available to existing customers, being too short or requiring a business case to be made on the basis of likely job-entry outcomes. Several examples were also given of the recent withdrawal of training options which IBPAs had found useful in the past. These findings suggest the need for a review of the availability of relevant training options for customers who are currently far from the job market. Lack of knowledge about available training options and procedures for making referrals was sometimes evident and a suggestion was made that there should be a local directory of training options available.

Job brokers, WORKSTEP and Work Preparation were hardly ever thought to be appropriate for existing customers given their distance from the job market. There was a lack of clarity about the possibility of utilising Disability Employment Adviser (DEA) provision and mixed views about how relevant it was for existing customers. This suggests the need for clarification of the role of job brokers, WORKSTEP, Work Preparation and DEA provision in providing support to customers far from the job market. For example, such provision might be used to help customers gain insight into the types of work they could do in the future, even if they are currently not job ready. Gaps identified included provision and sign-posting for alcohol services.

Return to Work Credit (RTWC) was rarely used because of the lack of job entries amongst existing customers. There were mixed views about use of JPP, with some IBPAs feeling that it was unfair or that it could provide an incentive for customers just to take up options to receive the allowance. Where it was used it tended to be used as a reward for exceptional efforts made by a customer.

**Following up WFIs and referrals**

In cases where IBPAs had called customers in for a second or third WFI, they usually regarded its purpose as being to discuss whether the customer was interested in any of the referral options mentioned at the first WFI, to find out more about the customer’s barriers and overall circumstances or for describing in more detail the various parts of the Choices package.

Sometimes IBPAs were not very specific about follow-up with the customer; for example, vaguely mentioning the possibility of a future WFI but not saying when this would take place or what would happen in it. The rationale for this was that they
were unclear about the next steps and could then decide to call the customer back in when they had considered it further and when their workload allowed.

It was commonly thought amongst IBPAs that, given the complexity of barriers experienced by existing customers, that there should be more than three mandatory WFIs. In principle, IBPAs were able to invite customers to further WFIs on a voluntary basis; however, IBPAs did not always ask customers to attend further voluntary WFIs. This could be because they were unsure whether they had a right to ask the customer to attend further WFIs and whether the customers would, in practice, attend a non-mandatory WFI.

The extent to which IBPAs made use of formal action plans varied. Exceptionally, IBPAs typed them up and gave them to the customer at the end of every interview. More commonly IBPAs said time pressures, the desire to give the customer their full attention and the fact that they thought that formal action plans could be intimidating for some customers were reasons for not doing this. The fact that some customers were unclear about the number of times they would be called into the jobcentre and about what was going to happen in the next WFI suggests that the more frequent use of an action plan, perhaps in the form of a more simple written summary, could help to prevent misunderstandings.

Outcomes

In practice, the customers participating in this study were at the very early stages of their involvement with Pathways, with many at the first WFI stage. Nonetheless, there were some positive intermediate outcomes reported, including positive feelings about IBPAs and the WFI process, useful information provided by IBPAs (for example, about the financial aspects of returning to work) and interest in referral options. For customers who had experienced referrals, positive outcomes included a better understanding of their health condition and improved management of it, improved self-esteem, new skills and more structure in their lives.

However, some customers reported negative impacts, feeling that the IBPA had not taken on board the severity of their condition and was pushing them inappropriately towards work. It was also the case that even where customers experienced positive outcomes, they often continued to face significant health and other barriers, sometimes experiencing setbacks in their circumstances, and did not always see themselves as being closer to work.
1 Introduction

1.1 The Incapacity Benefit Reforms – Pathways to Work (for new customers)

In October 2003, based on proposals outlined in the Green Paper ‘Pathways to Work: Helping People into Employment’ (2002) changes to Incapacity Benefit (IB) were introduced on a pilot basis in three Jobcentre Plus districts. Subsequently, four further districts became part of the pilot in April 2004. An additional 14 districts began joining the pilot in phases from October 2005, so that the changes now affect a third of the country.

From February 2005, the Pathways provision was extended to existing customers making a new claim in the two years prior to the start of the pilot in the first seven pilot areas. In April 2006, the provision was further extended to existing customers making a claim between two and six years prior to the start of the pilot in six of the seven original pilot areas and to all existing customers in Somerset.

The programme is intended to refocus 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 IB Personal Advisers (IBPAs), as well as Disability Employment Advisers (DEAs) and Work Psychologists, have been set up to advise and support people directly.

- Initially, new IB customers making fresh claims are required to take part in a WFI with the IBPA eight weeks after their claim (rather than at the outset of their claim, as is usual practice); most will then be required to undertake a series of five further mandatory WFIs at roughly monthly intervals. Since February 2005 some existing customers have also been required to take part in a WFI, with customers for whom the programme is appropriate, being required to undertake up to three mandatory WFIs. 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 (WBLA). The package also includes new work-focused **condition management programmes (CMPs)** developed jointly between Jobcentre Plus and local NHS providers. In addition, the **Job Preparation Premium (JPP)** has been added to the package of interventions for existing customers.

• 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).

• Only those new customers 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, are not required to attend mandatory work-focussed interviews. In relation to existing customers, only PCA exempt customers have been excluded from the pilot, with the screening tool not being used for these customers. However, all IB customers can request a WFI on a voluntary basis and all IB customers in the pilot areas have equal, voluntary, access to the Choices package, the RTWC and the ADF.

### 1.1.1 Key differences in the Pathways provision for existing customers

The Pathways provision for existing customers differs from that available to new customers in several respects:

• **contact by telephone** – advising of the changes 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 **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.

### 1.2 Overview of the evaluation of Pathways to Work

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.

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.

1.3 An overview of the qualitative components of the evaluation
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.

- **Six early focus groups**, the subject of a previous report, with IBPAs and IB customers were conducted in each of the first three pilot areas.

- **A longitudinal panel study with IB customers** began in April 2004 in the first three pilot areas. Two staggered subsequent waves are also being conducted, covering all seven pilot districts. The panel explored customers’ experiences of IB pilots in a series of interviews. An initial (face-to-face) interview was 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 have explored the PA roles and practices, CMP, In-Work Support (IWS), RTWC and various aspects of the extension of the pilots to existing customers. This report is the second focused study to examine the experiences of existing customers to whom the pilot has been extended, and builds on the study of the experiences of IBPAs and customers during the early implementation of the extension.

1.3.1 Objectives of this study

Policy concerns

Benefit exit rates for existing customers are lower than for new and repeat customers, and the likelihood of leaving benefits decreases dramatically with the length of claim. Consequently, a key policy concern in relation to the implementation of the extension of Pathways to Work pilots to existing customers is to understand the key differences in the nature of this group relative to new and repeat customers. Related to this is the desire to understand any additional demands that such differences are likely to place on IBPAs. The early implementation study examined the early experiences of existing customers and IBPAs working with them, in the first few months after implementation. Issues which were of particular concern at that time included:

• 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);

• the impact of the elements which differ from the provision to new customers (pre-WFI contact, JPP, smaller number of mandatory WFIs);

• whether working with this group provides additional challenges for IBPAs, and if so, what extra training and support do they need to fulfil their role.

This study further explored these issues now the original extension to pilot customers has bedded down.

In addition to these issues, the early implementation study also identified the need to further explore:

• questions about consistency in practice between IBPAs and the extent to which differing ways of approaching customer needs acted as facilitators or barriers to customer access to the pilot and to customer progression;

• whether existing referral options within the Choices package meet the needs of existing customers; and

• whether mandatory WFIs are appropriate for all non-PCA exempt customers.
1.4 Methodology

1.4.1 Research design

Geographical coverage

In designing a programme of qualitative research for the study it was not thought necessary to cover all of the initial seven pilot areas, since there was likely to be considerable overlap in experiences. The study was instead conducted in the following Jobcentre Plus Districts:

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

The choice of these areas allowed for consideration of issues relating to contrasting labour markets, as well as different levels of experience in the implementation of the Pathways to Work pilot and differences in the Choices package available. It also allowed us to build on the work of the early implementation study of the extension to existing customers by following up the research that was undertaken in these same areas. Since Somerset was the only area in which the Pathways programme had been extended to all existing IB customers, it was also important to include this district.

Matched-case design

This study is the first as part of the Pathways to Work evaluation to employ a matched case design and observation of WFIs. Previous studies examined the experiences and views of groups of IBPAs and customers independently from each other. This study examines the experiences and views of IBPAs and customers in relation to the same case examples, and involved separate interviews with each as well as an observation of the WFI. Observations of WFIs were conducted first and then subsequently followed by interviews with the IBPAs and customers participating in the WFI.

The objectives were to explore, in-depth, the circumstances, interactions and understandings that act as facilitators or barriers to customer engagement with the Pathways programme and customer progression towards work. The advantage of the matched-case design was that it allowed researchers to move beyond the general views of IBPAs and customers to explore specific practices in relation to specific cases. This allowed in-depth probing in interviews and the exploration of differing perspectives and experiences. It also allowed a detailed examination of the WFI process and interaction within the WFI, and the impacts of specific practices and behaviours. The matched-case design was first piloted in one area and then extended to the other areas after a review. While the design generally worked well
in terms of the original objectives, customers’ ‘failure to attend (FTA)’, IBPA absence and customers declining to take part in the study could make it resource intensive to secure the observations and follow-up interviews with both the IBPA and customer.

**Observations of WFIs**

Observations of WFIs were organised across the four pilot areas between March and June 2006. Jobcentres were informed of the WFI appointments that the researchers wished to observe in advance. Consent to observe the WFIs was sought from IBPAs before the day of the observation and confirmed on the day. Information about the research was sent to customers with the letter confirming their appointment and mentioned during pre-WFI telephone contact. Consent to observe the WFI was also sought from customers on the day, and it was made clear to customers that participation in the study was completely voluntary.

Researchers were provided with guidance on what to observe and an observational notes sheet to record information about the observed WFI. Notes were organised under the following headings:

- setting of the WFI;
- pre-WFI contact and its impact on the WFI;
- conduct of the WFI/interaction between IBPA and customer;
- work, health and other needs discussed;
- health and support offered (the Choices package and other referrals);
- outcome of the WFI and impacts;
- customer progression (second and third WFIs only);
- impact of the research on the WFI (pilot only);
- any other key issues to follow-up in the interviews.

A copy of the notes sheets for the first or second/third WFIs are provided in Appendix A and Appendix B.

Immediately after the WFI, researchers reviewed and organised their notes with reference to the IBPA and customer interview topic guides, and noted some of the key questions to be raised during the interviews.

**Follow-up interviews with IBPAs and customers**

Wherever possible follow-up interviews with IBPAs were organised on the same day or the day after the observation in order to promote maximum recall of the specific case. Any outstanding interviews with IBPAs, and the interviews with customers, were organised within two weeks of the observations.
Separate topic guides were constructed for IBPAs and customers and for the first or the second/third WFIs. Wherever possible the same issues and questions were addressed with IBPAs and customers in order to be able to compare different perspectives for the same case. However, there were some questions specific to IBPAs, such as views about their role or decision-making in relation to which referral options to offer, that were not applicable to customers. Topics covered in the IBPA interviews relating to first WFIs included (see Appendix C):

- the experience of IBPAs working with existing customers;
- setting of the WFI and its impact;
- conduct of the WFI/interaction with the customer;
- impact of pre-WFI contact;
- work, health and other needs;
- help and support offered to the customer;
- outcomes and impacts from the WFI and referrals;
- impact of the observations on the WFI (pilot only).

In addition to these issues, topics covered in the IBPA interviews relating to second/third interviews included (see Appendix D):

- how the observed WFI built on previous WFIs;
- customer progression over the WFIs.

Topics covered in the customer interviews relating to the first WFIs included (see Appendix E):

- background information about the customer claim;
- expectation about the Programme, pre-WFI contact and its impact;
- setting of the WFI;
- conduct of the WFI/interaction with the IBPA;
- attitudes to work, health and other needs;
- help and support offered and accepted;
- outcomes and impacts from the WFI and referrals;
- overall feelings about the Pathways programme;
- impacts of the observations on the WFI (pilot only).

In addition to these issues, topics covered in the customer interviews relating to second/third interviews included (see Appendix F):
• looking back to the experience of the first WFI;
• how the most recent WFI built on previous WFIs;
• experiences and views about help and support accepted.

1.4.2 Sample characteristics

Observations of WFIs

Given that this was a qualitative study the aim was not to generate findings that would be representative of a wider population but rather to provide a depth of understanding about the processes, practices and issues faced by IBPAs when working with existing IB customers. In this context, 17 observations of WFIs with customers were conducted, this being considered a sufficient number to provide diversity of experiences in terms of the health conditions faced by customers and different customer and IBPA experiences of the WFI process and referrals. Of the 17 WFIs, 13 involved observations of first WFIs, two of second WFIs and two of third WFIs; observations were conducted between March and June 2006.

The reason for the greater number of first WFIs related to the stage that particular Jobcentre Plus districts had reached in terms of their workload of existing customers, and the stage that IBPAs had reached in the interview process for particular customers at the time that the researchers visited the selected offices. However, the smaller number of second and third WFIs, relative to first WFIs, also related to the use of waivers and deferrals following previous first WFIs and failures to attend for second and third WFIs on the day of the observations. The small number of second and third WFIs represents a significant limitation of the study and the overall findings need to be interpreted in this light. The observations were relatively evenly spread across all four of the pilot districts involved in the study, with a minimum of three observations and a maximum of five. In each district, researchers visited one larger and one smaller Jobcentre Plus office in terms of the number of existing customers and numbers of IBPAs at the particular offices.

Interviews with IBPAs

Thirteen IBPAs took part in the study, including 11 women and two men. In four cases, the same IBPAs had to be observed twice because of small numbers of IBPAs at some Jobcentre Plus offices and/or because of staff sickness or failure to attend by customers on the day/s of the observations. All IBPAs had been involved in working with new customers and with the extension of Pathways to existing customers. Many also had experience in previous Adviser roles within Jobcentre Plus or the Benefits Agency. Some IBPAs had started working as an IBPA from the beginning of the Pathways to Work pilot in their area. The minimum amount of time working with existing customers was three months. IBPAs in all areas had begun work with existing customers claiming IB up to two years from the start of the pilot and with customers from the further extension who had claimed IB for two years or more from the start of the pilot.
Interviews with customers

Seventeen customers took part in the study, including 12 women and four men. Four were in their 20s; three in their 30s; four in their 40s; and five in their 50s; one customer did not disclose her age. The customers included in the sample represented a range of different health conditions (these are discussed in more detail in Chapter 2), some with multiple and complex health conditions. Four customers attended their WFI s with a family member or carer. In three of these cases the family member also attended the customer interview.

1.4.3 Analysis and interpretation

Observational notes were not analysed separately but used to inform the follow-up interviews. Notes recorded during the observations of the WFI s were reviewed immediately after the observation in line with the particular interview topic guides relevant to the case. Questions and issues arising from the observation, and from the key research questions, were noted on the relevant topic guide to be raised during the follow-up interviews and probing within interviews was based upon observational evidence, where appropriate. Where researchers interpreted behaviours, interactions or reactions observed in the WFI in particular ways, they attempted to confirm or disconfirm these interpretations during the interviews. Only recorded interview data was, therefore, used in relation to the final analyses.

Interviews were digitally-recorded and fully transcribed. The interviews were comprehensively and systematically analysed using ‘Framework’. Framework is a qualitative analysis method, developed at the National Centre, which uses a thematic approach to classify and interpret qualitative research data using a series of thematic charts or matrices which each relate to a different thematic issue. 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. In addition, the matched-case designed allowed the accounts of IBPAs and customers to be compared for similarities and differences within a particular case. This was achieved by using the same thematic framework for the IBPAs and the customers and examining both of their perspectives in relation to the same thematic headings wherever this was appropriate.
2 Health and other barriers

This chapter describes the nature of health and other barriers faced by existing customers participating in this study and the views of Incapacity Benefit Personal Advisers (IBPAs) on existing customers in general compared to new customers.

2.1 Health barriers

2.1.1 Nature of health barriers experienced

The customers who participated in this study had a wide range of health conditions. These included congenital joint defects, arthritic conditions including rheumatoid arthritis, abdominal and bowel conditions, hormonal abnormalities, liver disease, multiple sclerosis, muscular skeletal conditions and heart conditions. They also included learning difficulties, communication difficulties, alcohol and drug dependency, epilepsy and a wide range of mental health conditions including various forms of depression, agoraphobia, schizophrenia and other conditions with symptoms such as fatigue and self-harm. In other cases, customers suffered symptoms such as extreme fatigue or recurring black-outs but, as yet, their underlying condition was undiagnosed.

Early research conducted with IBPAs and existing customers showed that IBPAs were often surprised at how ill existing customers were (Barnes and Hudson, 2006). Findings from this study echo these views, with IBPAs participating in this study often commenting on the severity of health conditions presented by many of the customers they saw.

The health difficulties which customers experienced were barriers to work in a range of ways. Conditions that involved constant or recurrent pain, extreme fatigue or limited social or cognitive functioning could clearly limit ability to engage in any regular daily work activity. In other cases, conditions prevented certain types of work from being undertaken. For example, an IBPA commented that one customer with communication difficulties would not be able to work in any position where it was necessary to use the phone. Another customer with severe epilepsy was unable to work with computers because of the potential for them to prompt epileptic fits. In
certain cases, customers’ previous work was associated with their health condition. In one case, a customer had suffered an acute physical condition, which had been life-threatening, due to working long hours and prolonged work stress. The trauma of this event had led to panic attacks and acute anxiety, particularly related to the prospect of returning to his previous occupation.

2.1.2 Multiplicity and instability of health barriers

Compared to new customers, existing customers appeared to be characterised not just by the severity of their health conditions but also by the fact that they often had multiple health problems. Sometimes these were conditions that appeared to be independent of each other; for example, one customer experienced both communication difficulties and abdominal and bowel conditions. In other cases, they were inter-connected. In one example, a customer with a congenital condition had a series of related symptoms including learning difficulties, poor sight and a range of physical abnormalities. In another example, a customer with alcohol dependency had a series of physical illness, including liver disease, associated with his alcoholism. Customers experiencing long-term, chronic physical conditions could often also experience related depression or other mental health difficulties. This complexity could present IBPAs with difficulties as they tried to identify and disentangle the impacts of customers’ different health conditions. IBPAs were not always certain which the principal barrier was nor were they always able to understand the complex inter-relationship between conditions. For example, one IBPA said that at the first Work Focused Interview (WFI) with a particular customer, the customer’s mobility impairment appeared to be the primary barrier but, at a later WFI, he said that the customers’ mental health condition appeared more prominent.

A further characteristic of health conditions affecting existing customers, compared to those affecting new customers, was that they tended to be characterised by instability; in the words of one IBPA, ‘it is not usually a case of a steady climb back to good health’. IBPAs and customers spoke commonly of relapses and setbacks. In some cases, such as with certain neurological or mental health conditions, instability was an inherent feature of the condition.

2.2 Other barriers

The customers who participated in this study presented a wide range of other barriers in addition to their health conditions; and IBPAs commented that, in comparison to new customers, existing customers often had further barriers. These included life events, caring responsibilities and family illness, family attitudes, financial, confidence and skills, age, employer flexibility, fundamental skills gaps like language skills and independent living skills, habit and routine.

Although, in the following sections, these barriers are discussed individually, they were often compounded; so that customers could be experiencing two or more of these barriers simultaneously. These barriers also appeared, in the majority of cases, to be secondary to the barrier presented by customers’ health conditions.
2.2.1 Life events

Sometimes these barriers were related to a particular life event or life stage. For example, one customer discussed going through a particularly acrimonious divorce, another had been recently bereaved and yet another customer was undergoing IVF treatment. These events were sometimes overwhelming for individuals, especially where they were also struggling with other health conditions or other barriers. For example, one customer, who had been recently bereaved, was also caring for a chronically ill child and managing her own health condition.

2.2.2 Caring responsibilities and family illness

Caring responsibilities were also commonly discussed, particularly for young children. As in the example cited above, this could involve additional issues such as managing the demands of children’s own health conditions. In other cases, customers had two or more children and, in one case, a customer, who already had a small child, was currently pregnant.

In these instances, a desire to stay at home to care for their children or problems with childcare (sometimes significant, as in the example of the customer with the chronically ill child) meant that, in conjunction with customers’ health conditions, work was not seen to be a viable option. In some cases, customers and their partners had no expectation that they would work while children were small. For example, customers’ spoke about their partners thinking that they should be at home with the children and not out at work. In one case, an IBPA said of one customer that she thought she saw herself primarily as ‘a housewife with a health problem’.

It was commented, however, that employers looked upon people returning to work after periods of caring more favourably than upon those who would had periods out of the job market for other reasons.

Other customers experienced impacts on their ability to work because of the health of family members even though they did not have full-time caring responsibilities. For example, one customer had a father with alcohol dependency and mental health issues and provided ad hoc support to him at short notice around housing and other issues. In another case, a young customer with significant support needs herself, had a mother with a serious illness. This, in combination with a range of other barriers, created a pressured family situation where managing day to day took precedence over any objective to move into work.

2.2.3 Family attitudes

Family attitudes could be a contributory factor in customers’ reluctance to move into, or towards, work. As already discussed, in some cases, partners thought that customers should remain at home with children. Family members could also be protective of customers where they felt that they were not ready for work because of their health condition. Family members accompanied some customers to their WFI in order to provide support and ensure that they were not forced into work. In some
cases, family members were partners or offspring, and came along at the customer’s request or agreement. In others, the family members were parents who were caring for the customer and came to the WFI more in the role of guardian. An example of the latter situation was of a father accompanying his son, a man suffering with schizophrenia for whom he was caring. Another example was where both parents came along with their daughter, who had learning difficulties.

In some cases, customers seemed to share the views of the family member; that they were indeed too ill to take on work. Less usually, the customer had a different view and was keen to consider possible routes into work. However, these cases tended to be those where the customer had a cognitive impairment or mental health condition and where the IBPA thought that the customer actually was a long way from work.

2.2.4 Financial

Financial issues could also present barriers to customers considering a return to work. Exceptionally, one IBPA thought that financial barriers to work might be more important than the customer’s health condition, (although she thought that health may have been so in the past). In this case, the customer had a partner who worked sporadically and claimed Jobseeker’s Allowance (JSA) and Housing Benefit (HB) and, because of this, it was financially advantageous for the customer to remain on Incapacity Benefit (IB) rather than other benefits. In another case, reluctance to take a minimum wage job was cited.

2.2.5 Confidence and skills

Earlier research suggested that IBPAs thought that, compared to new customers, existing customers were more likely to lack confidence from being out of the workplace for longer and that their skills might be less current. It is not clear from this study whether this was the case, although these issues did arise in conversations with IBPAs and customers. Self-esteem and confidence issues could be related to having been out of the workplace for a long time, although in other cases they appeared to be related to mental health conditions such as anxiety and depression. Skills that were no longer relevant because the customer could not return to their previous work and long-standing literacy problems were both cited.

2.2.6 Employer flexibility

IBPAs and customers spoke about lack of employer flexibility presenting a barrier to work in some cases. In particular, this affected those whose caring responsibilities required them to work flexi-time and those who could only consider part-day working because of their health condition. Customers in these situations believed it would be hard to find employers that could accommodate their needs and IBPAs often concurred.
2.2.7 Age

Customers and IBPAs questioned the wisdom of including customers who were close to retirement age in the Pathways programme, since there was a general view that employers would be reluctant to employ those in this age bracket, especially if they had been out of the work-place for some time.

2.2.8 Fundamental skills gaps (independent living skills and English as a foreign language)

Exceptionally, there were fundamental skills gaps that needed to be addressed before employment was a possibility. For example, two customers; one with learning difficulties and the other with severe mental health difficulties, lacked independent living skills and there was broad agreement between the customers’ families and the IBPAs that this needed to be addressed before it was appropriate for the customers to think about work. In another case, a customers’ first language was not English. In this case, it was felt by the customer, their family and the IBPA alike that a limited grasp of spoken and written English was a barrier to gaining employment.

2.2.9 Habit and routine

IBPAs said that some customers worried about coping at work, partly because of concerns about whether they could manage to work whilst coping with their health condition and partly because they had been out of the workplace for so long. IBPAs also referred to some customers not wanting to leave their ‘safety zone’ or of ‘being in a rut’. They thought that some customers believed that they would never work again and that this was barrier in getting them to review the possibility. There was a widely held view amongst IBPAs that, for some customers, the habit and familiarity of living on benefits was a barrier to thinking about work and that these customers had got used to living on low incomes. In interviews with customers, none spoke of being reluctant to work because of habit, although some did doubt their ability to work whilst coping with their health condition and some, especially those closer to retirement age, wondered whether they would ever work again.

2.3 Issues arising for working with existing customers

This study shows that the health and other barriers faced by existing customers can be significant, multiple and highly complex and that the extension to existing customers involves some of the most vulnerable IB customers. Nonetheless, IBPAs generally thought it was good to call existing IB customers in to provide them with an opportunity to review their situation and to make them aware of support, particularly through the condition management programme (CMP), that may be of value to them. However, overall, they thought it was too much to expect work outcomes early on.
3 Customer awareness of Pathways and pre-Work Focused Interview contact

This chapter discusses customer awareness of the Pathways to Work programme and explores customers’ initial views, expectations and understandings. It also explores the nature and impact of varying types of pre-Work Focused Interview (WFI) contact.

3.1 Awareness of Pathways

There would appear to have been an increase in awareness amongst customers of the Pathways to Work programme over time. Findings from the study of the early extension of Pathways to existing customers (Barnes and Hudson, 2006) and the qualitative work with new customers (Dickens et al., 2004b) indicated a low awareness of the programme prior to contact with the jobcentre.

Research carried out for this study found that while customers still showed low awareness of the specific details of the programme, they were, however, often aware of changes happening in relation to Incapacity Benefit (IB), saying, for example, that they knew that the Government was changing the rules in relation to claiming IB or knew that new services were being made available. Most of what these customers understood about the reforms had been gained from information they or their family had heard in the media. This information was often presented or interpreted in a negative light. For example, one customer described how her father had told her that the Government were conducting a ‘purge’ of people on IB. In those cases where customers had very little awareness of Pathways, both IBPAs and customers tended to put this down to the limited contact, if any, that many existing IB customers had had with jobcentres over a number of years.
3.2 Initial customer reactions to being called in to attend a WFI

3.2.1 Surprise at being called in for a WFI

Where customers were not surprised to be contacted and asked to come into the jobcentre for a WFI, this was mainly because they had heard reports about the reforms in the media and expected to be contacted. For example, one customer described ‘waiting my turn’. However, others who were not surprised to be called in for an appointment said that the reason for this was that they believed that such appointments were simply part of ‘what happens’ when receiving benefits.

Where customers were surprised to be contacted about a WFI, this could be because of a lack of awareness of the programme. As with findings from the study of the early implementation of Pathways to existing customers, customers who had not previously been aware of the programme tended to describe the appointment letter for the first WFI as unexpected. One customer, for example, said that it came ‘out of the blue’. (Barnes and Hudson, 2006 p. 27). In other cases, even where customers were aware of the programme, they could be surprised to be contacted because they regarded themselves as signed off from work by their doctor. Some older customers, who felt that they were too close to retirement to be likely to find employment in the near future, were also surprised to be asked to come to the Jobcentre for a WFI.

3.2.2 Anxiety and concern at being called in for a WFI

In some cases Incapacity Benefit Personal Advisers (IBPAs) thought that customers had no particular concerns about Pathways or the WFI, with this generally being confirmed by the matched customers. There could be a number of reasons for this. Some customers had not given the WFI a great deal of thought because their health condition and its effects were more significant in their life at the time. For example, one customer who was suffering from addiction problems said that the nature of his health condition meant that he had not formulated any expectations about what the WFI would entail. Other customers were not concerned because they saw the WFI as a normal part of the process of receiving benefits and routine. Others thought that recent medical certification of their condition proved that they were incapable of work and that it would consequently be impossible for them to be forced into work.

In other cases customers were anxious because they thought that the legitimacy of their claim was being questioned or thought that the WFI was a means of forcing them into work. IBPAs thought that some customers felt that they had been asked to come into the jobcentre because there must be something wrong with their benefits and thought that they would be ‘suspicious’ that their benefits would be cut. They also thought that customers often believed that they would be forced to go back to work. Customers expressed similar views. For example, one customer described thinking ‘what have I done?’ Others described being ‘very suspicious’
about the reasons why they had been asked to come into the jobcentre and talked about experiencing anxiety about being ‘pressurised’ to return to work. IBPAs thought that the degree of anxiety and suspicion that customers felt was often evidenced in that they would sometimes bring family members or carers with them for protection or ‘ammunition’. One customer confirmed that she had felt apprehensive about the WFI and this was exactly why she had taken her daughter with her. Additionally, IBPAs said that customers would also come to the WFI with evidence of their condition or medication to prove that they could not undertake certain kinds of employment. Some customers would also come with a list of jobs they might be able to do because they believed that their benefits were going to be withdrawn and that they were going to be required to work.

IBPAs commonly attributed anxiety and concern amongst customers to the presentation of the Pathways to Work programme in the media. They felt that the news media had helped to produce a misconception that IB customers were going to be forced to return to work. This assessment was confirmed by a number of customers. For example, one customer said that she had heard through the media that the Government ‘are trying to get disabled people back to work’ while another customer’s view was influenced by her father who understood, through the media, that the reforms were about ‘sussing people out’ to see who could be ‘enticed’ back to work.

Some IBPAs also attributed customers’ anxiety to the fact that existing IB customers would be less used to coming into the jobcentre, although no customer mentioned this as a concern. Exceptionally, customers described feeling anxious about the WFI because they thought that jobcentre staff would be arrogant and treat them poorly or would force them to talk about personal problems that they did not want to discuss. Such views were linked to limited recent contact with jobcentres or poor experiences of claiming other benefits, such as Jobseeker’s Allowance (JSA), in the past.

### 3.3 Customers’ views about Pathways

Customers generally thought that trying to help people on IB was a good idea in principle and that it was reasonable to ask them to come into the jobcentre for an interview. They thought that the programme would be particularly helpful for customers who are capable of working, want to work and who otherwise might be put off returning to work after a long period of incapacity. They also thought that the programme would be useful in routing out customers who were claiming IB fraudulently.

However, customers did not always think that the programme was relevant to them personally. One customer emphasised that it allowed for ‘no individuality’, and said that it failed to make a distinction between those who might be capable of work and those who were genuinely not. Some customers thought that the programme would not be able to help them because of the nature of their health condition and...
felt that it would have been better for them to have been screened out in some way to avoid wasting their time and that of the IBPA. They emphasised that the chronic nature of their condition, or the fact that their condition was not yet sufficiently understood or managed by health practitioners, meant that attempts to help them to return to work were inappropriate. Other customers also said that they would look for work themselves without support as soon as they are well enough. These findings echo those of previous studies, where some customers (both existing and new) reported that they thought they were too ill to be included in the programme and that they had nothing to gain from involvement in it (Barnes and Hudson, 2006 p. 16, Corden et al., 2005, Nice et al., 2004).

Other customers in this study, however, welcomed involvement in the programme saying that they wanted to work because they wanted to have a ‘normal life again’, to be off the benefit statistics or because they found it difficult to manage on IB financially. Nonetheless, they emphasised that in order to return to work their health would need to be manageable and that the type of employment would need to be appropriate to their condition.

3.4 Customers’ views about the mandatory nature of WFI

There were mixed views about the mandatory nature of the programme and about the impact of sanctions on whether customers would have attended the WFI. One customer suffering from a mental health condition explicitly stated that she would not have gone to the WFI unless there was the threat of sanctions, while another said she only attended because she believed that not to have done so would have been interpreted as an admission that she had something to hide. However, others felt that the mandatory nature of the first WFI and the threat of sanctions were unnecessary. These customers emphasised that they would have attended the WFI simply because they would have been curious about what the jobcentre had to offer or because they had no reason not to attend. As with the findings from the early implementation study, other customers felt ready to begin thinking about work and thought that contact from the jobcentre showed that someone was taking an interest in their welfare and therefore, welcomed the invitation, and wanted to attend (Barnes and Hudson, 2006 p. 16, 28).

3.5 Pre-WFI contact

Given the anxiety and suspicion experienced by some customers, pre-WFI contact has a potentially important role in managing customer expectations and attitudes to the WFI and programme in general. Indeed, pre-WFI contact has been identified as a key part of the extension of Pathways to existing customers. The perceived benefits are that it can improve customer understanding of the purpose of the WFI, reduce customer anxiety, improve attendance rates and help build a relationship between the IBPA and the customer.
At the time of the early implementation study most customers said that they had learnt about the first WFI by letter and not by pre-WFI contact over the telephone, this also being reflected in the accounts that IBPAs gave of their practices (Barnes and Hudson, 2006 p. 15). This study found variation in practices relating to pre-WFI contact. There were three broad models of contact that customers and their carers reported: (a) receiving a letter only; (b) receiving a telephone call from an IBPA prior to receipt of a letter; or (c) telephoning the jobcentre and speaking to an IBPA in response to concerns they had about the letter. The reasons for there being these different approaches reflected both practical difficulties facing IBPAs in making contact with existing IB customers by telephone and mixed views among IBPAs about the value and effectiveness of different types of contact.

3.5.1 **Practical difficulties in making telephone contact with IB customers**

IBPAs generally made considerable efforts to contact customers by telephone in order to explain the purpose of the WFI before an appointment letter for the first WFI was sent out. The early implementation study highlighted the difficulties that IBPAs faced trying to make pre-WFI contact with customers by telephone because of the often out-of-date nature of telephone contact details for existing IB customers (Barnes and Hudson, 2006 p. 28). This study found that out-of-date telephone contact details continued to be a significant obstacle to making pre-WFI contact of this nature. In some cases, pressure of time meant that IBPAs did not make the calls. IBPAs in these cases said that attempts to telephone customers prior to sending an appointment letter was very time consuming and that customers would often call the IBPA in response to the appointment letter anyway.

3.5.2 **IBPA views on the value and effectiveness of pre-WFI telephone contact**

In addition to practical difficulties, some IBPAs questioned the value and effectiveness of pre-WFI contact by telephone. IBPAs did not always think that pre-WFI contact improved customer understanding of Pathways and the WFI. In one case, for example, an IBPA expressed the view that telephone contact prior to the first WFI had made very little impact on the understanding of the purpose of the WFI for a customer with severe mental health problems; a view that was confirmed by the matched customer. Other IBPAs felt that customers often continued to be anxious about the meeting despite pre-WFI telephone contact or thought that their telephone conversations generally made little difference in terms of whether customers attended on the day of their appointment. The effectiveness of building reassurance and rapport through pre-WFI telephone contact was also questioned where it was not possible to ensure that the same IBPA would be available on the day of the appointment.

In contrast, some IBPAs felt that telephone contact with the customer was ‘crucial’ for improving customer understanding of the purpose of the WFI, and for creating a better relationship between the IBPA and the customer. IBPAs holding these views
discussed a range of advantages. For example, some IBPAs believed that telephone contact was the only way that customers could gain an adequate understanding of the purpose of the WFI, given the perceived inadequacies of the current first appointment letter (see below). They also believed that telephone contact made the WFI seem less ‘daunting’ to customers by reassuring them that they would not be forced into work. Some IBPAs said that pre-WFI telephone contact also made them feel less ‘guilty’ about contacting customers, believing that it could reduce the stress on customers who might not respond well to being asked to come into the jobcentre because of anxiety or suspicion. Those IBPAs with a positive experience of telephone contact also believed that contact helped to reduce failure to attend rates.

3.5.3 Customer reactions to receiving an appointment letter with no pre-WFI telephone contact

Previous studies with customers and IBPAs have consistently identified the first appointment letter and its wording as unhelpful and a key source of anxiety for customers (Barnes and Hudson, 2006 p. 28, Dickens, et al., 2005, Knight et al., 2005). The findings from this study tended to reinforce this message.

Those customers who only received a letter generally understood that they were being asked to attend a meeting at the jobcentre, that the meeting was mandatory and that they could lose benefits if they did not attend. Some customers felt that the letter provided all the information they needed. These customers tended to have few expectations about what the WFI would involve and treated the letter as informing them about an appointment that raised few questions or concerns for them. The same customers also tended to say that they were not concerned about the threat of sanctions in the letter because they were familiar with letters from the jobcentre and said that they routinely threatened the loss of benefits.

Typically, however, both customers and IBPAs thought that the appointment letter failed to provide sufficient information about the purpose of the WFI, including the fact that new forms of help and support would be offered at the WFI and that the acceptance of such support by the customer would be voluntary. Some IBPAs and customers also thought that the threat of sanctions in the letter created feelings of anxiety, suspicion and hostility and a perception that customers would be forced back to work. In particular, some IBPAs argued that the letter was inappropriate for customers with anxiety disorders or conditions that might be brought on by stress such as epilepsy. They noted that the wording of the letter was harsh and matter of fact and they suggested that it should be reworded.

Some customers who had only received an appointment letter said that they would have appreciated a telephone call as well. These customers thought that a call would have allowed them to find out more about the purpose of the WFI and what was going to happen in the meeting, and that this would have put their ‘mind at rest’. Other customers said that a telephone conversation would also have allowed their IBPA to ascertain whether the WFI would be a waste of time because of the nature and severity of their conditions.
3.5.4 Customer reactions to pre-WFI telephone contact

Regardless of whether the IBPA called the customer or the customer called them after receiving the appointment letter, IBPAs used the call to reassure customers and their families that the WFI was ‘nothing to worry about’ and that the purpose of the programme was not to force customers back into work. They also used the call to clarify the time and place of the WFI in order to try to ensure that the customer would attend. Exceptionally, IBPAs also used the conversation to decide whether to waive or defer the customer prior to the first meeting. A pre-WFI telephone call was also sometimes used to cancel or rearrange appointments.

The effectiveness of pre-WFI telephone contact in conveying the purpose of the WFI and reassuring customers tended to be related to two factors: Firstly, whether the call was made by the IBPA or whether the call was made by the customer after having received the letter. In the latter case, the call was made because of concerns and anxieties raised by the letter. For these customers, the lack of information about the purpose of the WFI and the threat of sanctions in the letter, served to undermine subsequent IBPA reassurances that the Pathways programme was not about forcing them back to work. Secondly, the effectiveness of IBPA reassurances and clarification was influenced by how clearly the IBPAs could explain the programme and reassure customers that the aim was not to force them to return to work.

Customers with a variety of physical and mental health conditions said that they found the pre-WFI telephone conversation very useful in terms of clarifying why they needed to come into the jobcentre, particularly where the emphasis was placed on the new services and support available. For example, one customer referred to the way in which his IBPA had told him during pre-WFI telephone contact about how ‘they’d set up a new sort of thing with trying to get people back to work and there’s like benefits. If you need help, there’s help out there’. For this customer, the focus on support had served to reassure him about his first WFI and the WFI process. Customers also sometimes had concerns about how their benefits would be affected and pre-WFI telephone contact could serve to reassure customers that benefits were not going to be removed and to explain that the focus of the WFI would be on the voluntary support and help that was available.

‘It made it easier to come along, that it wasn’t anything to do with my benefit or it wasn’t really going to affect my benefit.’

However, others said that they still felt anxious about attending the WFI despite telephone contact with an IBPA. The key reason for this was that they were still convinced that they would be forced back into work despite the severity of their health condition or a feeling that there was a hidden agenda. One customer, for example, said that he felt that there was something that the IBPA still ‘didn’t seem to give away’.
Where customers were called to cancel or rearrange their appointments, they generally had negative reactions. In one case, this was because a customer and her family had assumed that her appointment had been cancelled because of the severity of her condition and had felt that the jobcentre had decided she was not a priority for being offered support. In another case, a customer had felt annoyed by the cancellation of her appointment, which negatively affected her initial views of the programme.
4 Presentation and understanding of information during the Work Focused Interview

This chapter explores the way in which Incapacity Benefit Personal Advisers (IBPAs) explained the purpose of the Work Focused Interview (WFI) and Pathways programme to customers during the WFI itself. It examines the type of explanations given by IBPAs, the topics covered during the WFIs and resulting customer understanding of the programme. It also considers the presentation of written and verbal information during the WFI.

4.1 How IBPAs explained the purpose of the WFI

Compared with WFIs conducted with new customers, there was a reduced focus on the work-related aims of the Pathways programme. Work-related parts of the programme were often downplayed because of their perceived inappropriateness to this customer group. Instead, IBPAs tended to focus on exploring barriers, building up a supportive relationship with the customer and reassuring them that there was no pressure to return to work. Sometimes IBPAs clarified for customers that the WFI did not only focus on work. They also emphasised that their role as an IBPA was to act as a personal point of contact for the customer if and when they were thinking about returning to work, even if this were at some point in the future.

At a general level, IBPAs’ explanations of the programme tended to be limited to a clarification of the distinction between the mandatory and voluntary aspects of the programme and to a (usually) brief introduction to some of the types of support available. Some of the IBPAs said that they usually referred to there being up to three mandatory WFIs, although in the observed WFIs this was often omitted.
In practice, the purpose of the WFI was often not discussed explicitly. Instead, customers were left to surmise the purpose from the topics covered. In the early implementation study, IBPAs had said that they would expect to cover similar ground in the first WFI with an existing customer as they would with a new customer, the only proviso being that they would not want to bombard existing customers with too much information about Choices options too quickly (Barnes and Hudson, 2006 p. 29). This study found, however, that in fact there tended to be greater discussion of non-work related topics with existing customers than was found in WFIs with new customers. Despite there being discussion of a broad range of topics, including in some cases the possibility of work and the support necessary to achieve it, generally the focus was on discussion of benefits, the customer’s health, current health care provision and other barriers to work. Significantly, these types of discussion were also commonly carried over into second and third WFIs. This was especially the case where the customer’s health and other circumstances had not shown any major change or improvement between WFIs and where WFIs were primarily being used to update and review customers’ circumstances since the earlier WFI.

Topics discussed during the first WFIs, therefore, included:

- whether customers were on the right benefits;
- the customer’s health and support needs;
- other barriers and difficulties;
- a brief discussion of the help and support available to the customer and exploration of whether the customer had an interest in any of these;
- less extensively, the customer’s work history and future work options.

Topics discussed at the second and third WFIs included:

- any changes in customer circumstances;
- reiteration of information already presented at the first WFI;
- follow-up on options and referrals already taken up.

4.2 The purpose of the WFI as understood by the customer

The perceived inappropriateness of the work-related aims of Pathways to these customers meant that the IBPAs often omitted explicit discussion of these aspects of the Programme. Consequently, where non-work related issues such as the customer’s health or benefits became the focus of the WFI, some customers became confused about the purpose of the interview. This could be especially confusing where customers perceived the reforms as having been presented in the media as being about moving IB customers into work and also because the meeting itself was called a ‘Work-Focused Interview’. A further complication in these circumstances was that IBPAs were not always well-qualified to provide benefits advice. For example, one
customer described the way in which she was grateful for the benefits information that she received from her IBPA but felt that her IBPA was not able to answer all her questions about benefits. The IBPA in this case also questioned whether she was the most appropriate person to be offering such benefits advice.

On the whole, customers had understood that the first WFI was mandatory from pre-WFI contact by letter and/or telephone and usually did not, therefore, recall this information being a focus of the information provided by the IBPA. Those attending second or third WFIs were generally only made aware that they would be obliged to attend a further WFI when they were given another appointment rather than it being made clear at the outset. Where the IBPAs had mentioned that there may be up to three mandatory WFIs, none of the matched customers recalled this.

Customers rarely recalled the overall objectives of the WFI being discussed or only remembered that the IBPA had gone through ‘different things’. However, the customers did generally recall reassurances that the meeting would not primarily focus on work and that they would not be forced back to work. In some cases customers said that they found that face-to-face contact with an IBPA provided them with greater reassurance in this regard than they obtained from pre-WFI contact by telephone.

Typically, customers understood the purpose of the WFI in terms of the Choices and other options discussed, although with differing views as to the applicability of these options to themselves. Some customers appreciated being made aware of support that was available. For example, one customer said that it was good to know that ‘someone’s caring and trying to help you’. Others, however, felt overwhelmed with information about support options or did not think any of the options were suitable for them or appropriate to their needs at this stage.

4.3 Views on the quality of information provided during the WFI

With a few exceptions customers reported that their IBPAs seemed knowledgeable about the information they presented, and generally said that they found the verbal and written information that the IBPAs discussed direct, to the point, and in plain English. However, key issues arose around the willingness and ability of customers to engage with the verbal and written information presented and the role of confirming customer understanding.

4.3.1 Information given verbally

The degree of understanding of information presented verbally was often discussed in terms of whether customers had any questions about the information presented and whether they felt able to ask questions about it. Generally, customers said that they felt able to ask questions but did not feel that they needed to. The customers typically said that they felt that the IBPA had already explained different aspects of
the programme clearly and that the IBPAs had answered the questions they would have raised. They also said that the IBPAs had usually supported the verbal delivery of information with written information that they could take away. There was, however, evidence that some customers did not ask questions because they were not sufficiently engaged with the process or that they indicated that they understood, hoping that they could rely on written information after the WFI.

Both IBPAs and customers expressed the view that it was important to confirm that customers had understood the information given. In some cases, however, IBPAs said that they made assumptions about customer understanding based on body language. In some cases, IBPAs said that they decided not to continue to present information where it was clear that the customer was not absorbing it; for example, where customers were intoxicated with alcohol, had cognitive difficulties or did not appear to be engaged with the process.

4.3.2 Written information

Both IBPAs and customers referred to the importance of providing written information to support verbal information. Such information was particularly thought to be useful where customers found it hard to ask questions and preferred to have information they could take away and read in their own time, or where they had poor memories and forgot information quickly. The provision of written information, however, could be problematic; for example, where IBPAs were not able to print written information to give to the customer while they were in the jobcentre office or where the information available was considered to be of poor quality by the IBPAs. It was also problematic in one case where a customer had literacy problems.
5  Building rapport

Incapacity Benefit Personal Advisers (IBPAs) in the study emphasised that it was even more important with existing customers than with new customers to ‘break down barriers’ of communication if they were going build trust and rapport with their customers, fully understand their complex barriers to work and respond to those barriers appropriately. They also believed that, where they had contact, it was important to build trust and rapport with the family and carers of customers, especially where their scepticism about the Pathways programme had an impact on the view of the customer.

5.1  Developing a relationship

The IBPAs tended to think that breaking down barriers and building trust and rapport, were best achieved by developing a personal relationship between the customer, which could only be done over time and with continuity of contact.

One IBPA, for example, referred to the importance of building a personal relationship with her customer so that they could see her as a ‘friendly adviser’, while another referred to the significance of being a ‘familiar face’. This was reflected in the views of customers. For example, several customers, at their first Work Focused Interview (WFI), discussed how they needed to see their IBPA more than once before they could really open up to them. Another customer said that, now that she had learnt that her IBPA was not a ‘nasty’ person, she felt that she would be able to open up more at her next WFI. Other examples included a customer who, confirming the view of her IBPA, said that she had been more relaxed at her second WFI because she had seen the same IBPA. A customer at his third WFI also described the way in which seeing the same IBPA at all three WFIs had allowed him to ‘get to know’ his IBPA, which meant that his IBPA was a ‘bit like a mate’. Another customer, also at her third WFI, described the way in which seeing the same IBPA across all of the WFIs had reduced her stress:

‘For someone like me – I don’t particularly like meeting new people, especially not in an atmosphere like that. So to know who I’m going to see does make me feel that bit more relaxed...I don’t stress about any of it.’
Another advantage of continuity of IBPA across all WFIs was seen to be not having to explain their health condition and other circumstances over and over again. Given the time that some IBPAs felt was necessary to build relationships and break down barriers with existing customers, some of the IBPAs expressed surprise that there were fewer mandatory WFIs with existing customers than with new customers. IBPAs frequently felt that they needed to spend more time, not less, with customers who had more complex needs and long-term barriers to work. None of these IBPAs had gone beyond a third WFI at the time of the interview and some expressed uncertainty about whether it was appropriate for them to request that a customer attend further voluntary WFIs and about the extent to which the relationship they had built up with the customer would lead to them attending further WFIs voluntarily.

5.2 Balancing involvement of family and carers in building rapport

In circumstances where family members or carers had attended the WFI with the customer, IBPAs often discussed the balance to be struck between involving them and trying to build a personal relationship with the customer. In these circumstances, some IBPAs talked about the importance of also building trust and rapport with the customer’s family member/s or carer. One IBPA said that he did this through the ‘casualness’ of involving the customer’s partner, thereby indicating that he was happy for him to be there. In another case, an IBPA said that he felt that the father of a customer with mental health problems had begun to offer useful additional information about his son’s condition at the end of the WFI because the IBPA had actively involved him in the interview. However, other IBPAs said that there was sometimes the danger that a family member or carer could take over the interview. For example, in one case an IBPA said that she thought that a customer’s carer had been particularly negative about everything she had mentioned during the interview preventing the build up of a personal relationship, understanding or trust with the customer. The customer, in this case, also confirmed that his carer had dominated his interview and felt that his carer’s presence had made it hard for him to interact with the IBPA.

5.3 Strategies used to build rapport

Specific strategies for building rapport discussed by IBPAs included:

- attempting to reassure customers and their families about the role of the IBPA in the context of misconceptions about the aims of Pathways, particularly that customers would not be forced to return to work;

- trying to keep interviews informal and friendly through use of chit-chat and discussion of shared interests;
• being attentive to customers through active listening and involvement in taking notes about the meeting;
• showing respect and compassion towards customers by treating them as equals.

5.3.1 Reassuring customers that they were not going to be ‘forced’ into work

The greatest difficulty described in building relationships between the IBPAs and the customers related to where customers and their families were sceptical about the aims of the Pathways programme, and thought that they were going to be forced back to work. In these cases, they often made a distinction between their feelings about the IBPA personally and the job they were doing.

At a personal level, IBPAs were almost invariably described as being nice or pleasant people. In one case, a customer compared his experience of meeting with his IBPA very favourably to the Advisers he had met when claiming Jobseeker’s Allowance (JSA). He said that his IBPA made him feel ‘at home’ and ‘relaxed’. Occasionally, customers described their IBPAs less enthusiastically as ‘alright’ or ‘not too bad’. In one case, a customer described her IBPA as ‘fine’ but followed her statement with the view that, ‘she was doing her job’. Nonetheless, these customers still often believed that the underlying aim of Pathways was to force people receiving Incapacity Benefit (IB) back to work, regardless of whether it was appropriate for them. For example, one customer said that his personal relationship with his IBPA was quite good but that his views of this relationship were still shaped by his father’s view of the ‘end game’ of Pathways being to force customers back into work.

The IBPAs said that they tried to overcome any misconceptions about Pathways and to reassure customers about the aims of Pathways in a number of ways. These included, telling customers to ignore any inaccurate reports that they had heard in the media that they would be forced back to work; ‘reassuring and explaining’ that the programme was about offering new services to customers; and taking care not to focus exclusively on work during the WFI. Those customers who felt anxious about their first WFI often said that, where these reassurances were offered, they felt more at ease during the WFI, although there were examples of customers who remained suspicious despite these reassurances.

5.3.2 Informality and friendliness

Both the IBPAs and customers thought that a degree of informality helped build rapport between them. A number of customers described their IBPAs as ‘easy to talk to’, ‘relaxed’ and ‘down to earth’. These customers also commented on the ‘relaxed atmosphere’ in the interviews and the fact that it did not feel like an ‘official meeting’, which was linked to feeling that they could open up to the IBPA.

An integral part to the achievement of this informality and friendliness was the use of ‘chit-chat’ at the opening of the WFI and, where possible, the discussion of shared experiences or interests such as children or knowledge of the local area. The
use of chit-chat was also described as being helpful by one IBPA at second or third WFI so as to provide a sense of an informal ‘catch up on how things are’. Customers tended to appreciate this approach. One customer, for example, said that when her IBPA discussed his children with her, it made her ‘feel like a person and not just a number’. However, the importance of having boundaries to this type of social discussion so that the interview did not become like a counselling session and so that customers did not become ‘too clingy’ or start to ‘unload’ their problems was mentioned. While some IBPAs felt that the use of such people skills were instinctive, one IBPA referred to an intensive interviewing course that he had attended.

5.3.3 Attentiveness to customers and inclusion in note-taking

For some IBPAs and customers, good rapport was discussed in terms of attentiveness and listening. IBPAs talked about proactively trying to encourage a mutual discussion. In the observed WFIIs, IBPAs and customers commented that they felt there had indeed been a mutual conversation and customers often said that they felt that they could have asked questions. In cases where the discussion was not mutual and the IBPA had spoken most, customers did not always mind, although this could indicate a lack of engagement on the part of the customer.

Note-taking was sometimes seen to get in the way of engaging customers. In one case, an IBPA said that she deliberately did not type up notes about the meeting while she was with her customer so that she could give the customer her full attention. In this case, the IBPA referred to the fact that the customer had cried during the meeting, feeling that note-taking at this stage would have been particularly unhelpful in building a relationship with the customer. To overcome this difficulty, IBPAs sometimes tried to generate a sense of involvement by involving customers in note-taking. For example, a customer referred to the fact that her IBPA had turned the computer screen towards her during the meeting so she could see what the IBPA was writing. She liked this approach because it made her feel ‘well-informed on what was happening’.

5.3.4 Showing respect and compassion

Customers sometimes commented on instances where they felt they had been treated with respect and compassion by the IBPA, reflecting, perhaps, an expectation that they would not be treated well. For example, these customers spoke of IBPAs not ‘looking down on them’ or of being treated by the IBPA as an ‘equal’. For example, one customer said that she had been pleased when her IBPA had made her feel it was alright for her to have brought her baby with her to the WFI. Another customer suffering from alcohol problems and depression said that she was impressed by the way her IBPA had not made her feel inferior. Only occasionally were customers unhappy with the treatment they received. For example, there was one case where, although she thought that her IBPA had tried to help her, the customer thought that the help offered was still ‘kind of clinical’.

Building rapport
Respect and compassion was also a theme that arose in research interviews with IBPAs. For example, one IBPA said that she thought that customers should be treated as ‘human beings’. Another said that he would adopt a ‘soft style’ with existing IB customers that involved treating them with empathy and compassion. Some IBPAs referred to the need to be particularly compassionate when customers became upset while discussing their health or when there was the possibility of overstepping customer boundaries of disclosure in ways that were unnecessary. One IBPA described the way in which she had allowed her customer time alone to compose herself when she had become upset and had asked her whether she had wanted to go on with the interview. In this case, the customer said that she could not have hoped for a nicer person to be interviewed by and that she felt that she would feel more able to talk to the IBPA at her next WFI. Another IBPA discussed the way in which he had to ask his customer not to discuss his divorce any further because of the upset it was causing him, even though it was relevant to gaining an understanding of the customer’s circumstances.

5.3.5 Other factors affecting rapport

There were examples of where specific characteristics of the customer had affected levels of rapport. For example, one IBPA had felt that building a relationship with one particular customer was difficult because he had severe communication difficulties. As a result, she decided to cut the WFI short and to waive him. In another case, an IBPA had a customer whose first language was not English. Despite having some level of communication with the customer’s parent, direct communication, or communication through an interpreter, that might allow the IBPA to build a relationship with the customer was not considered at this WFI. In a further case, an IBPA had a customer who arrived at the WFI whilst under the influence of alcohol and she said that the experience was like ‘speaking to a brick wall’.
6 Discussion and understanding of health and other barriers

This chapter discusses a range of challenges that Incapacity Benefit Personal Advisers (IBPAs) faced in discussing health and other barriers with customers and in understanding the implications of health conditions on customers’ lives. It also briefly explores the impact of these issues for the relevance of referrals, deferrals and waivers.

6.1 IBPA approaches to eliciting information about customers’ health conditions and circumstances

One of these challenges for IBPAs lay in managing a tension between obtaining enough information from the customer about their health condition(s) and other circumstances on the one hand so as to make effective referrals and interventions, and not ‘dwelling’ too much on barriers and problems on the other hand.

This study found wide variation in what IBPAs wanted customers to share with them during the Work Focused Interview (WFI) about the health conditions and other circumstances. Some IBPAs spoke about how they had been trained not to ‘dwell’ on problems and barriers. However, some IBPAs pointed to how some customers would talk at length about their health conditions and personal circumstances. In some cases, IBPAs said that the first WFI could be devoted to letting customers describe their conditions and circumstances.

When working with customers who had mental health problems, IBPAs sometimes made a special point of not asking too many questions about barriers and difficulties because of concerns about discussions becoming overly negative and aggravating customers’ mental health conditions.
Other reasons that IBPAs gave for not prolonging discussion about health barriers included the fact that they were not medically trained and therefore, did not need to know more than the basics. Some IBPAs were also unsure, given that they were not medically trained, about how appropriate it was for customers to be discussing the detail of their health conditions with them. In some cases, IBPAs described feeling, or appearing to be, uncomfortable about the level of detail that customers shared during the WFI about health and other problems, particularly given that they were often in an open area. A final reason that IBPAs gave for not probing or encouraging detailed discussion about customers’ health and other circumstances was that customers were explicit about not believing they were ready to think about work. In these circumstances, IBPAs said that they could not see the point in continuing discussions about customers’ circumstances beyond the basics.

In contrast, there were IBPAs that encouraged customers to share extensive information about their health and other circumstances and generally actively probed and explored what customers told them. Reasons given for this included that existing customers were likely to have multiple barriers and the presenting condition or issue was not likely to be the only thing going on; also that it was important to fully understand customers’ circumstances so as to make appropriate referrals and suggestions. In some cases, time pressures and customers’ own limited willingness to discuss issues in depth could leave IBPAs feeling that they had not ‘got to the bottom of’ customers’ barriers.

Other IBPAs took a position somewhere in between these two extremes, and said that they would leave it up to the customer how much to tell them. This meant that the IBPA did not feel that they were pressuring the customer for information that they did not want to give. However, in these circumstances, customers, in the absence of clear cues about how much they were expected to tell the IBPA, could be confused about what was required from them.

6.2 Customer attitudes to discussing their health conditions and other circumstances

Customers varied in how comfortable and willing they were to go into detail about their health conditions and circumstances.

6.2.1 Reasons for not wanting to discuss health and personal circumstances

There were four main reasons for customer reluctance to discuss these issues. One reason was that they could not see any point where they did not think the IBPA could do anything to help them. This could be because they fully understood their health condition and the limitations that it placed on their daily activity and believed that neither the IBPA, nor any specialist they might refer them to, would be able to tell them anything that they did not already know. It could also because they had significant barriers other than their health condition, such as one customer who had a chronically ill child which the IBPA had no capacity or remit to address.
Discussion and understanding of health and other barriers

A second reason for not wanting to discuss health and other issues, at all or in any detail, was personal discomfort and embarrassment. This included customers who were embarrassed about health issues. For example, the father of one customer said that he did not discuss the full details of his daughter’s condition with the IBPA because it was ‘embarrassing’ and ‘none of her business’. Customers could also be embarrassed about their personal circumstances. For example, one customer was going through a particularly acrimonious divorce and did not want to discuss the details of this with the IBPA.

A third reason was because going on at length about their condition made some customers feel as though they were moaning or making more of their condition than it merited. This was especially relevant to customers with multiple or complex conditions.

Lastly, for some customers with mental health conditions, talking about their condition could raise anxiety. For example, one customer with schizophrenia spoke of how he found it difficult to talk about his condition, even with his psychiatrist, and how he had felt ‘pressured’ during the WFI because of having to talk about his condition despite having his father accompany him.

It was also the case that sometimes customers brought up issues in interviews for this research that they did not raise in discussions with the IBPA. In one instance, a customer did not reveal to the IBPA that she was pregnant. It was not clear why but one possibility was that she wanted to focus on her health issues during the WFI for fear of losing her Incapacity Benefit (IB). In other cases, it seemed that customers failed to mention particular issues because of time pressures or because they simply forgot, especially where they had a series of conditions and symptoms or other circumstances to cover. For example, one customer with a range of conditions failed to mention a digestive disorder. In part, this seemed to be because it was the least serious of a range of conditions and time pressures meant that he could not go into everything during the WFI.

6.2.2 Reasons for being willing to discuss health and other circumstances

In contrast to the cases described above, some customers described being willing, and in many cases comfortable, to discuss their health and personal circumstances with the IBPA. There seemed to be four reasons for this.

Existing customers tended to have long-standing health conditions and had often become used to discussing their health conditions with a range of practitioners and professionals. These customers did not see any reason to withhold information from the IBPA during the WFI.

In some cases, customers assumed that the IBPA had either their original IB application form or, in one case, a customer said she thought the IBPA had her medical records. In these cases, customers thought that the IBPA knew a lot about their conditions already from these records so there was no point in not discussing them with them.
In some cases it seemed that customers were keen to give a full account of their health and circumstances because they wanted to access the most appropriate support. For example, one customer had a range of conditions and spent a long time trying to explain the limitations and implications of these because he was keen that the IBPA help him find a suitable position despite the restrictions he faced.

A final group of respondents provided detailed information about the conditions with little or no prompting, and sometimes brought doctors’ notes or details about their medication with them. The evidence suggested that these customers thought that the purpose of the WFI would be to ‘sift’ through customers and push people into work and that they provided so much information unprompted in an effort to convince the IBPA that they were too ill to work.

Finally, there was a group of customers who were not unwilling to discuss their health or other circumstances, but who did not share a lot of information because they ‘didn’t want to talk too much’ and assumed that if the IBPA required particular information from them they would ask. These customers assumed that IBPAs ‘had a certain amount to get through’ and restricted themselves to answering direct questions.

6.3 The impact of interaction between the IBPA and customer on discussion of health and other circumstances

It was clear from the data that, although IBPAs and customers came to the WFI with various views and preferences for how health and other circumstances were discussed and in what depth, there was scope for the interaction between the IBPA and customer to affect what happened in practice. It also allowed insight into the inter-personal impact of different approaches.

6.3.1 The impact of building rapport on levels of disclosure

As discussed in the previous chapter, there was evidence that the establishment of good rapport between an IBPA and customer could lead to greater levels of disclosure about customers’ health and personal circumstances. IBPAs often spoke in general terms about this dynamic, saying that often, customers opened up and told them more during second and third WFIs. Customers sometimes also spoke of how they did not mind talking about their health and personal circumstances because the IBPA seemed approachable and reassuring. A key factor in the accounts of customers and IBPAs that affected rapport, seemed to be establishing early on that the purpose of the WFI was not to force or push the customer into work. Sometimes customers also needed reassurance that it was alright to talk about their health problems and that they would not be perceived as ‘malingers’. 
6.3.2 The impact of IBPAs being seen to discourage discussion

Where IBPAs were perceived as discouraging discussion of health and personal circumstances, customers reported a range of responses and negative reactions. The IBPAs in these cases tended to be those who discussed trying not to ‘dwell’ on customers’ barriers and difficulties, demonstrating the difficulty of getting this balance right. For example, if an IBPA appeared too quick to move on from discussion of a customer’s primary health condition it could seem that they did not believe that the customer was really ill. Alternatively, it could lead to sensitivity about the acceptability or appropriateness of the customers’ disclosure. For example, one customer felt that he had been discouraged from continuing to discuss his acrimonious divorce and its impacts and said that the IBPA was probably right to do this as the detail about his family problems ‘would turn stomachs’. In another case, the IBPA had actively discouraged a customer from giving details about his health conditions. She gave various reasons for this including time pressures, the fact that she thought he did not stand any chance of getting a job and because she felt she was ‘putting him through’ something by having him discuss his health problems in an open plan office. In this case, the customer felt discarded.

These findings need to be placed in the wider context, already discussed, of some customers not wanting to, or not feeling it appropriate to, go into detail about their health and personal circumstances. From the observations and interviews with customers and IBPAs, however, it was clear that, in the absence of clear and shared understandings about the nature and level of detail of information about health and other barriers being sought, miscues and misunderstandings between the customer and IBPA could occur and that these could lead to awkwardness, disengagement and loss of rapport.

6.4 IBPA understanding of health barriers

6.4.1 Drawing upon customers’ own accounts

IBPAs usually seemed to have limited information about customers’ health conditions or other circumstances prior to the initial WFI. Sometimes, IBPAs said all they had was one word on customer records. Consequently, IBPAs needed to explore health conditions with customers within the first WFI, and sometimes even in second and third WFIs depending on the extent and complexity of customers’ health conditions. IBPAs sometimes also noted how customer records presented only a limited picture and that, with existing customers, there could be multiple health conditions that needed to be drawn out. This process of exploration was important since it was the customers’ own account that IBPAs primarily relied on in order to gain an understanding of the health conditions discussed and their implications for daily living. As already discussed, IBPAs faced numerous challenges in discussing customers’ health conditions and the process could be frustrating if IBPAs felt they were not getting the whole picture.
6.4.2 Other sources of information about health conditions

Commonly, IBPAs felt some pressure to have some existing understanding of the health conditions presented by customers. In part, this was in order to feel that it was appropriate for them to be making these enquiries of customers and to appear at least moderately qualified to be discussing their health issues with them. In part, it was also in order to validate and augment customers’ accounts and inform appropriate probing.

As well as customer accounts, IBPAs also drew on visual and sensory cues. For example, where customers were clearly in pain or had mobility impairments, IBPAs could better understand the implications of these customers’ conditions and did not always feel that they needed to explore the impacts of health conditions so fully as a result. This approach, however, could lead to IBPAs failing to explore barriers fully, focusing attention on the most visible barrier.

IBPAs also referred to using a medical dictionary or NHS Online to look up details about different conditions. In one case, an IBPA talked about a television documentary he had seen on epilepsy and about how this had provided him with information that he had drawn on in a WFI with an epileptic customer.

IBPAs, in some cases, also tried to compensate for limited understanding of health conditions and their impacts by asking customers to check that a proposed referral would be appropriate for them or referring them to condition management programme (CMP) because they knew a health assessor would make a judgment about appropriateness before admitting them onto the programme. In addition, there was some suggestion of IBPAs working more closely with health professionals in order to improve IBPA understanding and appropriateness of support offered.

6.4.3 Customers’ expectations of IBPA’s understanding of health conditions

Customers had varied expectations about whether IBPAs should have prior knowledge about their health conditions. Some customers expected IBPAs to have this understanding because they thought that they had access to the original IB application form or their doctors’ notes. Where IBPAs seemed not to know enough about their conditions, these customers could feel that the IBPAs were unprepared and uninterested in helping them. In contrast, other customers recognised that IBPAs were not medically trained and that they could not know about all conditions. For example, one customer with a particular form of depression said that there are so many different categories of mental health condition one could not possibly expect an IBPA to know about them all. However, on occasion, where customers were aware that IBPAs had no medical training, this could undermine their faith in any help or referrals offered.
6.5 The impact of IBPA understanding of health and other barriers

Where IBPAs appeared to have a good understanding of customers’ health and other barriers, including the sometimes complex relationships between them, there was evidence from the matched cases that customers felt listened to and more positive about attending future WfIs and referrals or about considering referral options in the future. There was also evidence that referrals were more appropriate, both in terms of suitability and customer understanding and commitment.

However, where understanding of barriers was partial, there were less positive outcomes. Fundamentally, IBPAs often felt that they did not understand whether the customers’ health condition did necessarily prevent them from working. This was experienced as a particular problem for those IBPAs who sought to waive those customers who were not likely to find work in the future and only continue working with those that were likely to find work. However, for all IBPAs, it impacted upon the confidence they had about working with customers. In some cases, customers said that they thought they could work, sometimes coming with lists of jobs that they thought they might be able to do. IBPAs, however, were not always sure this was realistic given the nature of these customers’ conditions. IBPAs could also be concerned at being overly encouraging for fear of worsening customers’ health or raising false hopes. Conversely, on occasion, IBPAs thought that customers were able to work even when they said they could not. In one case, an IBPA asked with reference to one customer, ‘Why do GPs sign customers like this off? Is it for a quiet life?’ but said that she was obliged to accept the customers’ version since she was not a doctor.

This also affected the quality of referrals, with examples of customers who felt that referrals were inappropriate for their needs or who felt coerced into accepting them. There was also evidence of potentially useful referrals being bypassed. These issues are discussed in more detail in Chapter 9.
7 IBPA approaches

This chapter examines overall approaches to the conduct of Work Focused Interviews (WFIs) adopted by Incapacity Benefit Personal Advisers (IBPAs) and the response of customers to these. It explores the implications of these approaches in terms of whether the WFIs and referrals were customer-led and the perceived differences in the approach needed with existing customers compared to new customers.

7.1 The range of IBPA approaches

Overall, approaches of IBPAs to the conduct of WFIs were influenced by the relative importance they attached to achieving work outcomes or more intermediate outcomes such as improvements in the management of the customer’s condition and their health. The approaches adopted by IBPAs tended to be represented along a continuum. At one end of the continuum were IBPAs who saw their role as identifying customers who were nearer to the labour market, who wanted to return to work, and/or who appeared to be engaged with the WFI process. At the other end of the continuum were IBPAs who saw their role as to work with virtually all existing Incapacity Benefit (IB) customers and to listen, encourage and nurture them in ways that helped them to think about improvements in their health and circumstances, whether this lead ultimately to job entries or not. We have referred to these approaches here as the ‘prioritisation’ and ‘working with all customers’ approaches, respectively.

The prioritisation approach was characterised by a focus on achieving successful job entries and, therefore, attempting to prioritise interventions with customers where IBPAs thought that job entries would be achieved. In contrast, the ‘working with all customers’ approach was characterised by a greater focus on intermediate outcomes and persistence in working with customers even where their health condition was severe or the customer was perceived as being more difficult to work with. In practice, however, there were few customers that those IBPAs adopting the prioritisation approach could work with. The lack of customers who were near to being job-ready meant that, in reality, there was often little choice for IBPAs but to work with all or most customers if they were to have sufficient existing customers to work with.
7.1.1 Rationale for prioritising customers where job entries could be achieved

Those IBPAs who emphasised prioritising work with customers where they thought job entries could possibly be achieved in the short- or, more commonly, medium-term, discussed a number of reasons for this approach. One IBPA adopting this approach, for example, described a process of ‘sifting’ where she and her colleagues could ‘give more time to the people who we can really help back to work’. The implication of the approach was that IBPAs should concentrate on customers whose health conditions made it easier for them to return to work while waiving or deferring customers where, as one IBPA put it, ‘we’re not really going to have much success’. A tension was, therefore, revealed in this approach in that the focus on working with customers where job entries could be achieved relatively quickly, meant that customers with more complex and intensive health needs who wanted to work could potentially be excluded from the opportunity of participation in the programme.

Another reason was the perceived cost effectiveness of this approach. For example, one IBPA questioned the value of working with many existing IB customers asking, ‘how many of them are actually returning to work after the expense that it’s costing us?’ A final reason was the view that IBPAs would receive greater recognition for their work in terms of meeting targets. One IBPA, for example, discussed why she had decided not to work with a particular customer with a range of health barriers to work:

‘I wouldn’t have met any of my targets. I could give him a lot of help and support but nobody would recognise what I actually did for him.’

7.1.2 The role of screening

IBPAs, particularly those IBPAs who adopted the prioritisation approach, sometimes questioned whether customers with severe conditions, conditions that were not sufficiently managed by health services or with multiple health barriers, should have been screened out before the first WFI. In the absence of such screening, some IBPAs used pre-WFI telephone contact to screen out customers where they thought the current health situation of the customer meant the WFI process would serve no useful purpose. This group of IBPAs also tended to think that it was important to screen out customers who were very near to retirement or whose health condition, or conditions, meant that employers would be reluctant to employ them. Some IBPAs felt that to continue to include these types of customers in the programme would be to generate ‘false hopes’.

7.1.3 Working with all or most customers to achieve intermediate outcomes

Those IBPAs who continued to work with customers with severe health conditions, or with customers who they perceived to be less engaged with the programme, gave a variety of reasons for doing so. In some cases the decision to continue to work with
customers arose from perceived management pressure not to waive customers. Typically, however, the decision arose from an attempt by IBPAs to offer some level of support and to engage all customers, despite their difficult and complex circumstances. IBPAs adopting this approach tended to see the decision to waive customers too early as writing customers off. For example, one IBPA said:

‘With waiving I’ve got it in my head that I’m like writing people off, if you like, and I don’t want to do that with people.’

The same IBPA also said that the approach that she would adopt would be to ‘listen and encourage’ the customer, seeing her role being to ‘reassure, encourage, almost nurture’. Other IBPAs did refer to ultimate job-entry but said that they would work with customers even if there was only a very slight chance that they would achieve a job-entry in the longer-term. For example, one IBPA said that she would work with customers even if there was only ‘an inkling’ that they might go back. She said that she was ‘more than happy’ if a customer ‘will even look at support’. IBPAs adopting this approach saw their role as helping customers achieve more intermediate outcomes such as managing their health condition better, achieving insight into their capabilities, rather than a sole focus on job entries. Sometimes, even where IBPAs did not think customers were ready to take advantage of support at this point, they continued to work with customers in order to ‘plant seeds’ for the future. For example, one IBPA talked about offering a customer a ‘flavour’ of the help and support that would be available to him when he felt he might be ready to use it.

7.1.4 The different approaches in practice

Although IBPAs expressed different views about the approaches they adopted, in practice, there was often less difference between the prioritisation approach discussed above and the more inclusive working with all customers approach. As discussed earlier, the complex and multiple problems faced by existing customers meant that there were few customers who could be prioritised in relation to their proximity to the labour market. Consequently, the IBPAs generally had to work with who they could regardless of whether they perceived customers to be a long way from work or reluctant to participate in the programme. IBPAs adopting both approaches, therefore, often had no choice but to focus on ‘planting seeds’ in the minds of customers about the possibility of work in future, or on the more intermediate outcomes of health improvements or condition management. In this context, IBPAs adopting both approaches would also often present referrals to various Choices and other options as successful outcomes in themselves.

7.2 Whether WFIs and referrals were customer-led

7.2.1 IBPA perceptions of a customer-led process

IBPAs in the study typically believed that they adopted a customer-led approach. IBPAs tended to see it in terms of listening to customer views about their health condition, barriers to work and other circumstances, and assessing whether there
was appropriate help and support that they could offer within the Pathways programme. For example, one IBPA said that, ‘whatever, you know, information they give, I’ll try to feedback what’s available through the schemes’. In some cases this involved responding to customers’ wishes and aspirations. However, sometimes IBPAs promoted different types of support that they thought were appropriate even though they did not always confer with customer preferences or views about what was appropriate for them.

7.2.2 Customer experiences of whether the WFIs were customer-led

The perception of customers about whether the WFI process was customer-led tended to vary according to whether they wanted to return to work and had come to the meeting with expectations of help and support, or whether they felt their health condition made them incapable of work and/or they were reluctant participants in the WFI process. The customers who felt that they wanted to work, soon or in the medium-term, generally said that IBPAs responded well to their needs and circumstances. This included IBPA willingness to work with their health situation and proximity to work as it was rather than pressurising them into work before they were ready. In contrast, those customers who felt IBPAs responded less well to their needs described situations where IBPAs had continued with the WFIs despite their assertion that they were too ill to work and not ready to think about doing so or felt that they had been referred to Choices option that did not address their actual barriers to work or their. For example, one customer who felt financial considerations and child care were more important barriers to work than her health was referred to the condition management programme (CMP).

7.2.3 The impact of IBPA approaches on whether the WFI process was customer-led

While IBPAs generally believed that they adopted a ‘customer-led’ approach, their commitment to the ‘prioritisation’ or more inclusive ‘working with all customers’ approach discussed above sometimes appeared to override customer preferences. While the needs and aspirations of customers were often recognised and responded to by IBPAs, in other circumstances the prioritisation of customers who IBPAs perceived as closer to work, or the decision to work with all customers regardless of their proximity to work, seemed to take precedence.

‘Prioritisation’ approach

IBPAs acknowledged that the adoption of the prioritisation approach sometimes meant continuing to work with customers who the IBPA perceived as close to work, even where the customer held a contrary view. For example, one IBPA described a situation where she thought that a customer would be able to return to work within a few months. The customer, however, perceived the decision to continue with the WFI process as pressure to return to work before she was ready. Conversely, in one exceptional case the decision not to work with a customer with complex health and
support needs had left one customer feeling confused when he felt that the IBPA had not acknowledged his desire to re-train and to find part-time work.

There were cases, however, where the prioritisation approach matched with customers’ aspirations. For example, in one case a customer felt that her IBPA had responded well to her desire to re-train and had helped her find training that was appropriate to her health condition. Some customers who considered themselves incapable of work had also felt relieved when their IBPA decided to waive them because of the nature or the severity of their health condition(s).

*Working with all customers*’ approach

The decision of IBPAs to continue working with all or most customers and to work towards ‘soft’ and/or intermediate outcomes could also match or mismatch with customers’ aspirations. For example, where IBPAs asked reluctant customers to a second WFI, some customers thought that their IBPAs would put more pressure on them to return to work at the latter interview. Some customers believed that the decision to continue to work with them and to discuss referral options despite the fact that they did not feel able to consider moving back into work, revealed the underlying aim of forcing people on IB back to work. For example, in one case where the IBPA had provided an outline of support on offer, the father of the customer interpreted this as the IBPA trying to get his son back to work which he viewed as inappropriate given his son’s health condition. In another case, a customer said that she felt her IBPA had not taken any notice of the fact she was too ill and had outlined a range of support available and had insisted she attend another WFI. She said that if the IBPA tried to push her back into work at future WFIs she would ‘resist’ it.

Nonetheless, some customers welcomed the more inclusive approach adopted by some IBPAs. For example, one customer said that she did appreciate the support she received from her IBPA, despite her initial feeling that her health condition was an insurmountable barrier to work. She felt that her IBPA had helped her think through what she wanted to do and explained the ways that the IBPA ‘could help me get on with my life’. In other cases where IBPAs took an inclusive approach, some customers regarded their IBPAs as trying to be ‘helpful’ even where they were not able to offer any direct help or support that addressed their health needs or other barriers to work.

### 7.3 The need for a gradual approach

As reflected in the early implementation study, the fact that existing customers tended to be further from the labour market than new customers meant that IBPAs felt they needed to adopt a slower pace when working with these customers if they were not to be alienated from the entire WFI process (Barnes and Hudson, 2006 p. 29). Reasons found for IBPAs adopting a more gradual approach with existing customers compared to new customers in this study, reflected three main factors. These included, the need to respond pragmatically to the nature and severity of the
health and other barriers to work faced by existing customers, the need to sensitively address the hesitation, resistance and fear that some customers had about returning to work, and the need not to push customers too quickly towards work in case this worsened their health condition.

For example, in relation to the nature and severity of the health and other barriers that existing customers face, one IBPA observed that work with extension customers was ‘a slower process’ and that progress towards work in this context was, therefore, ‘not an instant thing’. Another IBPA also referred to the need for ‘little steps at a time’ with existing customers, emphasising the need to often bring their health conditions under control before beginning to ‘push the work side’. One IBPA even said the he believed work should be seen as a ‘by-product’ of possible improvements in health rather than the main aim.
8 Accessibility, setting and time pressures

This chapter explores issues of accessibility, the setting of the Work Focused Interview (WFI) and the time available for the WFI, factors affecting the general conduct of the WFI and the level and nature of interaction and communication between Incapacity Benefit Personal Advisers (IBPAs) and customers.

8.1 Accessibility and customer views of general jobcentre environment

There were different experiences among the customers in terms of how easy they found it to travel to the jobcentre. Some customers said that they had not had any difficulties travelling to their local jobcentre, commenting that there had been ample parking or that they were easily able to use public transport. Others, however, had experienced difficulties parking or using public transport. Lack of car parking facilities meant that some customers had to park a long way away from the jobcentre. Others using public transport sometimes had to alight a long way from the jobcentre. These issues had caused particular difficulties for customers with mobility problems. One customer in this situation also had to organise accompaniment on public transport because her condition meant that she was unable to travel alone.

Difficulties inside the jobcentre were rarely mentioned. Where customers had experienced problems locating their IBPAs this had arisen because of poor signage, meaning in one case that a customer had waited for 20 minutes at the wrong place. Exceptionally, customers had to queue for a long time on arrival at reception desks, which could be physically uncomfortable for people with certain conditions. As with the early implementation study, some customers said that they were pleasantly surprised by changes in the physical environment and friendlier atmosphere of Jobcentre Plus offices compared to their previous experiences (Barnes and Hudson, 2006 p. 17). The one exception to this was a customer who had found the sofa-type...
seating in a waiting area too uncomfortable because it was too low for her given her health condition.

8.2 Setting

8.2.1 IBPA views on open plan setting for WFIs

IBPA’s views about the impact of the WFI setting on their interactions with customers were invariably discussed in terms of whether an open plan office was appropriate. In general, their views about the suitability of an open plan setting for interviews with extension customers depended on how busy and noisy their offices were, and where their desk was situated in the office. Where desks were in a very noisy and open environment, there was a feeling that this could be awkward for customers having to disclose sensitive information and could risk trivialising this information by not treating it as something that should be handled sensitively. One IBPA in the study said that she had had customers refusing to discuss their health conditions in the open plan environment that she worked in.

Typically, IBPAs said that they would try to book a private meeting room if they ascertained, during pre-WFI telephone contact, that the interview was likely to be sensitive. They also said that they would stop an interview and re-book the WFI in a private room on another date if the open plan setting proved inappropriate. In practice, however, this was not always easily achieved. Barriers to doing so included there being insufficient private rooms available in some offices, a lack of pre-WFI telephone contact, difficulties assessing, from pre-WFI telephone contact, a customer’s suitability for a private room, and the awkwardness and time lost involved in stopping an interview half way through. Despite the apparent availability of private rooms in most jobcentres, some of the IBPAs said that customers rarely took up the offer of a private room when it was offered. One IBPA said that he would always offer a private room; however, in this case, the customer, who would have preferred a private room, said they were not aware they could have had one. Exceptionally, IBPAs said that they thought that many of their customers found an open plan setting less formal.

8.2.2 Impacts of the open plan setting on WFI conduct

IBPA views

Generally, the IBPAs felt that the open plan setting had not been a problem for them or the customers participating in this study and that it had not negatively affected the conduct of the WFIs. In the few cases where IBPAs thought that it had been a problem, they said that they thought that the setting had caused the customer to feel embarrassed, restricted in what they were prepared to discuss, or intimidated. Such problems where seen by IBPAs to occur where the customers were asked to disclose sensitive information about their health condition (e.g. incontinence), reasons for mental health conditions (e.g. depression arising from a divorce or
Accessibility, setting and time pressures

infertility) or other personal details (e.g. family relationships). They were also seen to occur in one case where an IBPA believed that a customer’s communication difficulties meant that he was drawing unwelcome attention to himself. In these cases, IBPAs felt that customers would probably have preferred a private room.

Customer views

All of the WFIs observed in this study took place in an open plan setting and none of the customers involved in this study recalled having been given a choice before the WFI about the setting of their interview. Previous studies have found mixed views among IB customers about open plan settings and about how an open plan setting affected their interaction with IBPAs. The early implementation study with existing customers found both positive and negative views among customers about open plan offices, although a recurring theme among customers with a wide range of health conditions was the difficulties arising from the lack of privacy it afforded (Barnes and Hudson, 2006 p. 18).

This study also found mixed views. Some customers stated that they would have preferred to have been interviewed in a private room. Reasons given were feeling less intimidated about discussing personal issues and also finding it easier to concentrate on what was being said. There were, however, several cases where the IBPA had thought the customer was much more uncomfortable about the open plan setting than they actually were. Indeed, some customers, including the customer with communication difficulties mentioned above, said that being interviewed in an open plan setting was their preference. The reasons they gave for this were that a private room would feel claustrophobic and that both parties being within sight and sound of other people meant that there was a greater likelihood that they would behave politely and considerately towards each other. One customer expressed a preference for booths, having experienced these on another j-obcentre programme some time ago. However, others said that they preferred open desks, feeling that booths or private rooms were intimidating, and suggestive of the view that the customer had something to hide.

8.3 Time issues

The amount of time that the IBPAs had with customers could also affect the conduct of the WFI and the quality of the interaction between the IBPA and the customer. The amount of time available varied considerably; in some cases the time available was considered sufficient, although in some cases IBPAs experienced significant time pressures. IBPAs said that first WFIs tended to take around 45 minutes, although there was some diversity in this respect with one IBPA saying that first WFIs in her office had recently been cut to 30 minutes to take into account staff shortages due to sickness. Second and third WFIs tended to be shorter than first WFIs and usually reflected the amount of time that the IBPAs felt was needed for the interviews.
Where IBPAs had experienced time pressures during the WFI, a number of reasons were given. These included:

- customers arriving late;
- customers arriving on time or early when the previous WFI had overrun;
- customers having to leave early, for example, to pick up children or because family members were waiting outside the office in their car, or where there were parking difficulties at the jobcentre;
- customers being evidently in pain or distress

On occasion the situation could be worsened where there was over-booking in order to manage high levels of failure to attends (FTAs) and, for periods of the day at least, more customers actually turning up than expected. In many of these circumstances the resulting time pressure led to the IBPAs cutting the interview short. Negative impacts on the WFI from this included:

- not mentioning all of the Choices options;
- writing up notes or action points after the customer had gone rather than when they were present;
- not following up a customer’s expressed interest in training;
- focusing on one referral option that did not turn out to be the right one.

However, customers did not share the perception of these IBPAs that their interview had been cut short because of time pressures. The key reason seemed to be that they were usually unaware of exactly how long the WFI should have been and did not know what should have been covered during the meeting.
9 Referrals and follow-up

This chapter looks first of all at how Incapacity Benefit Personal Advisers (IBPAs) went about discussing the referral options with customers in the Work Focused Interviews (WFIs), and customers’ feelings about the way the options were described. It then goes on to explore the process of referral making, looking at IBPA referral practice in general and in relation to the specific referral options, and customer involvement in the referral decisions made.

9.1 Discussing referrals in the WFIs

9.1.1 IBPA practice in discussing referrals in the WFIs

There was a range of practice amongst IBPAs in introducing Choices options during WFIs. Commonly, IBPAs would mention, albeit briefly, all or a large number of the referral options available through the Choices package at the first WFI. This was usually backed up by written information, given out to customers at the end of the WFI. The rationale for this approach was that it enabled customers to decide for themselves what was and was not appropriate, either for now or in the future, and provided IBPAs with a sense of what customers’ aspirations were. The above practice was sometimes followed by IBPAs even in cases where they believed that none of the referral options were going to be suitable or relevant, and where they thought it very likely that a deferral or waiver would ensue. This evidence is slightly different to that reported in the study of the early extension of Pathways to existing customers (Barnes and Hudson, 2006), where IBPAs usually described tailoring the information provided to the person’s circumstances rather than telling them about everything available. One explanation could be that there was a difference between what IBPAs said they did and what they actually did, as observed in this study.

The next step, where appropriate, was to home in on a particular referral option or options and discuss it more fully with the customer. This could be in response to customer interest in something that the IBPA had mentioned or because the IBPA thought that a particular option or options might be suitable for the customer’s specific circumstances.
Whether this homing in happened in the first WFI or subsequent WFIs tended to be influenced by the extent to which the IBPA felt that they had gained a good understanding of a customer's situation at the first WFI, and also whether or not they had picked up any customer interest at the first WFI in any of the referral options. Factors such as time available, the customer's receptivity to what they were being told at the first WFI, the nature and complexity of the customer’s barriers, the IBPA’s assessment of how much information the customer was able to take on board and their perceived physical and mental stamina all influenced how effectively IBPAs could do this. The perception that a customer was experiencing physical discomfort or emotional strain, for example, could lead to the IBPA deciding not to ‘bombard’ the customer in WFI one, but instead to impart more information at the subsequent WFI.

Sometimes, IBPAs did not mention all of the referral options at WFI one, instead focusing in on one or two. One explanation given for this was that they felt confident as a result of what the customer had told them about which were the most appropriate options to pursue. Another was the feeling that it was difficult for customers to take in too much information, particularly if they had mental health problems. Exceptionally, the Choices options were not discussed at all in the WFIs observed. The reason in one case was that the customer was perceived as unlikely ever to enter the labour market and was therefore felt to be an inappropriate recipient for Choices on the grounds of cost-effectiveness. In another it was because the IBPA had felt that the customer and her family were so focused on the idea of accessing a residential training course that it had been difficult for her to raise any of the other options, none of which had in any case seemed appropriate.

9.1.2 Relative merits of different practices in discussing referrals

It seemed that the effectiveness of IBPAs’ work with customers and of referrals made was often enhanced by IBPAs keeping an open mind at the early stages, mentioning the full range of referral options available and not making hasty judgements about which options were and were not appropriate for them. For example, one customer whom the IBPA had initially expected to waive, went on to express a strong interest in accessing IT training, and was therefore called in for another WFI to explore the option further. In another case, there was a customer attending their first WFI who the IBPA was expecting to have to waive at the forthcoming second WFI because the nature of her barriers coupled with what the IBPA perceived as a lack of engagement. During the research interview, however, the customer expressed their intention to ask the IBPA to tell them more about the condition management programme (CMP) at the next WFI, suggesting that presenting the options briefly during the first WFI had generated interest.

The effectiveness of this approach was supported by examples where IBPAs did choose to focus on a particular referral option, rather than mentioning them all. In these cases they did not always get it right. In one instance, for example, the IBPA seemed to have decided early on that the CMP was the most appropriate option for a customer, and talked about this at length, whereas the customer said in her
research interview that she had not been keen on the idea and would have been more interested in options such as training and voluntary work, which the IBPA had not gone into. In another example, a customer felt that the IBPA had focused on the financial benefits of work rather than addressing their health condition, and felt that discussing condition management might have been more appropriate. In this case, the customer felt concerned that she was being ‘pushed’ into work which she believed was inappropriate for her health condition. This evidence suggests that mentioning the whole range of options in a neutral way might have been a more appropriate approach in both of these cases.

This said, the practice of telling customers about all of the referral options at an early stage was not universally well received or successful. A number of customers said that they had felt ‘overloaded’ by the volume of information given and, as a result, had found it difficult to take in what they were being told or to recall much detail about the referral options. For example, one customer had a skewed perception of CMP, understanding it to be a training programme with jobs at the end of it. Another had misunderstood what the IBPA had told her about voluntary work, believing that it was only available to those with professional qualifications.

Overall, however, lack of recall and misperceptions seemed to occur amongst customers who faced serious barriers to returning to work and who did not seem to welcome Jobcentre Plus involvement in their cases. Whilst it seemed that, in some of these cases, anxiety in the interview could pose a barrier to taking in what they were being told, it was also sometimes apparent that lack of desire to engage with the WFI could result in customers apparently going through the motions. It seemed that these customers did not listen carefully to information given by the IBPA and failed to ask questions in order to clarify misunderstandings or to elicit more information about the options being described.

Finally, it was also evident that prior assumptions about the WFI’s purpose and Jobcentre Plus’ agenda could influence people’s recall about what had actually happened. For example, one customer’s father, who attended the interview, described the IBPA as having gone over the ‘usual’ Jobcentre Plus offers of support such as help with interviews and CV preparation, whereas in fact the IBPA had explained the different options available in the Choices package. In this case the customer seemed to have recalled being told what he expected to hear rather than what he had actually heard.

9.2 Approaches to making referrals

As described in Chapter 8, IBPAs took different approaches to working with customers. Given the barriers facing this group of customers, IBPAs usually regarded, albeit to different degrees, their work with extension customers as being to help them to achieve ‘softer’ outcomes than job entries; for example, managing their health condition better or giving them an insight into what they might be able to do in the future were their health condition to improve.
Referrals, in particular to the condition management programme (CMP), were regarded as important in helping customers move towards these outcomes, and, for some IBPAs, achieving a referral could itself be a key goal. In such cases, IBPAs would use customers’ reactions to the options described as a cue, and refer in any case where a ‘spark’ of interest was shown, even where the customer was thought to be far from any type of work. However, in these circumstances, IBPAs spoke of the difficulty of separating genuine enthusiasm from desire on the part of the customer to be seen to be complying, thus supporting the view that it was necessary to spend longer with the customer to get to the bottom of their barriers, circumstances and aspirations. Other IBPAs seemed to refer even if in doubt about the likely outcome on the grounds that there was at least some possibility it could yield positive results. In some cases, there also seemed to be evidence of IBPAs pushing customers towards particular referral options, even where no interest had been expressed, which could result in customer disaffection.

A possible explanation for these practices is that IBPAs felt under more pressure to achieve quick referrals with extension customers than they did with new customers. In previous research (Knight et al., 2005), IBPAs said that they would often not look to refer a new customer until the third WFI, by which time they usually felt that they had gained a full understanding of the customer’s situation and needs and built up trust and rapport. By comparison, IBPAs often seemed to feel they had to refer existing customers earlier and sometimes expressed surprise that there were fewer mandatory WFIs for existing customers compared to new and repeat customers. In these cases, a decision to refer at an early stage was based on a desire to achieve some progress with the customer combined with uncertainty among some IBPAs about whether existing customers would return for further WFIs after their third mandatory WFI.

Less usually, the ‘softer’ outcomes described above were not regarded as acceptable by IBPAs, particularly over the medium- to long-term. One IBPA, for example, did not consider referring a customer to training or the Disability Employment Adviser (DEA) because they felt that entry into Permitted Work was the most appropriate course, and the cost invested in the customer on DEA provision and training would not be justified by the outcome.

There was also evidence of some IBPAs using personal instincts about customers to assess whether there were likely to be positive outcomes in the future and, if they judged not, refusing to make referrals. One IBPA, for example, explained that she had not responded to a customer’s expressed interest in training because she had judged that the customer would be unlikely to be able or willing to commit the time to a course.

These differences amongst IBPA in terms of both practice and philosophy suggest the need for more clarity about what types of outcomes IBPAs should be aiming for with extension customers.
9.3 Referral options

9.3.1 The CMP

Benefits of the CMP
The CMP was widely felt to be the most appropriate referral option for extension customers. This was because it was thought that where a customer was a long way from work, the first step should be to help them think about how they might be able to cope with their health condition on a day-to-day basis. The specific benefits of the CMP were seen as being its ability to give customers an insight into what they were capable of doing, helping them to better manage their condition on a day-to-day basis, encouraging them to make social contact with other people and, as a result, raising self confidence and self-esteem.

Limitations of the CMP
However, there were some concerns and difficulties experienced with referrals to the CMP. The main reservation expressed by IBPAs about the CMP was that it was largely based on group work which was said to have put some customers off attending. Some customers also gave negative feedback about the group sessions. Such feedback included comments about how the constantly changing composition of the groups could be unsettling, and about how they did not always feel that they shared common ground with other attendees. In one case, a customer inadvertently found herself in the same group as her mother, which meant that she did not feel free to speak freely. A further reservation expressed by one IBPA was that the programme was too short for those requiring intensive support and as a result, could leave customers feeling that they had been left ‘high and dry’ at its end.

Centrality of the CMP as referral option for extension customers
Despite these reservations, the CMP remained central as a referral option for extension customers. A consequence of this was that it was often difficult for IBPAs to know what to do with customers for whom the CMP was not considered appropriate or who were not keen on attending. This evidence is consistent with the findings reported in the study of the early extension of Pathways to existing customers (Barnes and Hudson, 2006), which found that IBPAs would have liked access to more provision specifically designed to meet the needs of existing customers, who have had a health condition for longer and who may not have worked for some time. In some of these instances, IBPAs chose to waive; in others, customers were brought in for further WFI in the hope that their circumstances or views might change. Evidence from the research interviews with customers suggests that the centrality of the CMP meant that IBPAs could be inclined to extol the merits of CMP without sufficient exploration of its suitability for the customer. As a result there were examples of customers who had felt pressured to agree to attend even though, in fact, they had significant concerns about doing so.
**IBPA knowledge of CMP and confidence in making referrals**

A number of IBPAs said that they were very confident in referring to CMP. They had built up knowledge and experience of what the programme involved and who it was appropriate for through, for example, regular contact with the service providers and also from the experience they had built up through referring customers and following up on those referrals. IBPAs also often commented on the fact that the CMP health assessor vetted all the referrals made and indicated that this made them feel more confident.

However, there was also evidence of a lack of clarity and confidence amongst IBPAs in describing and referring to the CMP. These difficulties often seemed to stem from a lack of understanding about the nature and severity of a customer's health condition and also, in some cases, about the nature of the treatment they had received in the past or were currently receiving or due to receive, that left IBPAs unsure about whether CMP was appropriate.

Differences of understanding between IBPAs around whether those currently receiving NHS treatment were suitable for the programme was one manifestation of this; an issue that was highlighted in earlier research (Knight *et al.*, 2005). On the one hand there were IBPAs who used the fact that a customer was receiving, or on the waiting list to receive, an NHS service such as counselling as a cue to recommend the CMP. For example, one IBPA had promoted the CMP to a customer awaiting NHS counselling by telling them they would be able to access counselling more quickly through the CMP. On the other hand there were IBPAs who said that they felt unsure about whether to refer these types of customers. One response to this lack of clarity was to ask customers to discuss with their GP whether or not the CMP was appropriate. There was evidence that this lack of confidence could be picked up by the customer and affect their confidence in the referral. For example, one customer who had been referred to the CMP said that, in fact, she would not attend because she doubted the IBPA’s ability to judge her appropriateness for a medical programme. It was also evident from customer comments that where a customer had not been convinced by the IBPA of the potential merits of the CMP, there could be a reluctance to even raise it with the GP.

Lack of understanding about which types of customers, in other respects, were fitting recipients of the CMP was also sometimes evident. Examples given by IBPAs of those who should not be referred included those with deep rooted mental problems requiring psychiatric help, those whose medication was not yet settled, those who were already confident in managing their condition and those who were currently attending an alternative condition management programme. However, this understanding amongst IBPAs was not universal, with some expressing doubt about whether or not they should mention the programme to customers in some of these circumstances. One IBPA, for example, had described the CMP to a customer with deep-rooted mental health problems but expressed doubt in her research interview afterwards about whether she should have done. In another case, an IBPA placed a lot of emphasis on the CMP in the customer’s first WFI, in spite of the fact

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**Referrals and follow-up**
that the customer was clear that she felt fully experienced in managing her condition and had past experience of condition management programmes. This customer was concerned that the IBPA would want to discuss it further at the next WFI, even though she felt it was clearly not appropriate.

Apparent lack of knowledge about how the programme actually operated was also more evident in some instances. For example, one IBPA had led a customer to understand that she would be able to see a CMP practitioner at home in a one-to-one situation, whereas in fact this had not turned out to be possible.

The extent to which IBPAs felt confident in referring to the CMP could also be influenced by their feelings about how far they had developed an understanding of the customer’s circumstances, condition and aspirations. Positively, there were examples where the customer was involved in the referral decision and had a shared understanding with the IBPA about what they were going to get out of the programme. However, where rapport was less established, a consequence could be lack of disclosure by the customer of critical information which might have affected the referral. For example, one customer who was referred to the CMP had in fact not disclosed in the WFI the fact that she was pregnant. In other cases, IBPAs had made referrals to CMP but had had doubts about whether the customer had agreed merely in order to be seen to be complying.

A number of IBPAs also said that the poor quality of the written information relating to the CMP programme could make describing the programme to customers more difficult than it needed to be. The officially available leaflet was described as too long and complicated; instead, in one area, IBPAs were talking customers through a leaflet designed by the local CMP team during the interview, but unfortunately it was not available in sufficient numbers for customers to take it home.

9.3.2 Training options

Benefits of training options

IBPAs usually felt that training options were a useful route for some extension customers. This was because these customers had often been out of the workplace for several years, and IBPAs felt that training could enable them to update their skills, re-train where returning to their previous job was not appropriate, and more generally build up their confidence.

Gaps and barriers

At the same time, it was commonly felt that the training options available were inappropriate for extension customers. IBPAs said, for example, that the only courses available were short-term, one-off courses rather than the more in depth courses that would make a significant difference to a customer’s employability. Some IBPAs also referred to having to write a ‘business case’ for referring an extension customer to training. This involved showing how it would lead to a job-entry, which was often felt by IBPAs to be an unlikely short- or often even medium-
term outcome of their work with extension customers. Several examples were also
given of the recent withdrawal of training options which IBPAs had found useful in
the past. For example, the withdrawal of a programme for the self-employed in one
area was said to have left a big gap in terms of provision for those wanting to set up
their own business, which IBPAs said extension customers sometimes expressed an
interest in doing. In another area, the withdrawal of a home-based IT training
package was felt to have been regrettable, as this had been seen as a way for
customers to update their skills in a safe and unintimidating environment.

**IBPA knowledge of training options and confidence in referring**

There was also evidence that in some cases IBPAs’ own lack of knowledge about
referral procedures could act as a barrier to customers accessing training. For
example, an IBPA in one area admitted that they felt unclear about how to refer
jobcentre customers to local training provision; a high turnover of managers and
staff sickness had meant that it was difficult for her to get answers to her questions
about procedure. More generally, there was a feeling that more information about
local training options and referral procedures would be helpful, perhaps in the form
of a directory.

### 9.3.3 Job Brokers

The use of Job Brokers was rarely mentioned. IBPAs tended to regard them as an
option for customers ready or almost ready to enter the labour market and
therefore, usually inappropriate for extension customers. However, there were
some IBPAs who said that they might use them with extension customers to help
give them an insight into what sort of jobs were available, which employers were
likely to be sympathetic and to explore what sort of hours they might need to be
capable of working. This was not so much seen as a means of moving them into
work, however, in the short-term as a way to ‘sow the seed’ for the longer term.

However, there was only one example of a customer in this study who had been
referred to a Job Broker by the IBPA for the reason described above. However, this
customer had agreed to see the Job Broker without any real understanding of what
was involved or interest in attending, and, when asked how the appointment had
gone, could not remember much about it.

### 9.3.4 Financial incentives

IBPAs typically said that they would mention the **Return to Work Credit (RTWC)** to
extension customers at the first WFI in order to equip them with the information they
needed should they think about returning to work in the future. However, it did not
seem to be something that they had actually used very often for extension customers
given the limited numbers of job entries, as yet, amongst this group.

There was diversity amongst IBPAs in terms of attitudes towards, and use of, the **Job
Preparation Premium (JPP)**. It was evident that it was often not being used; the
difficulty of judging consistently and fairly which customers should be eligible for the
payment was given as the main reason for this. A further cause for concern for some IBPAs was that some customers might take up Choices options specifically to receive JPP. IBPAs who had these doubts often said that they did not always mention the JPP to customers in the initial WFI, their rationale being that it would be inappropriate to describe something that they did not intend to use. Similar concerns were also reported in the study of the early extension of Pathways to existing customers (Barnes and Hudson, 2006).

Some IBPAs, however, said that they did use the JPP. One type of use was to introduce it as a post hoc reward for what the IBPA judged to be exceptional effort on behalf of a customer; for example, a lone father of three who had managed to start his own business. There were also examples of IBPAs who were using it to help customers who were interested in making positive changes to their lives which might lead eventually towards job entries. For example, in one case it was being used to help a customer pay for driving lessons. In other cases, it was used to assist customers in practical efforts to improve their health; for example, to fund gym membership for one customer working at recuperating from a heart attack and mental health difficulties and to pay for art classes for an agoraphobic customer in order to encourage her to participate in activities outside of her home.

9.3.5 Provision available through DEAs

It was striking, in comparison to earlier research amongst IBPAs working with ‘new’ customers, how rarely the provision available through DEAs was mentioned. Whilst one IBPA mentioned work trials during a WFI, it was not mentioned in any other cases and neither did IBPAs commonly discuss using this option in their research interviews. One reason for this seemed to be that IBPAs were not aware of being able to access this provision or how to do it. One IBPA, for example, said that she wished she had access to DEA provision as she thought this was more appropriate to extension customers than many of the other options bar the CMP.

However, in other cases there was a feeling that programmes such as WORKSTEP and WorkPrep were unlikely to be appropriate for many extension customers. It was felt that, given that extension customers were a long way from entering the labour market, programmes offering, albeit highly supported, workplace experience were unlikely to be appropriate or cost-effective options. For this reason, one IBPA commented that she did not think that she ‘needed’ to know about this type of provision. In another case, an IBPA concluded that one of her customers was not appropriate for DEA provision because he was unlikely to enter the labour market.

Given that IBPAs could lack confidence about how to proceed with customers who were not appropriate for CMP, it seems that, in some cases, they could benefit from more information about the programmes available through the DEA, and which types of customers they would be appropriate for.
9.3.6 Gaps in provision

As well as training gaps (already discussed), IBPAs also sometimes mentioned a lack of signposting and provision for customers with alcohol problems. This was contrasted to the situation for people with drug addictions, for whom there were generally felt to be appropriate local services for IBPAs to refer to. Where alcoholic customers are reluctant to identify or contact support services themselves, this could result in an impasse in the WFI as the Choices options did not accept people with addictions. One IBPA said that in particular they would find it useful to be able to offer alcoholics access to short training courses, apparently offered by one Job Broker to people with drug addictions. A shortage of provision for homeless customers was also mentioned, although this was not discussed in any detail.
10 Following up on the Work Focused Interviews and referrals

This chapter looks at the arrangements made by Incapacity Benefit Personal Advisers (IBPAs) to follow up on the observed Work Focused Interviews (WFIs) and customer understanding of those arrangements. IBPA practice in relation to action planning is then described.

10.1 IBPA practice in following up

The usual IBPA practice in relation to customers who had been waived was not to get back in touch; the fact they had been waived was based on a view that the customers’ situation was very unlikely to change and that there was nothing Pathways was going to be able to help them with. An exception, in this study, was when an IBPA promised to get back to the customer with more information about a training course that they had been interested in, even though this was not one that they would be able to access through the jobcentre.

In cases where IBPAs had called customers in for a further WFI, they usually regarded its purpose as being to discuss whether the customer was interested in any of the referral options mentioned at the first WFI. Depending on the amount that had been discussed in the first WFI, it could also be seen as an opportunity to find out more about the customer’s situation, or for describing in more detail the various parts of the Choices package. The second WFI was usually arranged to take place in the jobcentre. However, phone interviews were organised in cases where a customer had been perceived to be in severe physical discomfort or where the presence of a relative was felt to have hindered the discussion.

In the case of following up on referrals, IBPAs commonly said that they arranged to speak to the service provider, either on the phone or face-to-face, to find out how referrals had gone. Informal ‘mid-WFI’ appointments or phone calls with customers
were also sometimes set up, the purpose being to get the customer’s perspective on how the appointment had gone and, where relevant, for the IBPA to provide them with further encouragement.

Sometimes, IBPAs were not very specific about follow-up with the customer; for example, vaguely mentioning the possibility of a future WFI but not saying when this would take place or what would happen in it. The rationale in these cases seemed, in the main, to be indecision on the part of the IBPA about what was appropriate or whether the help they could offer was likely to be useful; leaving it this way meant that whether and when IBPAs recontacted customers was flexible, allowing time for reconsideration of the cases and, effectively, more scope for managing their caseloads. Where the third WFI was observed, the IBPAs expressed the intention of remaining in contact with the customer to follow up on their progress; in both cases, the purpose of following up was to find out how a medical appointment had gone, and whether this had influenced their feelings about what they were capable of doing next. However, IBPAs were sometimes unsure whether customers would attend without the WFIs being mandatory, or about their right to request that customers attend. For example, one IBPA expressed the view that it would ‘be a shame just to leave it where it is’ for a customer whose physical health had improved as a result of attending the condition management programme (CMP). While another IBPA another discussed the need for some kind of ‘exit interview’ for customers after their third WFI.

There were also examples where IBPAs said that they had forgotten to say to the customer how many WFIs there would be, or what would happen at the next one, even though they had intended to. This seemed to occur, in particular, where there were time pressures, or where there was a lack of rapport between the IBPA and customer.

10.2 Customer understanding of arrangements made for follow-up

In a number of cases, there was a shared understanding between customers and IBPAs about what had been arranged to happen next. This was particularly notable in cases where customers were highly engaged, evidenced by them showing active interest in what had been discussed in the WFI or in a referral option. There were also cases of customers who had been waived and who had understood clearly what had happened, and that this meant that the jobcentre would not be back in touch in the foreseeable future.

However, there were also cases where there was a lack of clarity on the part of the customer about what was going to happen next. Lack of awareness of how many WFIs they would be required to attend was one example of this. Being unsure about what was going to be discussed at the next WFI was another; for example, a customer who had had a CMP appointment arranged for them which was to be discussed more fully during the second WFI did not, in fact, seem aware that this was
going to happen. There was also evidence of a lack of clarity in some instances over waivers; one customer who had been waived spoke of ‘half expecting’ to be called back in again.

It was not always clear whether this lack of clarity was due to inadequate explanations by IBPAs; as described already, for example, there were occasions when IBPAs admitted to having forgotten to cover particular details regarding follow-up; or customer misunderstanding or lack of recall. However, the lack of clarity was particularly evident amongst those customers who were unhappy about engaging with the jobcentre and who appeared, in some cases, to adopt a resigned passivity during the WFI. This suggests that, as with patchy recall about referral options (see above), these customers were perhaps not actively listening and clarifying arrangements.

10.3 Action planning

The extent to which IBPAs made use of formal action plans varied. One practice was for IBPAs to write them up and give them to the customer as a matter of course at the end of every interview. Those who did this said that they felt it helped to make the customer feel involved in and committed to what had been discussed. It also allowed for the customer to check for any inaccuracies. Another practice was for IBPAs not to give the customer a formal action plan, instead writing up an account of the interview after it had taken place. Key reasons given for this practice were time pressures, a desire to focus entirely on what the customer was saying during the interview rather than writing or typing up as they were speaking and also that it then acted as an aide-memoir for the IBPA at the next WFI. A further reason given was the perception that formal action plans could seem intimidating to customers; for this reason one IBPA instead wrote out action points for the customer on a post-it note for them to take away.

There was little evidence about what customers thought of action plans because they had usually not seen one and did not know what they were. The one customer who had received a formal action plan said that they had found it a useful reminder of what had been discussed. However, the fact that some customers were unclear about the number of times they would be called into the jobcentre and about what was going to happen in the next WFI, as discussed previously, suggests that the more frequent use of an action plan, perhaps in the form of a simple written summary, could help to prevent misunderstandings.
11 Outcomes

This chapter looks first of all at Incapacity Benefit Personal Advisers’ (IBPAs’) views about what constituted an ‘outcome’ for extension customers, and then goes on to describe the main impacts of the Work Focused Interviews (WFIs) as experienced by customers in the study.

11.1 How IBPAs defined an ‘outcome’ for extension customers

As described earlier, IBPAs reported that, given the barriers extension customers tended to face, progression into work as a result of the WFIs was unusual, particularly over the short term. Instead, they often spoke about working towards achieving more intermediate outcomes. However, as discussed in Chapter 7, there were differences in emphasis between IBPAs over the acceptability of such outcomes as a final result of their work with extension customers, as opposed to a step on a longer process towards entering the labour market.

At one end of the spectrum were IBPAs who believed that an intervention was justifiable if it helped to improve a customer’s quality of life. At the other end were those who appeared to believe that it was only justifiable to invest in customers, for example, through the condition management programme (CMP) or training, if entry to the labour market was a potential ultimate outcome at some point in the future, either in the short- to medium-term or, for some, even in the much longer-term.

Somewhere in the middle were IBPAs who appeared to be experiencing some confusion over this issue, feeling on the one hand that health improvements, gains in confidence, improvements in quality of life, etc., should be valid results of working with an extension customer, but on the other that such outcomes could not be economically justified in terms of the investment in Pathways.
11.2 Types of outcomes experienced by customers

This chapter now goes on to describe the key impacts experienced by customers in the study. It does this in relation to three main groups of customers:

- customers who were still participating in the WFIs but had not experienced a referral option;
- customers who had experienced a referral option;
- customers who had been waived.

As a significant caveat to the evidence described below, in many cases only one WFI had been experienced. Moreover, even where three had been experienced, customers were not always regarded by IBPAs, and did not always regard themselves, as at the end of the road as far as involvement with Pathways was concerned.

11.2.1 Customers who were still participating in the WFIs but who had not yet experienced a referral option

Positive impacts

One group of customers in this category talked about the impact of the WFIs so far in wholly positive terms. The key impacts mentioned were feeling more confident and optimistic about their capabilities and, sometimes, about their likelihood of returning to work. Exceptionally, customers in this group had been positive about the prospect of the WFI prior to attendance; in other cases the customers had been anxious and reluctant to attend. This is evidence of the strong effect a good WFI experience could have on customer feelings about participation in Pathways. However, all were positively predisposed to the idea of moving into some limited form of work before their WFI.

Several factors accounted for their positive feelings: First, they had been pleasantly surprised by their IBPAs, finding them sympathetic, friendly and respectful. In one case this experience had been contrary to her expectation, which was that she would be treated like the ‘muck on the [IBPA’s] shoe’. Particularly appreciated was the perception that their IBPAs had understood the constraints of their health and personal situations, and were interested in working at the customer’s own pace and towards the customer’s own goals rather than ‘pushing’ them too fast into unsuitable work. As already discussed, the establishment of rapport could encourage customers to open up and could relieve stress, because it was felt to be therapeutic to be able to talk about health issues with someone who apparently understood and empathised.

Second, these customers felt that they had received valuable information about the options available to them, which had made them feel that it would be possible for them to change their situations in a positive way if they took up the options and, sometimes, progress towards work over the longer term. The information cited in this respect included advice about training options, possible sources of financial
assistance, information about the CMP and, in one case, a better-off calculation which verified the customer’s suspicion that she would be better off in work than on benefits, and provided her with concrete evidence to show her partner, who had doubted this would be the case. Finally, one of these customers had accepted a referral to the CMP and felt positive about having done so, although he had not yet attended. He appreciated that the IBPA had understood his need to take ‘small steps towards work’ by dealing with his health condition first, and hoped to receive some support with living with his mental health condition from the programme.

 Whilst there were no observed job outcomes amongst customers participating in this study, the early stage at which these customers were at in the WFI process should be noted. It should also be noted that these customers continued to face sometimes significant and multiple barriers to returning to work.

**Neither positive nor negative impacts**

These were customers who were still involved with Pathways and who felt that it had been neither particularly positive nor particularly negative. The first set of customers in this group comprised those who felt that they could not consider going back to work as a result of their health condition or personal barriers or both, but who gave the impression of being happy enough to attend the WFIs provided no pressure was put on them to return to work. In these cases, there was a clear sense of customers feeling that they were going through the motions; they were attending because they had to and were passive recipients rather than active participants of the WFI. For example, they were unlikely to provide the IBPA with information other than what their questions required, did not, in some cases, disclose significant personal issues such as a pregnancy or recent bereavement and did not ask clarifying questions about issues that they had not understood, for example the Choices options.

It was evident that in some of these cases, IBPAs also seemed, to some extent, to be going through the motions, in that they also did not feel that the customers were likely to return to work but nevertheless, seemed to feel compelled to carry on working with them, on the grounds that there was no obvious reason for deferring or waiving.

Finally, there was one customer in this group who expressed the intention of moving into a 12 to 16 hour job at her second WFI, but who said in her research interview that she had been thinking of doing this anyway. Whilst she had liked the IBPA, she did not feel that the WFI had been particularly influential in this respect. This case was interesting in that the IBPA suspected that in fact the customer was already working, and was seeking to legitimise the work through the WFIs.

**Negative impacts**

Finally, there were customers, still involved with Pathways, who had negative experiences of their WFI.
One reason for this was the feeling that the IBPA had not taken on board the seriousness of the customer’s health condition or their concerns about working. For example, one customer who had experienced Permitted Work but had to give it up on account of severe pain said that the IBPA had not seemed to agree with her view that she was not currently able to work, because she had mentioned various Choices options which were specifically related to work. In fact this was not the case, and the IBPA said she had only mentioned work-related support in case the customer should decide to return to work in the future. Another customer felt that the IBPA’s failure to acknowledge the constraints her health condition placed on working was illustrated by the fact that she focused on discussing how much better off financially the customer would be in work, rather than her health; a situation that seems in fact to have arisen because the IBPA understood from something the customer said that she was closer to work than she actually was. In both of these cases the customers were left feeling anxious about their next WFI, in particular having concerns that they might be pushed into something inappropriate.

Related to this, dissatisfaction was also evident in cases where the IBPA was felt to have wrongly focused on the CMP in the WFI. In one case, a customer felt that the IBPA’s emphasis on the CMP had been inappropriate because they were already experienced in managing their condition; moreover, they felt that the IBPA did not understand their condition sufficiently to be able to tell whether or not CMP was appropriate. This customer was concerned that she would experience pressure to attend the CMP at her next WFI. In fact, however, the IBPA had said in her research interview that she had not been sure whether or not she should mention the CMP to this customer, and was aware that it could have been a wrong steer. In another case, a customer was referred to the CMP but in fact did not go, out of fear of having someone probe into what she considered her personal issues; in this case the IBPA did not seem to be aware of the customer’s concern.

A further cause for negativity about the WFI was customer dislike of jobcentre involvement in their cases or a feeling of being patronised. It was not always clear what had produced this feeling, although concern that achieving job entries would take precedence over the customer’s best interests was sometimes evident, as was a sense that there was a degree of stigma associated with finding work through the jobcentre. A number of customers said that if they were able to return to work, they would be capable of doing so without the involvement of the jobcentre, knowing where to look for jobs themselves, and in some cases having had professional jobs in the past. It was interesting that in these cases, the IBPAs seemed unaware of their customer’s dislike of contact with the jobcentre or resistance to being helped to do something they felt they could do for themselves if it was appropriate. For example, in one case an IBPA described a customer who expressed these views in her research interview as having ‘engaged well’. A key reason for this was that these customers did not articulate the above opinions to IBPA. It seemed, in this respect, that the commonly remarked upon friendliness of the IBPAs could sometimes wrong-foot customers and lead to them adopting a more cooperative and positive stance in the interviews than they truly felt.
Finally, misunderstanding or lack of understanding of what an IBPA had told them could also result in anxiety about the next WFI. For example, one customer had understood that the CMP was a training programme with jobs at the end of it, and had deduced from this that she was likely to experience increasing pressure at her next WFI to move towards work, in spite of the severity of her health condition. There was also a customer who said that she had not understood much at all of what was covered in her WFI, which she attributed to illiteracy and serious mental health problems. The IBPA had not picked up on this, seemingly because the customer had not revealed her lack of understanding. A particularly serious misunderstanding was that she might be called in again; an occurrence which she felt was likely to have a detrimental impact on her mental health, leaving her feeling pressurised. In fact, whilst the IBPA was not sure whether she had deferred or waived, she said she had not arranged to see the customer again and would certainly not call her in again in the future without a phone conversation first.

11.2.2 Customers who experienced a referral

The extent to which customers who had experienced a referral felt that there had been positive impacts varied. Positive impacts of a referral included, in the case of the CMP, helping to improve customers’ physical health and management of it. In one case, for example, a customer said she had gained a better understanding of her health condition by being able to identify herself as suffering from depression. Another customer had also attended an IT training course which the IBPA had helped them to access. This was felt to have helped them to structure their lives better and given them confidence both in terms of skills and meeting new people.

However, customers felt that other aspects of the CMP had been less helpful. As discussed earlier, one criticism was of the group work, including the constantly changing composition of the group and not feeling they had much in common with the other group members, who seemed to face very different problems. This could be off-putting for customers. In one instance, for example, a customer believed she would be able to be seen in her home in a one-to-one arrangement and later found out that she would need to attend a group which she did not want to do. In other instances, customers felt that they had been ‘pushed’ into attending the CMP. In one case, a customer described feeling uncomfortable about the personal questions asked during her meeting with the assessor, and felt that she was likely to pull out of her next meeting. Those who had attended also sometimes said the material covered was not new to them.

It was also the case that, even where customers reported positive experiences and perceived benefits, these customers generally felt that they were not any closer to work, because of the significant nature of the health and other barriers they faced. In one case the customer felt their mental health condition had actually deteriorated during the course of the WFIs. In another case, a customer had experienced significant personal problems, causing them to leave the IT course they had been attending. Whilst the IBPAs seemed aware of the setbacks these customers had faced, it was notable that they tended to describe customers’ progress in a more...
positive light than the customers did themselves. For example, in the case of the customer who felt his mental health had deteriorated, the IBPA judged him to be six to 12 months away from paid work; the customer himself, however, had a much less optimistic outlook.

### 11.2.3 Customers who had been waived

One group of customers who had been waived felt that the waiver was the right decision. Whilst they were surprised at having been called in, they did not have particularly negative experiences at the WFI, and agreed with the IBPA that there was little that they could get out of the WFIs at the current time, either because of the nature of their health condition or because of their health condition combined with other significant barriers.

However, occasionally there was some disappointment with being waived. In one instance, a customer had hoped that the IBPA might be able to help him to access a training course, possibly with a view to moving into some form of part-time work. He had also hoped to receive some advice about whether moving into part-time work would be financially viable. Being waived had made him feel as though ‘no-one knew [he] was alive’. In another case, a customer’s family, who had attended the interview and largely spoken for her, were disappointed that the IBPA had said that the jobcentre would not be able to pay for a residential course specific to people with the customer’s disability. This was the only support the family was interested in accessing and the IBPA did not think that any of the Choices options were appropriate anyway. In this case the IBPA was aware of their disappointment, but felt that there was little else to be done, given that funding the course was outside the jobcentre’s remit.

It seems likely that as IBPAs gain more experience of working with extension customers, and in particular of progression made by them over a more extended period of time than the three WFIs, they will become more confident about judging the appropriateness and value of the different interventions for particular customers. This evidence also suggests that keeping IBPAs informed of evaluation evidence around what works with extension customers would, in addition, be valuable.

These descriptions of the impacts achieved so far illustrate the complexity of IBPAs’ work with extension customers and the difficulty of getting their approach right.

The evidence suggests that key ingredients for a successful approach were for IBPAs to build up rapport with their customers and a good understanding of their situation **before** deciding how to work with them. A further key ingredient was for IBPAs to ensure that customers were always complicit in the decisions being made, and to communicate clearly about next steps. Whilst there were cases described above where all this had happened well, it has been seen that there were also cases where it did not, and which could result in customer anxiety, negativity and disengagement from the WFIs.
The report as a whole has also drawn out the key barriers to IBPAs doing the above, most notably time pressures, concern that the time needed to be put in to do the above would not be justified by the outcome, difficulties with fully understanding a customer’s health condition and its implications for their ability to move closer to work. A further barrier, as has been seen in some of the cases described above, was lack of customer commitment to the process, resulting in them holding important information back or failing to clarify areas of misunderstanding. The issues raised here are considered in some depth in the final chapter, which looks at the policy implications of the key findings detailed in this report.
12 Discussion and policy implications

This section aims to highlight some of the key issues arising from the research and identify some implications for policy, whilst recognising that this research may provide useful information for a wider range of policy decisions and considerations than are set out here.

The areas covered relate to the nature of health and other barriers for existing customers, including:

- the implications for the need for screening and for the conduct of Work Focused Interviews (WFIs);
- reducing needless customer anxieties about attending WFIs in order to reduce resistance and increase engagement with the voluntary aspects of the programme;
- increasing clarity for Incapacity Benefit Personal Advisers (IBPAs) about their role and the legitimate outcomes of work with this group of customers given the lack of likely job entries in the short- to medium-term;
- supporting IBPAs in fully understanding the barriers faced by customers in order to make appropriate and timely interventions;
- improving the quality of referrals and reviewing the central role of condition management programme (CMP) in the Choices package for these customers;
- ensuring continued sharing of good practice.

12.1 The challenges posed by the health and other barriers of existing customers

The difference between existing customers and new customers, in terms of the health and other barriers they face, was seen by IBPAs to be a matter of degree. However, compared to new customers, existing customers in this study tended to
have barriers which were generally significant and sometimes severe, that could be subject to inherent instability and which were frequently multiple and compounded. This supported the general view of IBPAs that the nature and complexity of the barriers facing existing customers meant that they were usually a long way from work. Earlier research (Barnes & Hudson, 2006) noted how some IBPAs were surprised at how ill existing customers were. The findings from this study support this and present a general picture of customers with more serious and entrenched barriers than is generally characteristic of new customers, some of which appeared to be very severe. Given this picture, it may be that there needs to be a way of screening out some of the more vulnerable customers who are currently being required to attend a WFI. This study found IBPAs already screening ‘unofficially’ through pre-WFI telephone contact where customer barriers were perceived as particularly severe.

The nature of the barriers facing existing customers compared to new customers, were also found to present a series of challenges for IBPAs. These challenges had impacts on:

- the conduct of WFIs and the issues that were discussed;
- how far IBPAs were able to get to fully understand the barriers facing customers;
- the legitimate outcomes that IBPAs thought were appropriate to pursue with customers;
- the scope for effective referrals;
- the way in which WFIs were followed up;
- the impacts on, and early outcomes for, this group of customers.

There is a need to review ways in which IBPAs meet these challenges and adapt their practices over time and to identify good practice. This study begins this process, but it may be useful to establish other forums for identifying and exchanging good practice.

12.2 Reducing customer anxieties and concerns prior to attending the WFI

It will be important to galvanise some customers into contact with the programme through the use of mandatory WFIs and threat of sanctions for non-attendance. However, progress beyond this initial contact often depended upon genuine engagement and openness to the support on offer, given both the voluntary nature of aspects of the programme and the difficulties of working effectively with reluctant or disengaged customers. Findings from this study suggested a range of ways in which customers could experience unnecessary concerns and anxieties about attending a WFI, which, in turn, could lead to upset and stress for the customer, resistance and less effective engagement with the WFI process. It may,
therefore, be useful to think about ways of attempting to reduce these unnecessary anxieties.

Media coverage was one source of anxiety for customers, whereby they had often gained the impression that they were going to be forced back into work. The need for proactive management of the media coverage and the need for public spokespeople to focus on the availability of new and voluntary forms of support may be important. In this respect our findings reflected the view found among IBPAs in the early implementation study that messages about Pathways needed to have been better filtered out to the public before the extension to existing customers (Barnes and Hudson, 2006 p. 28).

Another source of anxiety was the appointment letter, which was generally seen as providing insufficient information about what the objectives of the programme were and what was going to happen at the WFI, and was sometimes seen as being hostile in tone. Considering rewording and providing more information in the letter may be helpful. In particular, the letter needs to clarify the purpose of the WFI in terms of offering new services and support and make the distinction between the mandatory nature of the WFI and the voluntary nature of other aspects of the programme clearer. This may be especially important where pre-WFI telephone contact is not possible and the letter is the only contact the customer will have with the jobcentre before attending the WFI. With regard to pre-WFI telephone contact, the findings from this study also suggest that, where it is possible for the IBPA to make telephone contact prior to the receipt of the first contact letter, and to successfully explain the aims of the Pathways programme and what is involved in attending a WFI, this will tend to reduce anxieties about attendance at the WFIs. It was a concern then, given the emphasis placed upon pre-WFI telephone contact in principle in the programme for existing customers, that missing contact details, time pressures and concerns about its value could prevent it happening consistently. These findings on pre-WFI contact reinforce those of earlier research (Barnes and Hudson, 2006 p.28).

During the WFIs, IBPAs described a range of ways of building rapport with customers and increasing engagement that they had found to be effective. These included:

- reassuring customers that they would not be forced to return to work;
- trying to keep interviews informal and friendly through the use of chit-chat and discussion of shared interests;
- being attentive to customers through active listening;
- involving them in taking notes about the meeting;
- showing respect and compassion towards customers by treating them as equals.

These approaches seem to present a basis for good practice and where they were implemented effectively, could counter negative views of IBPAs that customers had built up from coverage of the Incapacity Benefit (IB) reforms in the media.
12.3 Clarity about legitimate targets and outcomes for existing customers and about the extent to which the focus of interventions should be on job-entry

It appeared that there needed to be greater clarity about what constituted legitimate targets and outcomes for work with existing customers given the nature of the health and other barriers they tended to face and their distance from the labour market. As discussed in Chapter 7, there was a spectrum of IBPA views about the aims and objectives of Pathways to Work for existing customers who were a long way from the labour market. This ranged from those who felt that any form of progress was a legitimate outcome, even if the customer was ultimately unlikely to move into work; through those who thought that movement towards work, even if this was likely to be a way off, was a legitimate outcome; to those who focused on cost effectiveness and aimed to ‘sift’ customers so as to work only with those who they thought had a realistic chance of finding work in the short- to medium-term.

Earlier research (Knight et al., 2005) identified a similar spectrum of views amongst IBPAs working with new customers. However, in the case of existing customers, the lack of likely work outcomes in the short- or medium-term led to more focus on intermediate outcomes on the way towards work, even for those IBPAs who aimed to prioritise those most likely to enter work. In the absence of likely work outcomes, these IBPAs sometimes had to satisfy themselves with waiving or deferring those with the most severe barriers and hoping that they had ‘opened a door’ or ‘planted a seed’ with others. In other cases, referral itself was considered an outcome in the short- to medium-term, even where there was perhaps little hope it might lead to future employment in the longer-term.

In particular, IBPAs seemed to require greater clarity about how near the prospect of job-entry needed to be to justify investment of time and resources in a customer and whether costs should be incurred where there was no or little prospect of work entry in the short- to medium-term. If it is appropriate to continue working with those with limited prospects of future job-entry, there was a need for clearer articulation of the possible benefits and of how are they to be assessed in terms of targets and outcomes. And where IBPAs did perceive the possibility of outcomes that could, in time, lead to future employment, there seemed to be a need for greater clarity about how much effort and cost it is appropriate to expend to achieve these outcomes.

A further area, where IBPAs appeared to need greater guidance, was on whether and how to work with reluctant customers, bearing in mind that the range of potential reasons for reluctance included customers genuinely believing that they were too ill to be thinking about returning to work. There were examples of IBPAs lowering resistance and negative impressions, and thereby engaging initially reluctant customers. However, IBPAs were also concerned about wasting resources on customers who would not make progress or pressurising those who are really too ill to be thinking about work at this stage in their lives. Findings from further research
as part of the Pathways evaluation about what works with these customers should inform clarification of these issues.

12.4 Fully understanding customer barriers

The effectiveness of work with customers and referrals depended on how far the IBPA was able to gain a full and comprehensive understanding of customers’ barriers, circumstances and aspirations. This was especially the case with existing customers who tended to have multiple and more complex barriers than new customers, not all of which might be immediately apparent. Good rapport between IBPAs and customers could encourage customers to share this information, thus emphasising the importance of the skills of rapport building discussed above. Sometimes, this disclosure happened gradually over the course of two or three WFIs suggesting that it might also be helpful to consider whether there was a need for more than three mandatory WFIs. Related to this was the need for adequate appointments that were not rushed or hurried. In some areas, staff sickness, clearing backlogs, caseloads and the need to manage failure to attends (FTAs) could hamper this.

Interestingly, the issue of conducting WFIs in an open plan setting was less of an issue than might have been expected. In this study there was specific mention being made of an open plan setting having the advantage of being friendlier and ensuring that the IBPA is polite and considerate, perhaps reflecting customer concerns about being forced into work. IBPAs also said that their lack of medical knowledge was a barrier and source of a lack of confidence in working with customers and making referrals, particularly existing customers who could have multiple and complex conditions. A suggestion of closer working with medical professionals and GPs was made and the model of pre-entry health assessment, as used in the CMP, was widely valued.

12.5 Referrals and follow-up of referrals

Overall, this evidence seems to indicate that whilst it was hard for IBPAs to get the balance of information right, providing customers with information about the range of referral options available rather than jumping to early conclusions about what was most appropriate was the most successful approach. In particular, this permitted customer involvement in deciding what support was appropriate, and could lead to better quality discussions in the WFI and greater customer commitment to referrals.

The CMP was a highly valued Choices option with a wide range of potential benefits identified. However, the centrality of CMP to the Choices package for existing customers in terms of often being the only seemingly appropriate referral option, could mean that IBPAs sometimes promoted it at an early stage without always being clear that it exactly matched the customer’s needs. A decision to refer at an early stage, particularly to CMP, was also based on a desire to achieve some progress
with the customer within the period of three mandatory WFIs since IBPAs were often unsure whether they could ask a customer to attend further WFIs and whether they would actually attend voluntarily. Additionally, it was pointed out that where customers had attended the CMP and experienced health improvements but then did not, for whatever reason, go on to attend WFIs beyond the mandatory three WFIs, there was the potential to fail to build fully on the progress made.

Also, where it was not seen as appropriate, IBPAs were sometimes uncertain of what else they could do, and often called the customer in for a later WFI to review whether their circumstances had changed. Clearer guidance about what is appropriate in these circumstances and how long an IBPA should remain in contact to review changes in circumstances seems to be required.

Filling gaps in provision for existing customers may also be important. It is not clear that this research has identified the full range of potential gaps. However, appropriate training options were sometimes identified as lacking. Particularly mentioned was training around self-employment, which some existing customers may consider as an employment option given its potential ability to fit around health limitations and other commitments, and home-based training which some existing customers may find less intimidating. It also appeared that IBPAs were occasionally asked to make a business case based on likely job-entry for some training schemes, which meant that existing customers were denied access to this training where entry requirements or outcome measures for such courses were solely focused on proximity to work and/or likely job-entry. Lack of provision and signposting to alcohol services was also mentioned. Finally, there was some confusion about whether and how to access Disability Employment Adviser (DEA) and certain training provision such as WORKSTEP and Work Preparation. In particular, these types of options were not always regarded as appropriate for existing customers because of their distance from the job market relative to new IB customers. It is possible the role of DEAs and of these types of training provision require clarification among IBPAs. However, it may also be the case that these types of provision could be used among existing customers to help them gain insight into the type of jobs and employment that might be available and accessible to them at some point in the future.

12.6 Developing appropriate and consistent practice

Overall, given the challenges of working with existing customers, it seems especially important to keep IBPAs well informed about emerging messages about what seems to work in order to develop increased clarity about good practice and to encourage the sharing of practice amongst IBPAs.
Appendix A
Existing Customer Extension – Matched-Case Focused Study (P6154) – Observational notes sheet for first WFIs
Existing Customer Extension – Matched-Case Focused Study (P6154)

Observational Notes Sheet for First WFI participants

Background Details of WFI Participants

Jobcentre and IBPA Details

Name of jobcentre ________________________________

Length of Service of IBPA (years, months) ________________________________

IBPA Full- or Part-Time  □ Full-Time   □ Part-Time

Customer Details

Sex  □ Female   □ Male

Age Group  □ Under 30  □ 30 to 49  □ 50 and Over

WFI  □ First   □ Second   □ Third

Broad definition of Primary Health Condition ________________________________

_____________________________________________________________________

N.B. These details can be completed once the WFI observation is ended if necessary.

WFI Contextual Information

Duration  Start Time _______________  End Time _______________

Duration _______________ minutes

Location and Setting

□ Open-plan office   □ Closed office   □ Other _______________
Please use the follow-up interview topic guides for guidance on what to include under each section heading.

Setting

Pre-WFI Contact and its Impact on the WFI

Conduct of the WFI/Interaction between IBPA and Customer

Work, Health and Other Needs
Help and Support Offered (The Choices Package and Other Referrals)

Outcome of the WFI and Impacts

Impact of the Research on the WFI

Any Other Key Points for the Follow-Up Interview
This sheet is to be separated from the observational data once the observation and follow-up interviews are complete.

Contact Details for Follow-Up Interviews

Customer

Name ________________________________________________________________

Telephone number _____________________________________________________

Address ______________________________________________________________

_____________________________________________________________________

Best time/s to contact _________________________________________________

Any issues to be aware of when contacting __________________________________

_____________________________________________________________________

IBPA

Name ________________________________________________________________

Telephone number _____________________________________________________

Best time/s to contact (if interview not happening same or next day) __________

_____________________________________________________________________

Appendices – Existing Customer Extension – Matched-Case Focused Study (P6154) – Observational notes sheet for first WFI
Instructions for the Observation

Before the Observation

• In discussion with DIMs and/or JC+ managers select the WFIs, IBPAs and customers to be observed on the day of your visits to the Jobcentre Plus office/s (use stage in the WFI process, gender, age and primary health condition).

• Familiarise yourself with the on the type of information to be included on the observational notes sheet using the headings (below) and information from the follow-up interview topic guides.

On the Day of the Observation

• Introduce yourself to the IBPA whose WFI has been selected to be observed. Check that s/he has read the information leaflet for IBPAs and s/he is happy for the WFI to be observed and for a possible follow-up interview to take place.

• Ask the IBPA to sign the consent form.

• Enter the details about the jobcentre and IBPA at the beginning of the observational guide.

• Ask the IBPA to introduce you to the customer whose WFI has been selected to be observed.

• Introduce yourself and your organisation. Briefly explain the purpose of the study and the observation. Check that the customer has seen the customer information leaflet.

• If the customer has not seen the information leaflet, please give her/him a copy and ask her/him to look at it briefly. Point out key items of information:
  – Emphasise that participation in the study is voluntary and that s/he can opt out of the study at any time.
  – Let him/her know that we may contact him/her to conduct a follow-up interview within two weeks of the meeting today. The interview would be conducted at the customer’s home or another suitable location and we will need to collect contact details after the meeting.
  – If the customer is selected to take part in the observation of the meeting and a follow-up interview s/he will receive a gift voucher worth £20.
  – Emphasise that neither the observation nor the follow-up interview are to check up on customer or her/his Personal Adviser.
  – Emphasise that everything seen in the observation is confidential. If interviewed, we will not discuss what the customer tells us with the IBPA.
  – Check that the customer is happy to go ahead with the observation and ask her/him to sign the consent form.

• Enter the ‘Customer Details’ at the beginning of the observational guide and make a note of the ‘Start Time’ of the WFI.
**During the Observation/Using the Observational Guide**

- Find a place to sit and observe the WFI meeting as *unobtrusively* as possible. Check that the place that you decide to observe from is suitable for the customer and the IBPA.

- Select observational guide depending on whether first or later WFI (the guide for later WFI has some additional headings).

- Enter details in the ‘WFI Contextual Information’ at the beginning of the observational guide.

- Use the attached observational notes sheet to help you decide what to observe during the WFI. Various headings have been provided to help organise your notes. These relate closely to topic guides for follow-up interviews.

- It is not necessary to make copious notes during the observation but there should be enough information to act as an aide-memoir for the follow-up interviews. You are likely to find it useful to write short notes during the observation and to make more comprehensive and ordered notes on a fresh blank sheet immediately after the observations or as soon as possible thereafter.

- At the end of the WFI make a note of the ‘end time’ and duration of the WFI (see beginning of observational guide).

**After the Observation and the Follow-Up Interviews**

- At the end of the observation thank both participants for their participation. Take the customer aside and ask for their **contact details for the follow-up interview.** Tell her/him that a researcher may be in touch in the next few days to arrange a convenient time and place for the interview if s/he is selected for the next stage. Non-selection in no way reflects on her/him personally.

- When the IBPA is free arrange a suitable time for the follow-up interview, either the same day (you will need at least an hour to make a review your notes), next day, or within two weeks.

- EITHER add to the brief notes that you have taken during the observation OR take a new blank note sheet and order your notes in the boxes provided in a more comprehensive way as previously suggested. They should be legible and clear for other team members to read should they need to follow up one of your observations.

- Include enough information to facilitate effective probing in follow up interviews. The aim is to use the observational notes to prepare for follow-up interviews fully and effectively so interviews provide an opportunity to explore issues arising in the observation in more depth. They can, in addition, be referred to alongside the topic guides during the follow-up interviews (although this should not replace prior familiarisation with the notes and full preparation for the follow up interviews).
• Observational notes should be limited to information that was directly observed or heard during discussion or to issues and questions that need to be explored further during the follow-up interviews.

• The order of information in the observational guide matches as closely as possible the order of questions in the follow-up interview topic guide.
Appendix B
Existing Customer Extension – Matched-Case Focused Study (P6154) – Observational notes sheet for second or third WFI
Existing Customer Extension – Matched-Case Focused Study (P6154)

Observational Notes Sheet for Second or Third WFI

Background Details of WFI Participants

Jobcentre and IBPA Details

Name of jobcentre ________________________________

Length of Service of IBPA (years, months) ________________________________

IBPA Full- or Part-Time

☐ Full-Time  ☐ Part-Time

Customer Details

Sex

☐ Female  ☐ Male

Age Group

☐ Under 30  ☐ 30 to 49  ☐ 50 and Over

WFI

☐ First  ☐ Second  ☐ Third

Broad definition of Primary Health Condition ________________________________

_____________________________________________________________________

N.B. These details can be completed once the WFI observation is ended if necessary.

WFI Contextual Information

Duration

Start Time _______________  End Time _______________

Duration _______________ minutes

Location and Setting

☐ Open-plan office  ☐ Closed office  ☐ Other _______________
Please use the follow-up interview topic guides for guidance on what to include under each section heading.

Setting

Conduct of the WFI/Interaction between IBPA and Customer

How WFI Builds on Prior to WFI(s)

Work, Health and Other Needs
Help and Support Offered (The Choices Package and Other Referrals)

Outcome of the WFI and Impacts/Customer Progression

Impact of the Research on the WFI

Any Other Key Points for the Follow-Up Interview
This sheet is to be separated from the observational data once the observation and follow-up interviews are complete.

Contact Details for Follow-Up Interviews

Customer
Name ________________________________________________________________
Telephone number _____________________________________________________
Address ______________________________________________________________
_____________________________________________________________________
Best time/s to contact _________________________________________________
Any issues to be aware of when contacting ________________________________
_____________________________________________________________________

IBPA
Name ________________________________________________________________
Telephone number _____________________________________________________
Best time/s to contact (if interview not happening same or next day) _________
_____________________________________________________________________


Instructions for the Observation

**Before the Observation**

- In discussion with DIMs and/or JC+ managers select the WFI, IBPA and customers to be observed on the day of your visits to the Jobcentre Plus office/s (use stage in the WFI process, gender, age and primary health condition).
- Familiarise yourself with the type of information to be included on the observational notes sheet using the headings (below) and information from the follow-up interview topic guides.

**On the Day of the Observation**

- Introduce yourself to the IBPA whose WFI has been selected to be observed. Check that s/he has read the information leaflet for IBPAs and s/he is happy for the WFI to be observed and for a possible follow-up interview to take place.
- Ask the IBPA to sign the consent form.
- Enter the details about the jobcentre and IBPA at the beginning of the observational guide.
- Ask the IBPA to introduce you to the customer whose WFI has been selected to be observed.
- Introduce yourself and your organisation. Briefly explain the purpose of the study and the observation. Check that the customer has seen the customer information leaflet.
- If the customer has not seen the information leaflet, please give her/him a copy and ask her/him to look at it briefly. Point out key items of information:
  - Emphasise that participation in the study is voluntary and that s/he can opt out of the study at any time.
  - Let him/her know that we may contact him/her to conduct a follow-up interview within two weeks of the meeting today. The interview would be conducted at the customer’s home or another suitable location and we will need to collect contact details after the meeting.
  - If the customer is selected to take part in the observation of the meeting and a follow-up interview s/he will receive a gift voucher worth £20.
  - Emphasise that neither the observation nor the follow-up interview are to check up on customer or her/his Personal Adviser.
  - Emphasise that everything seen in the observation is confidential. If interviewed, we will not discuss what the customer tells us with the IBPA.
  - Check that the customer is happy to go ahead with the observation and ask her/him to sign the consent form.
- Enter the ‘Customer Details’ at the beginning of the observational guide and make a note of the ‘Start Time’ of the WFI.
During the Observation/Using the Observational Guide

- Find a place to sit and observe the WFI meeting as unobtrusively as possible. Check that the place that you decide to observe from is suitable for the customer and the IBPA.

- Select observational guide depending on whether first or later WFI (the guide for later WFIs has some additional headings).

- Enter details in the ‘WFI Contextual Information’ at the beginning of the observational guide.

- Use the attached observational notes sheet to help you decide what to observe during the WFI. Various headings have been provided to help organise your notes. These relate closely to topic guides for follow-up interviews.

- It is not necessary to make copious notes during the observation but there should be enough information to act as an aide-memoir for the follow-up interviews. You are likely to find it useful to write short notes during the observation and to make more comprehensive and ordered notes on a fresh blank sheet immediately after the observations or as soon as possible thereafter.

- At the end of the WFI make a note of the ‘end time’ and duration of the WFI (see beginning of observational guide).

After the Observation and the Follow-Up Interviews

- At the end of the observation thank both participants for their participation. Take the customer aside and ask for their contact details for the follow-up interview. Tell her/him that a researcher may be in touch in the next few days to arrange a convenient time and place for the interview if s/he is selected for the next stage. Non-selection in no way reflects on her/him personally.

- When the IBPA is free arrange a suitable time for the follow-up interview, either the same day (you will need at least an hour to make a review your notes), next day, or within two weeks.

- EITHER add to the brief notes that you have taken during the observation OR take a new blank note sheet and order your notes in the boxes provided in a more comprehensive way as previously suggested. They should be legible and clear for other team members to read should they need to follow up one of your observations.

- Include enough information to facilitate effective probing in follow up interviews. The aim is to use the observational notes to prepare for follow-up interviews fully and effectively so interviews provide an opportunity to explore issues arising in the observation in more depth. They can, in addition, be referred to alongside the topic guides during the follow-up interviews (although this should not replace prior familiarisation with the notes and full preparation for the follow up interviews).
• Observational notes should be limited to information that was directly observed or heard during discussion or to issues and questions that need to be explored further during the follow-up interviews.

• The order of information in the observational guide matches as closely as possible the order of questions in the follow-up interview topic guide.
Appendix C
Existing Customer Extension – Matched-Case Focused Study (P6154) – Follow-up interview topic guide with IBPAs for first WFIs
Key aims and objectives

- To follow-up on issues raised during the observation of the WFI and to gain the IBPA’s perspective on the WFI and the Pathways to Work programme.

- To examine key factors that act as facilitators or barriers to customer progression towards referrals to the Choices package, job-seeking activity, job entries and other positive outcomes for customers.

- To examine the implementation and impact of the distinctive elements of the Pathways to Work programme for existing customers (compared to flow customers). These include pre-WFI contact, JPP, reduction from six to three mandatory WFIs.
Note on using the topic guide in the context of developing individual case studies

The follow-up interview with the IBPA forms part of a case study. Each ‘case’ comprises an observation of a WFI and follow up interviews with both the customer and the IBPA individually.

The purpose of taking a case-based approach is to gain depth and breadth of information and multiple perspectives on individual cases. Exploring an individual case in detail from different perspectives is intended to allow closer examination of what works, for whom and in what circumstances.

This topic guide therefore is to be used in conjunction with information gained from the observation in order to build and develop the case.

Hence, while the topic sets out the main areas of inquiry that will be common to all interviews and suggests a sensible ‘route’ through these areas of discussion, it is to be used flexibly. In particular, throughout the interview, the questions and probing need to be framed with clear reference to the information gained from the observation.

To facilitate this the observation guide includes headings to help order the observation notes. These headings broadly reflect the different areas of investigation included in this topic guide to aid reference back to the observation notes before and during the interview. Before any interview the researcher should familiarise themselves fully with the observation notes for the case in question and ensure that they are prepared to frame their questions and probing appropriately.
Introductions

- Introduce self and organisation.
- Explain/reiterate purpose of the research and reason for using a matched-case design (i.e. to look at new services provided for IB customers and explore how well they are working from the point of view of the customer and Adviser).
- State that there are no right or wrong answers, we are interested in the Adviser’s views.
- Explain/reiterate independence of research team from DWP and the jobcentre.
- Explain/reiterate confidentiality and anonymity.
- Explain purpose of tape-recording, transcription, nature of reporting.
- Check that respondent is happy to proceed – ask to sign consent form.
- Check respondent happy to start the recording of the interview.

1. Background information

- Ask to describe background and experience of working as an IBPA.
- Time working for jobcentre/Jobcentre Plus/this particular office.
- Time working as IBPA.
- Whether full-time or part-time/full or part time in IBPA role.
- Usual number of IB customers seen each day.
- Rough estimate of proportion of existing customers compared to new/repeat customers.

2. Setting

- Refer to observation notes (as needed) and clarify setting of WFI:
  - are all WFIs conducted in this setting?
  - any circumstances where WFI might be conducted in different setting, why?
  - how feels discussing health-related, intimate information in this setting?
3. Conduct of WFI/interaction with customer

Adviser views of programme and Adviser role
- How Adviser perceives the aims of Pathways, mandatory WFIs.
- Explore how Adviser perceives Adviser role (information-giving, responding to specific needs, gateway to services, etc.).
- IBPA views about mandatory nature of the programme.

Explaining Pathways and WFIs to customer
- Perception of customer expectations/assumptions about the Pathways programme, the WFI/s, Choices and other referrals.
- How successfully explained purpose of Pathways and the WFIs to customer.
- Any use of supporting written information, leaflets (benefits/dis-benefits, availability etc.).
- Feelings of confidence/level of knowledge in explaining programme and WFIs to customer.
- Whether felt able to address customer concerns/questions.
- How s/he addressed any incorrect expectations/assumptions.
- Explore views on sufficiency of training and support.

Views on customer/Adviser interaction
- General feelings about how WFI went. Explore why thought had gone well/badly.
- Description of approach for opening the meeting. Reason/s for opening meeting in this way (e.g. personal approach, training, experience of what works, etc.).
- Whether felt rapport established/maintained with customer during WFI.
- Happy with the amount s/he talked during the WFI. Any reasons why s/he or the customer spoke most (if applicable).
- Perception of customer engagement/attitudes towards the meeting.
- Any perceived areas of disagreement or accord with customer.
- Any time pressures. How typical is this amount of time for a first/second/third WFI.
4. Impact of pre-WFI contact

➔ If customer contacted by telephone in addition to letter prior to appointment

- Nature and timing of pre-WFI telephone contact.
- Any perceived impact on the interaction with the customer (e.g., easing introduction to Pathways, WFIIs, building rapport with customer).
- Whether pre-WFI telephone contact seemed to address perceived customer anxieties, concerns, expectations.
- Views on letter sent to customers.

➔ If contact by letter only

- Reason for no telephone contact.
- What impact did the lack of prior telephone contact seem to have on the interaction with the customer, if any.
- Any perceived customer anxieties, concerns, expectations and how tried to address them. Could these have been addressed effectively in a prior telephone call.
- Views on letters sent to customers.

5. Work, health and needs

- IBPA perception of proximity of customer to work.
- IBPA’s perception of customer’s view on her/his proximity to work.
- Ability to reach an adequate understanding of the customer’s needs in relation to work, health and other needs.
- IBPA description of how raised and discussed work and health issues.
- Any difficulties related to discussing proximity to work and/or health issues.
- Perception of key work and health issues for customer.
- Perception of areas of agreement/disagreement over work and health issues and role as barrier to work or increased proximity to work.
- Perception of other barriers for customer (e.g. financial, family commitments, training, etc.).
- Perception of areas of agreement/disagreement over other barriers to work or increased proximity to work.
- Perceived success in handing any disagreements (where applicable).
6. Help and support

➔ If the choices package and other referral options were not discussed

• Why did not discuss referral options in this WFI. Why/why not.

• Typical approach to first WFI or approach specific to this customer.

➔ If the choices package and other referral options were discussed

• Explore approach to discussion:
  – information giving or discussion of needs;
  – all elements of the package or only some/those most relevant to customer.

• How decides which elements of package are suited to customer (where applicable)/Confidence in making assessment.

• Why decided particular elements of the Choices package would suit this customer.

• Use of verbal and/or written information.

• Typical approach to first WFI or approach specific to this customer.

JPP

• If JPP not discussed, reasons why.

• IBPA description of the JPP.

• Views on the JPP.

• Why s/he included or did not include discussion of the JPP.

• Typical or specific to this customer.

• Perceived customer reaction to the JPP (where discussed).

Range of provision

• Any perceived gaps in referral options identified by customer.

• Any perceived gaps in referral options identified by IBPA.

• Description how dealt with gaps in this case.

• Description how deals with gaps in provision generally.
7. Outcomes and impacts

⇒ If customer was deferred or waived

• Key reasons for decision to defer/waive (e.g. health circumstances, proximity to work, customer attitude, awaiting PCA assessment, awaiting improvements in health/better management of health, etc.).

• Whether feels decision was mutually agreed with customer.

• Perceived impact of decision on the customer (e.g. happy, relieved, hopeful, frustrated, despairing, annoyed).

• IBPA’s own feelings about the decision to defer/waive.

• Whether/how IBPA will keep in contact with customer in future.

• How long before might/would contact customer again.

⇒ If another WFI appointment is made

How/why decided to make further appointment

• Why decided to continue with the series of mandatory WFIs for this customer (e.g. suitability of the customer for programme, enthusiasm of customer, specific referrals to the Choices programme, etc.).

• Whether feels decision was mutually agreed with customer.

• Perceived impact of decision on the customer (e.g. happy, relieved, hopeful, annoyed, reluctant, etc.).

• IBPA’s own feelings about the decision to continue with the WFIs.

Plans to follow up issues from this WFI

• Description of key plans made, referrals agreed with customer.

• Length of time until next meeting? Whether this customer is usual/typical in this respect.

• Whether feels plans and referrals were mutually agreed with customer.

• Whether felt customer needed encouragement/support/confidence building to take up referral options (where applicable). Whether/how such support is offered.

• Whether/how plans are followed up before next WFI.

• Whether IBPA used ‘action plan’ (even if not discussed explicitly during the meeting).

• How plans will be followed up at next WFI.

• How useful are written action plans (where used).
8. Impact of research on WFI

- Whether presence of the researcher/research team affected you or the WFI in any way.
- Any perceived anxieties arising from customer information leaflets about the WFI.
- Own or perception of customer difficulty discussing health or other confidential issues because of researcher presence.
- Any other important issues the IBPA would like to raise.

Thank the IBPA for her/his involvement in the study.
Appendix D
Existing Customer Extension – Matched-Case Focused Study (P6154) – Follow-up interview topic guide with IBPAs for second and third WFIs
Key aims and objectives

- To follow-up on issues raised during the observation of the WFI and to gain the IBPA’s perspective on the WFI and the Pathways to Work programme.

- To examine key factors that act as facilitators or barriers to customer progression towards referrals to the Choices package, job-seeking activity, job entries and other positive outcomes for customers.

- To examine the implementation and impact of the distinctive elements of the Pathways to Work programme for existing customers (compared to flow customers). These include pre-WFI contact, JPP, reduction from six to three mandatory WFIs.
Note on using the topic guide in the context of developing individual case studies

The follow-up interview with the IBPA forms part of a case study. Each ‘case’ comprises an observation of a WFI and follow-up interviews with both the customer and the IBPA individually.

The purpose of taking a case-based approach is to gain depth and breadth of information and multiple perspectives on individual cases. Exploring an individual case in detail from different perspectives is intended to allow closer examination of what works, for whom and in what circumstances.

This topic guide therefore is to be used in conjunction with information gained from the observation in order to build and develop the case.

Hence, while the topic guide sets out the main areas of inquiry that will be common to all interviews and suggests a sensible ‘route’ through these areas of discussion, it is to be used flexibly. In particular, throughout the interview, the questions and probing need to be framed with clear reference to the information gained from the observation.

To facilitate this the observation guide includes headings to help order the observation notes. These headings broadly reflect the different areas of investigation included in this topic guide to aid reference back to the observation notes before and during the interview. Before any interview the researcher should familiarise themselves fully with the observation notes for the case in question and ensure that they are prepared to frame their questions and probing appropriately.
Introductions

- Introduce self and organisation.
- Explain/reiterate purpose of the research and reason for using a matched-case design (i.e. to look at new services provided for IB customers and explore how well they are working from the point of view of the customer and Adviser).
- State that there are no right or wrong answers, we are interested in the Adviser’s views.
- Explain/reiterate independence of research team from DWP and the jobcentre.
- Explain/reiterate confidentiality and anonymity.
- Explain purpose of tape-recording, transcription, nature of reporting.
- Check that respondent is happy to proceed – ask to sign consent form.
- Check respondent happy to start the recording of the interview.

1. Background Information

- Ask to describe background and experience of working as an IBPA.
- Time working for jobcentre/Jobcentre Plus/this particular office.
- Time working as IBPA.
- Whether full-time or part-time/full or part time in IBPA role.
- Usual number of IB customers seen each day.
- Rough estimate of proportion of existing customers compared to flow customers.

2. Setting of most recent (observed WFI)

- Refer to observation notes (as needed) and clarify setting of WFI:
  - are all WFs conducted in this setting?
  - any circumstances where WFI might be conducted in different setting?
  - how feels discussing health-related, intimate information in this setting?
3. Conduct of most recent (observed) WFI/Interaction with Customer

Adviser views of programme and the Adviser role
• How Adviser perceives the aims of Pathways extension, mandatory WFIs.
• Explore how Adviser perceives Adviser role (information-giving, responding to specific needs, gateway to services, etc.).
• IBPA views about mandatory nature of the programme.

Explaining Pathways and WFIs to customer
• Perception of customer expectations/assumptions about the Pathways programme, the WFI/s, Choices and other referrals.
• Feelings of confidence/level of knowledge in explaining programme and WFIs to customer.
• Whether felt able to address customer concerns/questions.
• How s/he addressed any incorrect expectations/assumptions.
• Explore views on sufficiency of training and support.

Views on customer/Adviser interaction
• General feelings about how WFI went. Explore why thought had gone well/badly.
• Description of approach for opening the meeting. Reason/s for opening meeting in this way (e.g. personal approach, training, experience of what works, etc.).
• Whether felt rapport established/maintained with customer during WFI.
• Happy with the amount s/he talked during the WFI. Any reasons why s/he or the customer spoke most (if applicable).
• Perception of customer engagement/attitudes towards the meeting.
• Any perceived areas of disagreement or accord with customer.
• Any time pressures. How typical is this amount of time for a first/second/third WFI.
4. How most recent WFI builds on prior WFI(s)

- Confirm whether there has been any contact between Adviser and customer between previous and most recent WFI. If so, explore why, who initiated, nature of and outcome of.
- Clarify whether IBPA was Adviser for previous WFI(s) as well as most recent WFI. Explore feelings about this.
- If was Adviser at previous WFI(s), whether customer remembered previous conversations or whether there was repetition of ground covered.
- Whether IBPA used ‘action plan’ (even if not discussed explicitly during the meeting).

⇒ If action plan was used at the beginning of the meeting

- IBPA description of how Action Plan was used.
- Views about, usefulness of Action Plan.
- Were agreed plans/action points followed up.

⇒ If no evidence of action plan from the observation

- Any use of Action Plan at previous meeting/s. If so, description of how used.
- If Action Plan was used at previous meeting/s, feelings about not using it at this meeting.
- If Action Plan wasn’t used at previous meeting/s, were plans/action points agreed with Adviser. If so, how?
- Were agreed plans/action points followed up at this meeting.

5. Work, health and needs

IBPA views of customer work, health and other needs

- IBPA perception of proximity of customer to work.
- IBPA’s perception of customer’s view on her/his proximity to work.
- Clarify/confirm any key changes in customer’s work, health or other circumstances since the previous WFI.
- If previous deferral, PCA, etc. clarify exactly what has changed since then and how the customer came to be attending a further WFI?
- IBPA perspective on the customer’s current health as a barrier to work.
- IBPA perspective on any other customer needs (e.g. financial, family commitments, training, etc.).
• Any perceived positive changes or progress towards work (e.g. improved confidence, better condition management, etc.)?
• Feelings about the likelihood of work for the customer in the future.
• What would need to happen before the customer is able to work/move closer to work?

Discussion with customer about work, health and other needs
• How well IBPA felt was able to raise and discuss work with the customer. If relevant, any better way of approaching these issues.
• How well IBPA felt was able to raise and discuss health needs with the customer. If relevant, any better way of approaching these issues.
• Whether felt able to reach adequate understanding of the customer’s health condition and role as a barrier to work/proximity to work?
• Whether felt able to understand any other barriers (e.g. financial, family, training, etc.).
• Any areas of agreement/disagreement with customer over capability of/proximity to work, health issues, barriers to work?
• Any areas of agreement/disagreement over other barriers to work?
• Perceived success in handling any disagreements (where applicable).

6. Help and support
• Any ways in which the WFI itself has been supportive to the customer.

Discussion of Choices options and other referrals
⇒ If the Choices package and other referral options were not discussed at this stage
• Why did not discuss referral options in this WFI.
• Typical approach or approach specific to this customer.

⇒ If discussion of referral options at this or previous WFIs (but not referral yet made)
• What options discussed.
• Explore approach to discussion:
  – information giving or discussion of needs;
  – all elements of the package or only some/those most relevant to customer;
  – whether emphasis on voluntary nature.
• How decides which elements of package are suited to customer (where applicable)/Confidence in making assessment.
• Why decided particular elements of the Choices package would suit this customer.
• Use of verbal and/or written information.
• Typical approach to second/third WFI or approach specific to this customer.

⇒ If customer provided with a referral at previous or current WFI (and either has taken up or not yet taken up)

• What options discussed/referrals made.
• Description of how follows-up on options/referrals.
• Perception of customer progress in relation to referrals.
• Views on the different elements of the options/referrals accessed by the customer (where applicable).
• Whether options/referrals meeting the needs of customer. How assessed?
• Impact of voluntary nature of referrals on take up.

JPP
• If JPP not discussed at this meeting, whether discussed at previous meeting.
• IBPA description of the JPP.
• Views on the JPP.
• Why s/he included or did not include discussion of the JPP.
• Typical or specific to this customer.
• Perceived customer reaction to the JPP (where discussed).

Range of provision
• Any perceived gaps in referral options identified by customer.
• Any perceived gaps in referral options identified by IBPA.
• Description how dealt with gaps in this case.
• Description how deals with gaps in provision generally.
7. Outcomes and impacts

Outcomes of the WFI

➔ If customer was deferred or waived

• Key reasons for decision to defer/waive (e.g. health circumstances, proximity to work, customer attitude, awaiting PCA assessment, awaiting improvements in health/better management of health, etc.).

• Whether feels decision was mutually agreed with customer.

• Perceived impact of decision on the customer (e.g. happy, relieved, hopeful, frustrated, despairing, annoyed).

• IBPA’s own feelings about the decision to defer/waive.

• Whether/how IBPA will keep in contact with customer in future.

• How long before might/would contact customer again.

➔ If another WFI appointment is made

How/why decided to make further appointment

• Why decided to continue with the series of mandatory WFIs OR make an additional appointment for this customer (e.g. suitability of the customer for programme, enthusiasm of customer, specific referrals to the Choices programme, etc.).

• Whether feels decision was mutually agreed with customer.

• Perceived impact of decision on the customer (e.g. happy, relieved, hopeful, annoyed, reluctant, etc.).

• IBPA’s own feelings about the decision to continue with the WFIs.

Plans to follow up issues from this WFI

• Description of key plans made, referrals agreed with customer.

• Length of time until next meeting? Whether this customer is usual/typical in this respect.

• Whether feels plans and referrals were mutually agreed with customer.

• Whether felt customer needed encouragement/support/confidence building to take up referral options (where applicable). Whether/how such support is offered.

• Whether/how plans are followed up before next WFI.

• How plans will be followed up at next WFI.

• How useful are written action plans (where used)
Ending of mandatory WFI s
• Description of how ends third WFI s (where applicable).
• Perception of customer feelings about ending of mandatory WFI s.
• IBPA views on three WFI s for existing customers.
• Whether there are any ways in which customer progression and take up of referrals will be followed-up after the three mandatory WFI s.

8. Customer progression
• Overall assessment of how customer position compares with previous WFI(s). Any positive progress or moves backwards. Why?
• Any key achievements or frustrations working with customer.
• Any perceived positive/negative impacts of IBPA role.
• Any other help/support would have liked to offer.
• Any factors preventing IBPA from adequately helping/supporting customer OR existing customers generally.

9. Impact of research on WFI
• Whether presence of the researcher/research team affected you or the WFI in any way.
• Any perceived anxieties arising from customer information leaflets about the WFI.
• Own or perception of customer difficulty discussing health or other confidential issues because of researcher presence.
• Any other important issues the IBPA would like to raise.

Thank the IBPA for her/his involvement in the study.
Appendix E
Existing Customer Extension – Matched-Case Focused Study (P6154) – Topic guide – follow-up interviews with customers for first WFIs
Key aims and objectives

- To follow-up on issues raised during the observation of the WFI and to gain the customer’s perspective on the WFI and the Pathways to Work programme.

- To examine key factors that act as facilitators or barriers to customer progression towards referrals to the Choices package, job-seeking activity, job entries and other positive outcomes for customers.

- To examine the implementation and impact of the distinctive elements of the Pathways to Work programme for existing customers (compared to flow customers). These include pre-WFI contact, JPP, reduction from six to three mandatory WFIs.
Note on using the topic guide in the context of developing individual case studies

The follow-up interview with the customer forms part of a case study. Each ‘case’ comprises an observation of a WFI and follow up interviews with both the customer and the IBPA individually.

The purpose of taking a case-based approach is to gain depth and breadth of information and multiple perspectives on individual cases. Exploring an individual case in detail from different perspectives is intended to allow closer examination of what works, for whom and in what circumstances.

This topic guide therefore is to be used in conjunction with information gained from the observation in order to build and develop the case.

Hence, while the topic guide sets out the main areas of inquiry that will be common to all interviews and suggests a sensible ‘route’ through these areas of discussion, it is to be used flexibly. In particular, throughout the interview, the questions and probing need to be framed with clear reference to the information gained from the observation.

To facilitate this the observation guide includes headings to help order the observation notes. These headings broadly reflect the different areas of investigation included in this topic guide to aid reference back to the observation notes before and during the interview. Before any interview the researcher should familiarise themselves fully with the observation notes for the case in question and ensure that they are prepared to frame their questions and probing appropriately.
Introductions

- Introduce self and organisation.
- Explain/reiterate purpose of the research and reason for using a matched-case design (i.e. to look at new services provided for IB customers and explore how well they are working from the point of view of the customer and Adviser).
- State that there are no right or wrong answers, we are interested in the customer’s views.
- Explain/reiterate independence of research team from DWP and the jobcentre.
- Explain/reiterate confidentiality and anonymity.
- Explain purpose of tape-recording, transcription, nature of reporting.
- Check that respondent is happy to proceed – ask to sign consent form.
- Mention respondent payment.
- Mention can take a break if needs to (where appropriate).
- Check respondent happy to start the recording of the interview.

1. Background

- Background information – e.g. age, if lives with anyone else?
- When claim started.
- How IB claim came about, health at time of claim (prompt for primary condition and any other health conditions).
- Current health (prompt for primary condition and any other health conditions).

2. Pre-WFI

Awareness

- Had they heard anything about new services for IB customers prior to being asked to attend a WFI?
- Were they surprised to be asked to attend a WFI or did they expect it?

First contact

- How were they asked to come into jobcentre for first WFI.
If by telephone and letter

- Describe contact by telephone (timing, content, clarity of Adviser’s explanation)
- Customer’s feelings/reactions to phone call (e.g., un/helpful, reassuring, confusing).
- Describe contact by letter (timing, content, clarity, gaps in information given).
- Was any additional information to standard letter included.
- Customers feelings/reactions to letter (e.g., un/helpful, reassuring, confusing).
- Overall, understanding of why being contacted.
- Whether helpful to have had telephone contact as well as written contact (e.g. answering questions, addressing anxieties).

If by letter only

- Describe contact by letter (timing, content, clarity, gaps in information given).
- Was any additional information to standard letter included.
- Customers feelings/reactions to letter (e.g., un/helpful, reassuring, confusing).
- Overall, understanding of why being contacted.
- Whether customer thinks it would have helped to speak to an Adviser by telephone before the first meeting. Why/why not.

Feelings and expectations

- Feelings about being asked to attend WFI (e.g., surprised, annoyed, hopeful).
- Expectations about what WFI would be like.
- Any concerns/hopes.
- Clarity about attendance at WFI being compulsory.
- Feelings about attendance at WFI being compulsory.
- What was customer’s main reason for attending the WFI (e.g., compulsory nature, keen to receive support to look for job, other).
- Were they aware of the possibility of sanctions and did this play a part in their decision to attend.
3. Setting of WFI

- Ask customer to describe/clarify the setting for the WFI (making reference to information in observation notes).

- Feelings about setting.
  - If open plan, probe: would they have preferred a private office? Why/why not?
  - Other feelings about JC+ environment.
  - Explore issues about location of JC+ (e.g., convenience, access).

4. Conduct of WFI and customer/Adviser interaction

- Initial feelings at outset of meeting with the Adviser (concerned, anxious, annoyed, hopeful).

- How well customer thinks IBPA explained purpose of meeting.

- How knowledgeable Adviser seemed.

- Whether felt able to ask questions/raise concerns.

- Whether Adviser was able to answer questions/address concerns.

- Whether quantity of information and mix of verbal/written information appropriate.

- Whether felt got on with (built rapport) with the Adviser.

- Perception of attitude of Adviser to the customer (e.g. helpful, supportive or hostile, going through the motions, etc.).

- Perception of who talked most in the meeting? Reasons why s/he thinks this was the case? Feelings about this.

- Any time or other perceived pressures impacting on the Adviser’s interaction with the customer.

- Whether initial feelings changed over the course of the meeting.

5. Attitudes to work, health and other needs

Customer views on work

- Current feelings about work.

- Perceived likelihood of moving into work/proximity to work.

- What would need to happen to be able to move into work.

- Any disagreements/agreement with IBPA over proximity to work/readiness for work.
Customer views of health and other needs
• Current feelings/thoughts about health and the possibility of work? (e.g., degree to which perceive health as barrier to work or proximity to work, what would need to happen to increase proximity to work).
• Other barriers to work (e.g. financial, child care, training, etc.).

Discussion of health and needs by Adviser
• Feelings about how health issues and the possibility of work were raised by the Adviser? If relevant any better way of approaching these issues.
• Whether felt Adviser understood health condition.
• Whether felt Adviser understood health as barrier to work/proximity to work.
• Whether felt adviser understood other barriers (e.g. financial, family) to work.
• Any disagreement over health issues/needs? If so, whether customer felt this was resolved within course of meeting.

6. Help and support offered
➔ If customer is not considered ready to think about work or is waived or deferred, go to Section 7.
➔ All other respondents
• Explore what help and support customer was offered.
  Prompt as necessary to include support within the course of WFI itself and any referrals to CMP, RTWC, Job Brokers, DEAs, WPs, ADF, JPP etc. NB. Important to cover JPP where relevant as unique to extension customers.
• Understanding of support options (potential referrals) discussed (for each):
  – How information about option given (e.g., verbal/written).
  – Views about the way option explained (e.g. amount of information provided, whether enough time to consider information).
  – Understanding of the nature and purpose of support option.
• Views about the support available (for each):
  – How helpful/unhelpful is option likely to be.
  – Perceived relevance of option to the customer at this time.
• Overall views of help and support available:
  – Views about the range of help and support available.
  – Any perceived gaps in the help and support available.
– If discussed gaps in provision available with IBPA, how well the customer thinks the IBPA responded.

• Was the WFI itself supportive or helpful in any way (e.g. helped to start thinking about work), explore further (e.g., nature of support, how it was seen to help, perceived impact etc.).

7. Outcomes and impacts

• Understanding of what would happen next.

➔ If the customer was deferred or waived

• Understanding of why deferred/waived.

• Whether feels this decision was mutually agreed with the Adviser.

• Feelings about being deferred/waived (e.g. happy, relieved, hopeful, frustrated, despairing, annoyed).

• Any future appointments/reviews made by the IBPA and feelings about.

• Any plans by the customer to keep in contact with Adviser. If yes, what form and how long before contact planned.

➔ If another WFI appointment is made

• Understanding why another meeting has been arranged.

• Length of time until next meeting.

• Whether feels this decision was mutually agreed with the Adviser.

• Feelings about continuing with the series of (WFI) meetings (e.g. happy, relieved, hopeful, frustrated, despairing, annoyed)?

• Whether understands WFI 2 and WFI 3 are compulsory.

• Description of plans made and/or referrals agreed with Adviser.

• Was an action plan used? If action plan was used, how useful was it.

• Whether felt needed encouragement/support/confidence building to take up help and support. Whether customer felt this was provided by Adviser.

• Whether thinks will act on plans/take up referrals?

• Whether understands Choices and other referrals are voluntary?
8. Overall feelings about the Pathways programme

- General feelings about Pathways/Government trying to help people on IB back to work.
- Feelings about suitability of Pathways to the customer personally.
- Key suggestions for improvement.
- Any other points/observations.

9. Views about impact of the research on the WFI

- Views on whether presence of researchers affected customer or meeting with the Adviser in any way (e.g., what they said to Adviser)
- What thought when received customer information leaflet about the research (e.g. any worries, concerns)?
- What did it feel like having her/his meeting observed?

Thank the respondent for participation in the study.

Give respondent payment and collect receipt.
Appendix F
Existing Customer Extension - Matched-Case Focused Study (P6154) – Topic Guide – Follow-up interviews with customers for second or third WFIs
Existing Customer Extension – Matched-Case Focused Study (P6154)

Topic guide – follow-up interviews with customers for second or third WFIs

Key Aims and Objectives

- To follow-up on issues raised during the observation of the WFI and to gain the customer’s perspective on the WFI and the Pathways to Work programme.

- To examine key factors that act as facilitators or barriers to customer progression towards referrals to the Choices package, job-seeking activity, job entries and other positive outcomes for customers.

- To examine the implementation and impact of the distinctive elements of the Pathways to Work programme for existing customers (compared to flow customers). These include pre-WFI contact, JPP, reduction from six to three mandatory WFIs.
Note on using the topic guide in the context of developing individual case studies

The follow-up interview with the customer forms part of a case study. Each ‘case’ comprises an observation of a WFI and follow up interviews with both the customer and the IBPA individually.

The purpose of taking a case-based approach is to gain depth and breadth of information and multiple perspectives on individual cases. Exploring an individual case in detail from different perspectives is intended to allow closer examination of what works, for whom and in what circumstances.

This topic guide therefore is to be used in conjunction with information gained from the observation in order to build and develop the case.

Hence, while the topic guide sets out the main areas of inquiry that will be common to all interviews and suggests a sensible ‘route’ through these areas of discussion, it is to be used flexibly. In particular, throughout the interview, the questions and probing need to be framed with clear reference to the information gained from the observation.

To facilitate this the observation guide includes headings to help order the observation notes. These headings broadly reflect the different areas of investigation included in this topic guide to aid reference back to the observation notes before and during the interview. Before any interview the researcher should familiarise themselves fully with the observation notes for the case in question and ensure that they are prepared to frame their questions and probing appropriately.
Introductions

- Introduce self and organisation.
- Explain/reiterate purpose of the research and reason for using a matched-case design (i.e. to look at new services provided for IB customers and explore how well they are working from the point of view of the customer and Adviser).
- State that there are no right or wrong answers, we are interested in the customer’s views.
- Explain/reiterate independence of research team from DWP and the jobcentre.
- Explain/reiterate confidentiality and anonymity.
- Explain purpose of tape-recording, transcription, nature of reporting.
- Check that respondent is happy to proceed – ask to sign consent form.
- Mention respondent payment.
- Mention can take a break if needs to (where appropriate)
- Check respondent happy to start the recording of the interview.

1. Background

- Background information – e.g. age, if lives with anyone else?
- When claim started.
- How IB claim came about, health at time of claim (prompt for primary condition and any other health conditions).
- Current health (prompt for primary condition and any other health conditions).

2. Looking back to first WFI

Awareness

- Had they heard anything about new services for IB customers prior to being asked to attend a WFI?
- Were they surprised to be asked to attend a WFI or did they expect it?

First contact

- How were they asked to come into jobcentre? (letter, telephone call and letter)
- Feelings about the way contacted?
  - If not telephoned (i.e., received letter only) would it have been helpful to have received a telephone call as well.
– If telephoned as well as contacted by letter, was it helpful.
– Views about letter (content, wording, clarity etc).

Feelings and expectations
• Feelings about being asked to attend WFI (e.g., surprised, annoyed, hopeful).
• Expectations about what WFI would be like.
• Any concerns/hopes.
• Clarity about attendance at WFI being compulsory.
• Feelings about attendance at WFI being compulsory.
• What was customer’s main reason for attending the WFI (e.g. compulsory nature, keen to receive support to look for job, other).
• Were they aware of the possibility of sanctions and did this play a part in their decision to attend.

NB. Explain that you would now like to return to discussion of current circumstances and the most recent (observed) WFI. The remainder of the guide focuses on the most recent (observed) WFI. However, at relevant places the researcher should invite the customer to refer back to earlier WFI to chart changes/developments/make comparisons etc.

3. How most recent WFI builds on prior WFI(s)
• Clarify/confirm whether there has been any contact between customer/adviser between previous and most recent WFI. If so, explore why, who initiated, nature of and outcome of.
• Any missed or cancelled appointments.
• Clarify whether same or different Adviser to last WFI. Explore feelings about this.
• If same, whether Adviser seemed to remember previous conversations or whether there was repetition of ground covered before.

⇒ If action plan was used at the beginning of the meeting
• Customer description of how Action Plan was used.
• Views about, usefulness of Action Plan.
• Were agreed plans/action points followed up.

⇒ If no evidence of action plan from the observation
• Any mention of Action Plan at previous meeting/s. If so, description of how used.
• If Action was used at previous meeting/s, feelings about not being used at this meeting.
• If Action Plan wasn’t used at previous meeting/s, were plans/action points agreed with Adviser. If so, how.
• Were agreed plans/action points followed up at this meeting.

4. Setting of most recent (observed) WFI
• Ask customer to describe/clarify the setting for the WFI (making reference to information in observation notes).
• Feelings about setting:
  – If open plan, probe: would they have preferred a private office? Why/why not?
  – Other feelings about JC+ environment.
  – Explore issues about location of JC+ (e.g., convenience, access).

5. Conduct of most recent (observed) WFI and customer/Adviser interaction
• How well getting on (experiencing rapport) with Adviser.
• Whether felt able to raise questions and concerns with Adviser.
• Whether Adviser knowledgeable and willing and able to address questions and concerns.
• Perception of attitude to customer (e.g., helpful, supportive, hostile, going through the motions etc.).
• Perception of who talked most in the meeting? Reasons why s/he thinks this was the case? Feelings about this.
• Any time or other pressures impacting on Advisers interaction with the customer. Expand.

6. Attitudes to work, health and needs

Customer views on work
• Current feelings about work.
• Feelings about work/likelihood of work in the future?
• Any change in views since previous WFI(s)?
• What would need to happen before s/he is able to work/move closer to work?
• Any disagreements/agreement with IBPA over proximity to work/readiness for work.
Customer views of health and other needs
• Clarify/confirm any key changes in health or other circumstances since the previous WFI.
• If previous deferral, PCA, etc. clarify exactly what has changed since then and how they have come to be attending a further WFI?
• Customer perspective on current health as barrier to work/proximity to work.
• Customer perspective on other barriers to work (e.g. financial, childcare, training, etc.).
• Any positive changes or progress towards work (e.g. improved confidence, better condition management, etc.)?

Discussion with Adviser about health and other needs
• Feelings about how health issues and the possibility of work were raised by the Adviser. If relevant any better way of approaching these issues.
• Whether feels Adviser understood her/his health condition and role as barrier to work?
• Whether feels Adviser understood any other barriers (e.g. financial, family, training, etc.).
• Any areas of agreement/disagreement over health issues/barriers to work with Adviser?

7. Help and support offered
• Explore how customer has experienced WFI meetings. Were they supportive and in what way. Particular focus on most recent WFI.
• Any discussion in this or previous WFI of other help and support options (referrals).

➔ If customer has not discussed referral options by this stage
• Clarify whether any understanding of possible referral options. If so, how gained.
• If limited or no discussion of referral options, feelings about this (may require brief explanation of possible options, voluntary nature etc.).

➔ If discussion of referral options at this or previous WFI (but no referral yet made)
• What options discussed.
• Understanding of nature and purpose of options.
• Views about information given/way option explained.
• Feelings about options (relevance, whether likely to be helpful, concerns etc.).
- Understanding that referrals are voluntary.
- Why not (yet) taken up.
- Views on range of support available. Any gaps.

⇒ If customer provided with a referral at previous or current WFI (and either has taken up or not yet taken up)
- What options discussed.
- Understanding of nature and purpose of options.
- Views about information given/way option explained.
- Feelings about options (relevance, whether likely to be helpful, concerns etc.).
- Understanding that referrals are voluntary.
- Why decided to take up/not take up.
- Where relevant, experience of the support that was taken up (helpful or not, ways it could be made better, relevance to customer’s needs and circumstances, skills and knowledge of person providing support etc.).
- Views on range of support available. Any gaps.

8. Outcomes and impacts

Follow-up
- Customer’s clarity about what is supposed to happen following most recent WFI. Any plans for further meetings (either third WFI or other non compulsory meetings).
- Any action points agreed with Adviser. If so, likely to follow up.
- Were referrals/actions mutually agreed with Adviser.
- Was a written Action Plan used. How useful was this.
- Whether felt needed encouragement/support/confidence building to take up help and support/follow up on action points. If so, what support needed. Was this provided by Adviser.

Overall views of helpfulness of support and progress made
- Has the Adviser and any other support offered helped as much as would have liked:
  - If not, why not and what might have been more helpful.
  - If yes, how. Any particularly helpful aspects.
- Perception of health and circumstances before the first WFI.
• Perception of health and circumstances now.
• Any perceived positive impacts of the help and support offered by the Adviser and others to whom customer was referred.
• Remaining barriers to work, movement towards work or potential sustainability of work.
• Whether thee compulsory WFIs is too many, too few or about right number.

9. Overall feelings about the Pathways programme
• General feelings about Pathways/Government trying to help people on IB back to work.
• Feelings about suitability of Pathways to the customer personally.
• Key suggestions for improvement.
• Any other points/observations.

10. Views about impact of the research on the WFI
• Views on whether presence of researchers affected customer or meeting with the Adviser in any way (e.g., what they said to Adviser).
• What thought when received customer information leaflet about the research (e.g. any worries, concerns)?
• What did it feel like having her/his meeting observed?

Thank the respondent for participation in the study.

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References


