Employment and Support Allowance: Early implementation experiences of customers and staff

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

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>BDC</td>
<td>Benefit Delivery Centre</td>
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<tr>
<td>CAB</td>
<td>Citizens Advice Bureau</td>
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<td>CAM</td>
<td>Customer Account Management</td>
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<td>CC</td>
<td>Contact Centre</td>
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<tr>
<td>CMS</td>
<td>Customer Management System</td>
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<tr>
<td>DLA</td>
<td>Disability Living Allowance</td>
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<td>DM</td>
<td>Decision Makers</td>
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<td>DNA</td>
<td>Did not attend</td>
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<tr>
<td>DWP</td>
<td>Department for Work and Pensions</td>
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<td>ECDL</td>
<td>European Computer Driving Licence</td>
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<td>ESA</td>
<td>Employment and Support Allowance</td>
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<td>FTA</td>
<td>Fail to attend</td>
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<td>GP</td>
<td>General Practitioner</td>
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<td>IB</td>
<td>Incapacity Benefit</td>
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<td>IS</td>
<td>Income Support</td>
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<td>IES</td>
<td>Institute for Employment Studies</td>
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<tr>
<td>JCP</td>
<td>Jobcentre Plus</td>
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<td>JSA</td>
<td>Jobseeker’s Allowance</td>
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<td>JSAPS</td>
<td>Jobseeker’s Allowance Payment System</td>
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<td>MS</td>
<td>Multiple Sclerosis</td>
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<tr>
<td>PCA</td>
<td>Personal Capability Assessment</td>
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<tr>
<td>Abbreviation</td>
<td>Full Form</td>
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<tr>
<td>SSP</td>
<td>Statutory Sick Pay</td>
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<td>WCA</td>
<td>Work Capability Assessment</td>
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<td>WFHRA</td>
<td>Work-Focused Health-Related Assessment</td>
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<tr>
<td>WFI</td>
<td>Work-Focused Interview</td>
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<td>WRAG</td>
<td>Work-Related Activity Group</td>
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## Glossary of terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tr>
<td>Access to Work</td>
<td>Advice and funded assistance, equipment, adaptation or services to enable disabled people to work</td>
</tr>
<tr>
<td>Atos</td>
<td>Contractor responsible for Work Capability Assessment (WCA) and Work-Focused Health-Related Assessment (WFHRA)</td>
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<tr>
<td>BDC</td>
<td>Benefit Delivery Centre, where claims are processed</td>
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<tr>
<td>CC</td>
<td>Contact Centre, where Jobcentre Plus stuff take most initial ESA claims by phone</td>
</tr>
<tr>
<td>CAM</td>
<td>Customer Account Management (a computer system used in CC and BDC)</td>
</tr>
<tr>
<td>CMS</td>
<td>Customer Management System (a computer system used in CC and BDC)</td>
</tr>
<tr>
<td>DNA or FTA</td>
<td>Did not attend or Fail to attend; people not attending a WCA or Work-Focused Interview (WFI) when required to do so</td>
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<tr>
<td>ESA50</td>
<td>A medical form customers have to complete, giving details of how their condition affects their day to day activities</td>
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<tr>
<td>JSAPS</td>
<td>A computer system used in CC and BDC</td>
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<tr>
<td>Linking Rules</td>
<td>Technical rules allowing people to go back on Incapacity Benefit (IB) rather than claim Employment and Support Allowance (ESA) if they reclaim within a certain period</td>
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<td>Glossary of terms</td>
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<tr>
<td><strong>Permitted Work</strong></td>
<td>An amount of paid work which people are allowed to do while still claiming IB/ESA.</td>
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<tr>
<td><strong>Provider</strong></td>
<td>DWP contractor supplying employment services to ESA recipients.</td>
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<tr>
<td><strong>‘Special Rules’</strong></td>
<td>A ‘fast-track’ claim process for those who are terminally ill and have a life expectancy of under six months.</td>
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Summary

Scope and coverage of the report

This report covers the first stage of the evaluation of Employment and Support Allowance (ESA). As a qualitative study, it does not seek to comment on the extent to which particular experiences and outcomes are occurring. Its aim is to explore the variety and range of experiences within customer and staff groups, to explore factors underlying those experiences, and to triangulate findings by cross-reference within and across other groups of customers and staff. While the small numbers of interviews involved mean that the results of this study are not generalisable to the ESA population as a whole, the area coverage and the high degree of congruence between staff and customer accounts indicate that it provides a valid representation of the nature and range of early implementation issues. The forthcoming ESA customer survey will provide quantitative findings on particular claim outcomes, routes through and experiences of the ESA process.

As the report of a small-scale qualitative study, carried out at an early stage of implementation (May-July 2009), these findings are intended to provide formative policy evaluation and guide later stages of the evaluation. They should therefore not be regarded as definitive outcomes.

In order to ensure the timeliness of this research, it was conducted in a limited number of districts, selected to offer coverage of England, Scotland and Wales, and including both Jobcentre Plus (JCP) and Provider-led Pathways districts.

- District 1: Jobcentre Plus phase 1 pilot. Former industrial base, and very high rates of in-flows.
- District 2: Provider-led Pathways phase 1. Inner-city and rural. In-flows at UK average.
- District 4: Jobcentre Plus-led Pathways expansion phase 2. Inner city and suburban areas. ethnically diverse. Above average rates of on-flow.
Later phases of the evaluation include an in-depth multi-stakeholder study of the Work Capability Assessment (WCA) and Work-Focused Health-Related Assessment (WFHRA), case study research with customers and staff in six districts, and a face-to-face customer survey, with a longitudinal interview by telephone six months later.

Employment and Support Allowance

The introduction of the ESA regime in October 2008 marked a significant break from the previous Incapacity Benefit (IB) regime, including:

• A decision on eligibility at week 14 of the claim.

• A WCA which replaces the Personal Capability Assessment (PCA). Far fewer customers are exempt from assessment under the WCA than under the PCA regime. As part of this, the majority of customers are referred to a face-to-face assessment with an approved healthcare professional.

• A WFHRA which is carried out, either at the same time as the WCA or usually at a later date, by an approved healthcare professional. Most customers are expected to be able to prepare for a return to work, with the majority of customers who are successful in their claim allocated to a Work-Related Activity Group (WRAG), under which they receive an addition to the basic allowance, providing they comply with requirements for work-related activity.

• Those people whose illness or disability most severely affects their ability to undertake work-related activity are allocated to the Support Group. They are not required to carry out any activity to receive their full benefit entitlement, which was an additional £30.85 per week on top of the basic allowance at the time of writing.

• Sanctions – if those in the Work-Related Activity Group do not comply with the regime, they may be sanctioned 50 per cent of the work-related addition (i.e. £12.75 of £25.50). If they have not complied after another four weeks, they receive another sanction of £12.75.

Staff experiences and views

We interviewed 38 staff working on ESA from all four districts and from Contact Centres, which serve all districts. They consisted of Jobcentre Plus Advisers and Adviser Managers with extensive IB experience, advisers and their managers in Pathways Providers, Benefit Delivery Centre (BDC) staff, and Contact Centre (CC) staff. Overall, in-depth interviews were conducted with 39 customers. Twenty-eight customers were interviewed face-to-face in a local Jobcentre Plus office, at home or in a suitable local venue such as a library or community centre. The rest of these interviews (11) were conducted by telephone, to meet customer preferences or to resolve difficulties of timing or location.
Overall views of ESA

Many staff, at all stages of the claim process, and both within and outside JCP, were very positive about the policy intention of ESA, but actual implementation experiences had not always lived up to their expectations and hopes for the new benefit. These included both process issues, such as delays and IT problems, and more substantive issues such as the allocation of customers to particular claim outcome groups.

Training

Staff had varied experiences of training for ESA; those in Contact Centres (CCs) and Benefit Delivery Centres (BDCs) generally expressed more positive views than those working as advisers. On the other hand, staff in CCs had experienced most difficulties with IT systems. Ongoing support needs appeared to be well met in all roles. At the time the fieldwork was conducted, workloads were high in BDC and adviser roles, but appeared to have peaked in CCs.

The Work Capability Assessment and Work-Focused Health-Related Assessment

Despite considerable commitment to the aims of ESA, BDC staff and JCP and Provider advisers expressed concerns at the perceived stringency of the WCA, and the unexpectedly severe health problems of many customers in the WRAG. The scope for helping some of these customers back to work was felt to be limited, and advisers felt hindered by their lack of discretion; the providers interviewed, who have more scope to determine how to work with customers, were in some cases targeting adviser resources explicitly on those closer to the labour market.

At the time fieldwork was conducted, delays in the system, especially regarding the WCA, meant that ESA was not operating as intended. In particular, customers were not receiving a decision on their claim by the time of their second, or in some cases their third, Work-Focused Interview (WFI). The advisers interviewed argued that this limited the scope for a work focus in the WFIs, and it also meant that providers were seeing customers who were outside their remit and funding. The large number of customers appealing was also viewed by advisers as a brake on engaging with work-focused activity, since customers generally feared that this would prejudice the outcome of their appeal. While some advisers interviewed were using the WFHRA output and had found it helpful, others argued that it was so far of limited value, since they had already covered much of this ground in the initial WFI.

Views on sanctions

There were mixed views on sanctions; while some JCP staff interviewed felt that these were more streamlined in ESA than they were for IB, others argued that they exerted less influence over customers. Because they apply only to those in the WRAG, they could not be implemented before the WCA decision, which was
problematic, given the delays in the system at the time of the research. Providers reported avoiding the use of sanctions wherever possible, because of the negative impact on their working relationship with customers.

Customer experiences and views

Initial awareness and the claim process

The customers interviewed for this study had generally not heard of ESA and knew nothing about the benefit prior to making their claim; this applied to customers who had previous experience of claiming IB as well as those making a first ever claim in respect of sickness. Customers generally reported finding the initial claim to be relatively unproblematic. Subsequently, however, some experienced delays in payments and found that documents had not been received by the BDC. This caused those affected considerable stress and in some cases financial hardship. Many customers reported that they had struggled with the ESA50 form. The main complaints were over its length, its perceived complexity, and customers’ belief that it was unduly repetitious.

Experiences and views of the WCA/WFHRA

Face-to-face WCA assessments were reported to have generally involved a discussion of health limitations, and in some cases basic physical tests (for example touching the toes or elevating a limb). Some customers reported long delays on the day of their WCA, including several waits of over two hours. Delays appeared to have stemmed from two factors – over-booking, and the switching of appointments between different types of health assessor.

WRAG customers interviewed for this study often did not understand the ESA groupings and were often unaware that they had been grouped, and/or unaware of what difference this made. Among those who were aware of the implications of being in the WRAG, some accepted this decision, while others were unhappy with it. Those who were dissatisfied fell into two broad categories. First, those who felt they were too ill to ever work again, typically those with progressive and deteriorating conditions. A second group felt that their health limitation, combined with other potential barriers to work, such as age, low skills and limited local labour demand, made it unlikely they would ever return to paid employment.

Some customers in the Support Group indicated that they expected to return to work in the future. However, this category consisted entirely of those who had severe, but possibly short-lived conditions, for example those receiving treatment for cancer or those waiting for an operation; customers with enduring or deteriorating conditions were not generally considering a return to work.

Unsurprisingly, customers who had failed the WCA were sometimes highly critical of the decision. Some of these customers were appealing and had sought help from advice organisations to do so. Other customers were less emotive and had
more of a grudging acceptance of the decision. These tended to be those with a history of benefit claiming who then went (back) onto JSA.

Customers were generally unaware of whether or not they had received a WFHRA as well as a WCA, viewing the medical as a single process. Where a customer did report having had a WFHRA they generally reported filing the WFHRA report away with no more than a cursory glance.

**Experiences and views of WFLs**

The customers interviewed for this study universally reported having received no information prior to the first WFI other than the date and time of the appointment, and so arrived with no real idea of what to expect; this initial letter has subsequently been amended. Customers recalled the first WFI as having generally involved the Jobcentre Plus adviser explaining the WFI process to the customer, including the referral to a provider in provider-led Pathways districts, having a general discussion of the customer's health limitations, and exploring their employment aspirations and job goals. Several customers had found their Jobcentre Plus advisers unwilling to defer the initial WFI, although they felt they had presented a compelling health reason for this.

After the initial WFI there was a distinct divergence of experiences among the WRAG customers interviewed. A first group tended to view the WFI as largely inconsequential. This group primarily consisted of customers with enduring conditions which were deemed unlikely to improve, who felt they had worked with these conditions for as long as they could. Some of these customers were also over 50. A second group of customers found the WFI process altogether more beneficial. This group was generally closer to the labour market because of their perception that their health barriers were lower (or they felt their health might improve) and they were generally younger. Where offered, customers had particularly valued the opportunity to discuss different potential fields of employment when a return to their previous occupation was not possible or desirable. A larger sample of WRAG customers, both in the customer survey, and in the qualitative case study research, is likely to generate more complex and nuanced categories of customer experience than the simple binary division suggested by this initial study.

**Overall views and experiences**

A theme running through all the stages of the customer journey at the time this research was conducted was that of an information deficit, with customers being somewhat unclear about how each stage worked. This was particularly acute in relation to the WCA, when it was clear that more explanatory information about what was involved had the potential to considerably reduce customer apprehension.
1 Introduction

1.1 The introduction of Employment and Support Allowance

There has been a significant increase in the number of people claiming sickness-related benefits in the last 25-30 years. This trend is of economic and social concern. Being in employment is generally associated with better health outcomes\(^1\), while a prolonged period on benefits can be damaging to individual well-being and can lead to detachment from the labour market\(^2\).

The large rises in sickness benefit claimant numbers have necessitated a number of recent policy developments. In a wide-ranging review of the way that sickness is managed, Dame Carol Black, the National Director for Health and Work, proposed a number of policy changes with three principal objectives\(^3\):

- prevention of illness and promotion of health and well-being;
- early intervention for those who develop a health condition; and
- an improvement in the health of those out of work.

Some important changes in the support system for those on Incapacity Benefit (IB) preceded this review. New Deal for Disabled People, a voluntary scheme to support the return to work for some customers on incapacity-related benefits, was introduced in September 1998 and rolled-out nationally in July 2001.

Pathways to Work was first piloted in three Jobcentre Plus Districts in 2003. Pathways to work required new claimants of IB to attend a series of Work-Focused Interviews (WFIs), and also provided extra support to encourage a return to work. This included a Condition Management Programme and the Return to Work Credit, a weekly payment of up to £40 a week for 12 months when a customer

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\(^3\) Black C, (2008), *Working for a healthier tomorrow*, Dame Carol Black’s review of the health of Britain’s working age population, TSO.
returns to work on a salary below £15,000 a year. The rationale for the early intervention offered by Pathways to Work was the declining likelihood of those who have been on IB a long time ever returning to work\textsuperscript{4}.

By April 2008, Jobcentre Plus-led Pathways to Work covered 40 per cent of the country, with the remaining 60 per cent being provider-led Pathways to Work delivered by external contractors.

Employment and Support Allowance (ESA) was introduced on 27th October 2008 for new customers to replace IB and Income Support (IS) received on the grounds of incapacity, as part of a broader set of reforms introduced to move from a passive to an active welfare system, and as a response to the welfare reform Green Paper \textit{A new deal for welfare} (2008) which provided the criticism that ‘almost nothing is expected of [incapacity] claimants – and little support is offered’\textsuperscript{5}. The aims of ESA are to build on the approaches adopted by the New Deal for Disabled People and Pathways to Work, and to provide the practical support needed to help customers move into employment.

ESA incorporates the Pathways to Work programme, but makes some important changes elsewhere to the old IB regime. Of particular significance is the new Work Capability Assessment (WCA), which replaces the old Personal Capability Assessment (PCA). The WCA emphasises what work a customer can, rather than cannot, do. A second important related change is the introduction of a Work-Focused Health-Related Assessment (WFHRA) which explores customers’ views about moving into work, and examines what health-related support may help this transition.

The introduction of ESA forms an important tenet of the Government’s aspiration of achieving a working-age employment rate of 80 per cent, and will be crucial in meeting the aspiration of reducing the number of people on incapacity benefits by one million by 2015.

The introduction of the ESA regime has involved a number of important changes including:

- The process aims to provide a quicker assessment for customers, with a decision on eligibility at week 14 of the claim.
- A WCA replaces the PCA.
- A WFHRA is carried out, either at the same time as the WCA or at a later date, by a medical professional. A copy of this is provided to the customer and adviser to inform discussion at WFIs.
- Removal of waivers for WFIs (these can still be deferred).


\textsuperscript{5} Department for Work and Pensions, (2006), \textit{A new deal for welfare: Empowering people to work}, Cm 6730, HMSO
• Far fewer customers are exempt from assessment under the WCA than under the PCA regime.

• Most customers are expected to be able to prepare for a return to work, with the majority of customers who are successful in their claim allocated to a Work-Related Activity Group, under which they receive £25.50 in addition to the basic allowance, providing they comply with requirements for work-related activity.

• Those people whose illness or disability most severely affects their ability to undertake work-related activity are allocated to the Support Group. They are not required to carry out any activity to receive their full benefit entitlement, which is an additional £30.85 on top of the basic allowance.

• Sanctions – if those in the Work-Related Activity Group do not comply with the regime, they may be sanctioned 50 per cent of the work-related addition (i.e. £12.75 of £25.50). If they have not complied after another four weeks, they receive another sanction of £12.75.

1.2 The evaluation of ESA

The evaluation of ESA has a mixed methods design. It includes three phases of qualitative research (an early implementation study with customers and staff; an in-depth multi-stakeholder study of the WCA and WHFRA, and case study research with customers and staff in six districts) as well as a face-to-face survey of 3,500 customers, with a further telephone interview six months later.

This report covers the first stage of the qualitative strand of the evaluation. As a qualitative study, it does not seek to comment on the extent to which particular experiences and outcomes are occurring. Its aim is to explore the variety and range of experiences within customer and staff groups, to explore factors underlying those experiences, and to triangulate findings by cross-reference within and across other groups of customers and staff. The customer survey will provide quantitative findings on particular claim outcomes, routes through, and experiences of, the ESA process.

While the small numbers of interviews involved mean that the results of this study are not generalisable to the ESA population as a whole, the area coverage and the high degree of congruence between staff and customer accounts indicate that it provides a valid representation of the nature and range of early implementation issues.

1.3 The scope of this study

The aim of this qualitative study was to explore the early implementation experiences of staff and customers, offering rapid feedback to policy makers, and explicitly designed to focus on the issues arising at this early stage, some of which are likely to have been resolved in the intervening period. It also guided design for
the survey stages of the research with customers. In order to ensure the timeliness of this research, it was conducted in a limited number of districts, selected to offer coverage of England, Scotland and Wales, and including both Jobcentre Plus and Provider-led Pathways to Work districts.

- District 1: Jobcentre Plus-led Pathways to Work pilot phase 1. Former industrial base, and very high rates of in-flows.
- District 2: Provider-led Pathways to Work phase 1. Inner-city and rural. In-flows at UK average.
- District 4: Jobcentre Plus-led Pathways to Work expansion phase 2. Inner city and suburban areas. ethnically diverse. Above average rates of in-flow.

Fieldwork was carried out in May-July 2009, eight to ten months after the introduction of ESA. However, customers had typically claimed ESA around January 2009, and their experiences thus relate to this earlier phase of implementation.

1.3.1 Research with staff

Initial claims for ESA are dealt with by dedicated teams of Customer Service Agents in Contact Centres (CCs), who have been trained to deal with ESA new claims and ESA telephony. ESA is delivered by dedicated ESA teams within the Benefit Delivery Centre (BDC), each managed by a team leader. These are supported by a dedicated business manager, who had no non-ESA responsibilities during the immediate pre and post-implementation period. Although there are no dedicated ESA roles in Jobcentre Plus, the Face-to-Face First Contact Officer is responsible for taking clerical claims (where customers cannot or will not make the claim over the phone) and for data gathering. Personal Advisers deliver the first WFI for ESA customers (and in Jobcentre Plus-delivered Pathways to Work districts also carry out subsequent WFIs). Jobcentres also have an important role to play with internal interfaces and providers and their work affects a variety of roles. For example, Customer Compliance Officers are responsible for undertaking additional core visits to ESA customers who have mental health issues, before any sanctions are imposed. Jobcentre Plus staff also deal with any complaints which customers present to them in the first instance. A simplified map of the customer journey and intended timings is provided in Appendices 1 and 2.

We had allowed for five to six in-depth interviews in each district (a minimum of 22), and actually carried out 38\(^6\). Staff in the following roles were included:

- Contact Centre Team Leader.
- Customer Services Agent.

\(^6\) This includes two small group discussions with staff.
• Benefit Delivery Officer – including new claims, telephone and face-to-face staff.
• Benefits Delivery Team Leaders/Manager.
• Nominated ‘expert users’ in CCs and BDCs.
• Jobcentre Plus Pathways to Work Adviser.
• Provider-led Pathways to Work Adviser.

Staff will have had a variety of training needs in relation to the new ESA regime, relating to their different roles, and brought differing levels of experience with the customer group. The orientation and skills of staff in CCs, BDCs, Jobcentre Plus and Pathways to Work providers may also differ. The research with staff explored how adequately prepared they felt for their role, and the key challenges they faced in the early phase of implementation. It also probed their views on the customer group, and on ESA, more generally.

In-depth interviews with staff explored, as applicable to their role:
• operation of claim processes and issues arising;
• customer reactions to new regime;
• previous experience in working with IB/Pathways to Work customers;
• perceptions and view of the ESA customer group and their employability;
• overall views of ESA;
• views on the adequacy of training;
• perceptions of key challenges in this role; and,
• confidence in dealing with claims/conducting interviews.

An example of the discussion guides used is at Appendix C.

1.3.2 Research with customers

Although this evaluation is concerned with new claims for ESA, some customers have claimed IB before and may have compared their current experiences to past claims, while others were claiming a sickness benefit for the first time. Media coverage could also have created concerns which influenced customer views and perceptions in the early implementation period. We aimed to set these prior views in context against the reality of customer experiences of the claim process, exploring positive and negative experiences, and customer views of WFiS and the WCA process.

We aimed to conduct seven to ten in-depth interviews with customers in each district (about 35 in total). An opt-out letter (see Appendix D)\(^7\) was sent to 397 customers.

\(^7\) This is the English version. A Welsh translation of this letter was also sent to all those living in Wales.
customers. Fifty-eight opted out at this stage; customers who had not opted out were then contacted by telephone. Customers were sampled purposively from the Department for Work and Pensions (DWP) records (and this information was re-checked during the telephone recruitment process) to ensure that people with a variety of characteristics likely to influence experiences and perceptions were represented. More information on the composition of the sample is provided in Appendix G, but these initial sampling characteristics included:

- gender;
- age group;
- district;
- health condition;
- ethnicity; and
- status of the ESA claim.

Overall, in-depth interviews were conducted with 39 customers. The majority of customers (28) were interviewed face to face in a local Jobcentre Plus office, at home or in a suitable local venue such as a library or community centre. The rest of these interviews (11) were conducted by telephone, to meet customer preferences or to resolve difficulties of timing or location. Customers who took part were issued with a £20 High Street shopping voucher as a token of thanks for their time and interest in the research.

Interviews with customers lasted from around twenty minutes to over an hour, and explored:

- previous IB and other benefit claims history;
- work status and history;
- work aspirations and expectations;
- nature of condition and impact on work;
- views on the impact of the economic downturn on their employment prospects;
- awareness of ESA and WCA prior to their claim;
- views on principles of ESA (e.g. work focus);
- thoughts, hopes, anxieties about WCA/WFHRA;
- experiences to date, including WCA decision, and any impact on previous views.

An example of the discussion guide used is at Appendix E.

1.3.3 Analysis

Interviews were recorded and transcribed verbatim. In the few cases where permission to record was refused, detailed notes were taken. A coding frame
was developed using categories from the discussion guides and arising from the interview data, which is included at Appendix F, and interviews were analysed thematically using AtlasTi software. Perspectives were also compared using a variety of group categories (e.g. health condition, claim outcome, staff role) to explore similarities and differences.

1.4 Characteristics of the sample

1.4.1 The staff sample

We interviewed 38 staff from all across four districts and from CCs, which serve all districts. Table 1.1 shows the breakdown of the staff sample by district and role.

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1.4.2 The customer sample

We aimed to obtain a customer sample which covered a range of ages and claim outcome groups, as well as being broadly equal by gender and district; tables showing the characteristics of the achieved sample are in Appendix G. Claim outcome, condition and district were the primary sampling criteria. It proved slightly more difficult to recruit people aged under 35; they are thus under-represented relative to those aged 35 and over. Several people declined to participate in the research because they had a very severe health condition or because they had already returned to work, but the sample did include some people in each of these categories.

Some customers in the Support Group had notably severe conditions, including terminal cancer, ongoing chemotherapy, or organ failure for which they were awaiting a transplant. One person was suffering with memory loss such that they needed proxy assistance to take part in the interview; and another had problems concentrating as a result of the drugs prescribed for his epilepsy. Those in the Support Group whose condition was less severe were very close to State Pension Age.
Some customers in the Work-Related Activity Group (WRAG) also had health problems which they saw as severely affecting their ability to work. These conditions included:

- depression following trauma/bereavement;
- active substance abuse problems;
- post-operative recovery (spinal surgery, brain haemorrhage); and
- psychiatric recovery (acute psychosis).

Some people had been in paid work until recently, but the deterioration of their condition and/or the onset of a further condition had made it too difficult to continue. These included a woman who was registered blind, whose increasing falls and trips at work (due to another condition) had led to her take early retirement on medical grounds, and someone whose longstanding multiple sclerosis had worsened markedly during the last year. Others had never worked, such as a young man who had struggled with drug addiction and depression since his teens.

Those who had been found fit for work tended not to have multiple health conditions. As with those in the WRAG, some of those assessed as fit for work had a recent work history, others had never had paid employment.

There were various routes onto ESA (see Table G.3); around half of the customers interviewed had been in paid work immediately prior to making their claim for ESA, and these were found across all claim outcome categories. Only a handful of the customers interviewed had claimed IB in the past. Customers’ overall expectations and views of ESA should be viewed in light of their previous work and claiming history.

Although none were sampled on this basis, around half of the customers interviewed had multiple barriers to work. As well as those with multiple health problems, these included combinations of language issues, a lack of qualifications and work experience, a criminal record, and/or being close to State Pension age. Again, these were found across all claim outcome categories. Issues relating to customers’ employability and barriers to work are discussed in greater detail in Chapter 3.
2 Staff experiences of delivering ESA

2.1 Introduction

This chapter describes the experiences of staff delivering various stages of the Employment and Support Allowance (ESA) claim process, and covers training and support for the role, their experiences of processing claims and delivering Pathways to Work, and their views on ESA as a whole and on specific aspects, such as the allocation of customers to particular claim outcome groups, and the use of sanctions.

2.2 Training

2.2.1 Training prior to the introduction of ESA

Contact Centre (CC) and Benefit Delivery Centre (BDC) staff

Staff at CCs included those who were experienced in working with the Incapacity Benefit (IB) customer group, and in dealing with this benefit, and others with Jobseeker’s Allowance (JSA) or Income Support (IS) experience. Some CC staff were new to benefits, but had previous customer service experience in another field.

CC staff had received a two-week course tailored for their role, consisting mainly of e-learning, interspersed with classroom and lecture-based sessions, and devoted in roughly equal proportions to the technical aspects of dealing with claims and the broader policy intentions linked to the introduction of ESA. CC staff generally felt that the training had been more than adequate to their needs, and spoke about it in positive terms, saying ‘the trainers were excellent’ and:

‘I don’t think there is that much that they could add in to the basic training that we had. It covered all the bases that we needed.’

(Staff member, CC)

Training provided via a computer work package with reading and exercises.
The absence of consolidation training, as the IT system did not go live until the day the new benefit was introduced, was the main issue identified, but this does not apply to later waves of trainees, who are now able to practise on the system. Some people also felt that the training had been ‘a bit rushed’, as it had been delivered very close to the implementation date. Others argued there was a little too much detail on the rules of entitlement to benefit:

‘The training was more intricate in areas that we didn’t need to be aware of. For example, for the contributions that customers make, there was about half a day on that, and we don’t really need to know that information.’

(Team leader, CC)

Staff working in BDCs had received more training, generally between five and eight weeks. They were generally less positive than those working in CCs about the training they had received. As with the CC staff, the absence of opportunities for consolidation were a key issue, but one that appeared to raise more concern in this group. They also commented that some of the trainers had no recent benefit processing experience, that the training did not always follow a logical sequence and that the technical queries raised had revealed errors in the training materials. These issues had left staff feeling quite unprepared and under-confident when the implementation date arrived:

‘We all came in on Monday 27th October and all sat at our allocated desks, and thought, “Oh God; I haven’t got a clue what I’m doing.” And we all sat with bated breath and waited for the first claim to come in.’

(BDC staff, District 1)

However, the issues raised have been addressed for future phases of training, as this comment acknowledged:

‘There was quite a bit of negative feedback, which was escalated with a view to current training being improved.’

(BDC, District 4)

Some BDCs had rolled out the Customer Account Management (CAM) system by the time of the early implementation fieldwork. Staff commented that this had involved a further round of training, and posed additional challenges:

‘It was difficult for the staff because they’d learnt ESA, they understood the ESA process and they’d passed a six-month period which is when you start to feel set, and then all of a sudden they had to relearn the process because CAM changes the way you do claims completely... there’s no paper, no paper at all.’

(Manager, BDC District 1)

**Jobcentre Plus (JCP) staff**

All JCP adviser staff interviewed at the early implementation stage had experience of delivering IB prior to delivering ESA, and were familiar with the customer group.
JCP advisers, in all four districts, generally reported that prior to the introduction of ESA, they had received a half day district-level training session involving a ‘walk-through’ of the new regime. This had included the aims and objectives of ESA, and an overview of the process. They had found this useful, although some advisers reported raising technical questions which the trainers had not been able to answer. Some advisers reported that the training received had been inadequate, and that they would have liked more specific, practical and technical training to equip them to deliver ESA Work-Focused Interviews (WFIs), including how to use the new ESA screens on the IT system. Others, while initially concerned that they would not be equipped to deliver ESA, had found (in contrast to staff working in CCs and BDCs), that they had been able to learn more about the technical aspects of delivering ESA before working with customers, because of the time lag before the first WFI.

Some advisers thought that the initial training session could have been more closely tailored to their role as advisers, rather than being uniform for all ESA staff. JCP advisers in provider-led districts in particular reported that the general overview had introduced some confusion, as much of it was not relevant to them.

Aside from the general overview session, other training included e-training in the form of update emails from the JCP Pathways to Work managers in their district, and intranet guidance. Those who had not received the half day overview session had generally found the e-training and intranet guidance insufficient, not least as they did not have time to go through it in enough detail, unless they printed it and took it home (which some had done).

**Provider staff**

In provider-led districts, provider staff tended to be fairly new to working with this customer group with some advisers joining the organisation after ESA had been introduced. Both organisations had been awarded the Pathways to Work contract in April 2008 and so their experience of working with this customer group was limited. Training for provider staff included induction training with the organisation (usually over two to three weeks) with additional training sessions on benefits and compliance issues, specifically in relation to the ESA/IB customer group. This training included a discussion of the key differences between IB and ESA, and the routes to claiming, depending on customers’ benefit status. One provider had laid on specific training for advisory staff to help them to work with people with mental health problems and also on dealing with difficult people.

### 2.2.2 Ongoing training and support

**CC and BDC staff**

In both CCs and BDCs, staff reported consulting expert users, other colleagues with relevant experience, guidance on the intranet and a dedicated central ESA advice line provided as ways to resolve queries which arose in the course of their work. Some people preferred to talk to someone in the same office first, while
others resorted to this only once they had exhausted other possibilities. This seemed to be simply a matter of personal preference. People who had used the advice line and intranet guidance over time felt that the quality of information had improved markedly, as additional material provided by decision-makers had been incorporated.

Some staff in BDCs described an arrangement where they placed staff with different types of experience in work groups so that they could provide mutual support and address deficits in knowledge:

‘The JSA staff were the experts in the system we would be using. The IB staff had most of the technical background for the medical side of it. JSA obviously and IS they were the income-based element. When deciding how to site the team and share out responsibilities we mixed and matched them to ensure that we had IB, IS and JSA staff together so they could each consolidate each other on their expertise.’

(BDC, District 1)

Staff with JSA experience were at a premium, because of their understanding of the IT systems, since ESA uses an existing JSA IT system (Jobseeker’s Allowance Payment System – JSAPS), but had not always been available to ESA teams, because of rising unemployment and JSA claims during the implementation period. The day-to-day pressures of work in BDCs were also felt to limit the scope to consolidate training in ways which might reduce the pressure on expert users and other sources of ongoing support and improve productivity among staff:

‘If we had a full section, you would be able to take the time out to consolidate with the trainees and take them through things, and like even the likes of the telephone team, where they maybe haven’t had extensive training, you’d be able to draw something up for them and say, “Well, if this happens, if the customer wants this, this is what you do.” And things like that. We never have time to do that at the start. You just don’t have the time.’

(Expert user, BDC District 3)

**JCP advisers**

After the introduction of ESA, JCP advisers in one district had also received some formal technical training (in spring 2009), including use of the IT system, in response to some of the more common technical queries raised. Although welcomed by advisers, some thought that it would have been helpful to have had this earlier. Most JCP staff reported that as their role was similar to their previous IB experience, they had been able to deliver ESA, but they were not always sure of the exact procedures with regard to particular situations where processes had changed, for example, sanctions, or people failing to attend (FTAs).

Staff in another district had received a workshop from the decision makers (DMs) which they had found very useful in helping them to standardise how they deal with situations such as FTAs. Staff in a third district had not received any technical
training, but felt that they needed to update their knowledge to ensure that they were delivering ESA correctly, as interpretation of some of the ESA instructions varied between advisers.

There had also been some ongoing informal training, through team meetings and internal communications. Staff in one district reported being able to email their questions to Pathways to Work managers, receiving replies detailing procedures and instructions on how to deal with specific issues and situations. Adviser staff also relied on sharing knowledge between colleagues within and between JCP offices in the district:

‘The tradition is that there’s always somebody in the Jobcentre that has some knowledge. That’s one of the great things…and even if they don’t know, they have access to people in the BDC, and they can go and talk to somebody they know, and get information that way.’

(JCP adviser, District 4)

However, advisers in another district reported that an over-reliance on this type of approach had resulted in a lack of co-ordination and duplication of effort:

‘The training hasn’t been enough. You could argue the information is probably there because the guidance is published on the intranet. But really we needed full co-ordination of the implementation of the benefit…one person should ask and let everybody else know, instead of us all trying to find out.’

(JCP adviser, District 1)

Interestingly, few advisers seemed aware of the central Jobcentre Plus information point which exists for queries on ESA and no-one interviewed reported using this resource.

**Provider staff**

In provider-led districts, delivery staff seemed to be fairly happy with the amount of training and information they had received on ESA. They were confident that they knew enough about ESA and the processes that customers went through, and if they had any queries, they knew who to approach within their own organisation. One adviser saw the Department for Work and Pensions (DWP) website as very helpful for resolving queries relating to Permitted Work Rules and other benefit issues.

Some provider staff (advisers) thought that a short follow-up session or ‘refresher’, two or three months after ESA had been introduced, may have been useful, to iron out any difficulties or raise common issues. It was clear in one provider organisation that advisers had interpreted the guidance differently and were working with customers in slightly different ways. Some advisers worked with customers on substantive employability issues during the first WFI, for example, and completed customer action plans, whilst others tended to focus the first
discussion on process, signing off paperwork, and data protection issues. Advisers also spent different amounts of time with customers: in one provider site, some advisers spent an hour with customers on their first visit, reducing this time in subsequent visits, whereas other advisers spent only 30 minutes with customers during the first visit and then much longer with them thereafter.

2.3  Dealing with the claim process

2.3.1  Experiences of taking claims by phone

Customer service agents in CCs reported taking between 12 and 20 telephone calls a day. Calls were noted as having initially taken between 45 minutes and an hour. While some more complex claims were still estimated to take this long, 20 to 30 minutes was estimated as a more average current call length. Neither customer agents nor team leaders appeared to be experiencing undue difficulty in meeting call clearance times. What did appear to be a cause of some pressure was the amount of time allowed to complete paperwork following the call, which was reported to be very limited.

‘When they’ve got any after call work they’re allowed 40 seconds, so they’re getting frustrated with this. That’s been quite hard; the fact that the benchmark for after call work for Employment and Support Allowance is 40 seconds and Jobseeker’s Allowance is two minutes. A lot of agents don’t understand the logic behind that.’

(Team leader, CC)

Much of the time spent dealing with each phone call in the early implementation period was attributed to IT problems, now much improved, which are discussed in Section 2.3.2. Current call times are seen as related to the complexity of the claim and any special needs the customer may have. Calls involving contributions-based benefit9 were viewed as shorter and more straightforward because there is less information that needs to be collected in these cases, as were claims for single people with no dependents and no housing costs and those without a recent employment history. Complex income-related claims, such as those with self-employment details or multiple properties, and calls involving an interpreter to meet a customer’s language needs were said to last at least 45 minutes. Some CC staff were happy with the standard of interpreting service provided while others saw it as problematic. One person reported that it was particularly difficult in cases where people do not request an interpreter, but nonetheless have quite limited capacity in English.

Staff with previous IB experience tended to express most confidence in talking to customers about their health problems, while those used to a more mixed

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9 Entitlement to ESA may be based on National Insurance Contributions or means-tested; the latter requires detailed scrutiny of household composition, income etc.
customer base could find these issues more difficult and sometimes dispiriting or distressing to discuss. Asking people about claiming under Special Rules, a fast-track route to claiming for those who are terminally ill, was viewed as particularly challenging in this respect, and an area which customer agents could find difficult, but were generally handling well.

‘If they don’t know what special rules are, you’ve got to explain to them that if they’re claiming under special rules, then have they been told they have a terminal illness, which isn’t very nice. Sometimes if a customer sounds like they are going to be claiming under special rules, then it still must be asked, because their claims will be dealt with quicker. So, it’s really important that the question is actually asked. So, I think some agents feel uncomfortable with that question, but they get into this where they say, “Sorry, I’m going to have to ask you this question”.’

(Team leader, CC)

A team leader in another CC had, via call monitoring, identified issues with this question not being asked due to reticence or unease on the part of particular staff members and had taken steps to address this.

Some CC staff saw customers who had never claimed before as more difficult to deal with, especially if they were unhappy or uncomfortable about having to claim benefit, or expected differential treatment:

‘Some customers are a bit embarrassed about having to go through the process to get the benefit, and sometimes they can be quite offhand with agents. We’ve got other areas where we’ve got a lot of white collar workers, and sometimes they’re not exactly disrespectful, but they’re speaking to the agents in a particular manner...sometimes those customers can be more difficult and they want theirs dealt with straightaway, or they want to speak to a team leader or somebody else higher up the line.’

(Team Leader, CC)

Others had experienced more difficulty from customers familiar with the IB system and querying why they now had to undergo a changed set of procedures.

Several CCs identified the issue of inappropriate calls, where customers were re-contacting them because it was a freephone number, even though they had been directed on to a BDC (which have 0845 numbers), in the hope that they could be connected. Between one in ten and one in five calls were estimated to be of this type.

CCs reported that there was currently little use of clerical processes as a result of workload pressures (referred to as ‘clerical contingency’), although this had been fairly widespread at earlier stages of implementation. Apart from cases in which it was more appropriate for claims to be dealt with clerically (such as third party claims), CCs reported that these were mainly used when the IT system was unavailable (see Section 2.3.2).
BDC staff did not appear to be working to set performance targets in terms of clearing claims at the time they were interviewed. However, they were aware that processing times were slow, and that productivity was low. In some BDCs, a considerable amount of overtime was being worked to deal with backlogs.

Because each stage of the claim is dealt with by a different part of the system, workload pressures at different sites varied at the time of the fieldwork. Staff in CCs reported that they had experienced a very difficult period at the start of the year, but that workloads were now manageable, whereas staff in BDCs were finding that their workload was increasing at the time of interview, and they expected it to do so for some months to come.

2.3.2 IT systems and process issues

Staff working in CCs reported numerous problems with the JSAPS computer system, which was unfamiliar to those who had previously worked with IB customers. One issue that was identified by several CCs was that of error messages received if information, such as a postcode (not only for the claimant’s address, but for instance for a hospital where they are receiving treatment) or a return to work date, was missing, and which required staff to enter fictitious data to make the system work. Developing and implementing workarounds for these types of issues was said to have created a very large volume of advice and guidance for CCs to absorb in the early weeks of implementation, as well as leading to very long call times as they attempted to resolve problems while the customer was on the phone.

‘We have a desk-aid which gives a lot of the known problems. And during the whole period that they were rolling-out – and even now I would assume – they get an update of any known problems that have occurred and any temporary work-rounds while they’re trying to sort that problem out.’

(CC staff)

Many of these issues appeared subsequently to have been resolved, but others remained and the IT system was evidently a source of frustration to some staff.

At the time of the research, there was an ongoing problem with claims showing as ‘live’ when the customer was no longer in receipt of benefit. In this situation it was not possible to open a claim for ESA, and a clerical claim had to be made. While in some cases this was a short-term issue, for instance when someone was moving from JSA to ESA, in some cases customers reported not having claimed benefit for two years or more, but the claim had not been closed. The IT system was also reported to ‘freeze’ and ‘crash’ at times of heavy volume, meaning that staff had to resort to sending out claim forms by post.

BDC staff demonstrated benefit processing during the fieldwork visits; it required them to enter multiple portals and cross-check information, with considerable scope for human error; in some districts they were working from printed copies.
of CC output. BDC staff also pointed out that the customer details they received from CCs often required them to seek additional information in writing or by phone before they were in a position to assess a customer’s eligibility for benefit.

‘Contact Centre can only do so much [on] information and it’s all scripted at the Contact Centre so they don’t know the knock-on impact. For example, if somebody says that they own a property that they don’t live in, they’ll record that but they won’t know that we need a whole load of other information, that we would need to send a form out to the customer to say, where is the property? Who owns it? Is it up for sale? Things like that. If someone comes into the country to live, within the last two years, you’d be looking to see whether or not the customer could be classed as being habitually resident in this country and if so, would they be entitled to benefit?’

(BDC, District 2)

In part this was viewed as an inevitable consequence of the division of labour between different offices, with CC staff not being trained in eligibility criteria for benefits, as this quote illustrates:

‘The Contact Centre staff have got no benefit knowledge…They’re asking people for things. They don’t know what they’re asking them for, or even why they’re asking…So they don’t realise the implications of not receiving that information.’

(BDC, District 1)

From their perspective, CC staff pointed out that the way that the computer screens led them through a claim was different from before, and contained fewer safeguards to ensure that all question areas were covered:

‘It was easy to miss a section or a question, or part of an area of the claim, because it wasn’t the same format as the customer management service system. That was quite straightforward; it was just pages, whereas, it’s a bit different with Employment and Support Allowance. You have to manually go in and, if you’ve not covered an area, it won’t flag it for you.’

(Team leader, CC)

To address these issues, a system of reporting back problems to the CC has been developed in some districts:

‘…using issues logs which we have now adopted for common mistakes because unless we inform the Contact Centre, “If you do this, this is the problem we have”, then they are never going to learn either.’

(BDC, District 1)

Staff in districts where Customer Account Management (CAM) was yet to be rolled did not seem overly hopeful about its potential to improve the situation. However, in districts where CAM had been introduced there generally appeared to be fewer problems of this type.
2.4  Work Capability Assessment and Work-Focused Health-Related Assessment

2.4.1  Process and practice

JCP staff

There were some reports from JCP advisers that the Work Capability Assessment (WCAs) and Work-Focused Health-Related Assessment (WFHRAs) were initially being completed in time for, or shortly after, the first WFI. However, a backlog of medical assessments had soon built up at Atos, resulting in considerable delays to both the WCA and the WFHRA. When ESA was introduced, the WCA and WFHRA had been conducted by Atos on the same day, but to reduce the time taken to reach decisions on customers’ eligibility for ESA, these were decoupled in May 2009, with the WCA being carried out first, and the WFHRA at a later date. At the time of the fieldwork, advisers reported that in many cases the WCA decision was not received by the time of the second, and in some cases even the third, WFI. This was causing considerable concern as advisers were having to meet more than once with customers whose claim outcome was unknown.

Advisers found it difficult to make the WFIs work-focused in the absence of the WCA decision, as at this stage customers’ main concerns centred around what would happen with their claim and their benefit payments. They reported spending much of the interview time explaining the process to customers, and trying to alleviate their fears. In the second and third WFI, some advisers had been able to start looking at support that would be appropriate for customers who felt ready for this, but as so many customers were subsequently declared to be fit for work and referred to JSA, any support offers had to be withdrawn (in the absence of an appeal).

‘Most of them get told they’re not to claim the ESA anymore, loads and loads and loads, which is again quite frustrating as we’ve spent two or three interviews with this customer and have looked at small steps to get them to a position where they’re looking for work, or maybe they are looking for work and we’ve sold the products and services we’ve got on offer to help them, to just be told you can’t claim it anymore, then all our products and services are pulled away from them.’

(JCP adviser, District 1)

Advisers felt that these situations were disillusioning and upsetting for customers, and in some cases, for example, for customers with mental health conditions, detrimental. Holding WFIs before medical decisions had been reached also meant that advisers were obliged to conduct interviews with customers who they thought were not well enough to attend an appointment at Jobcentre Plus. In a few instances, customers were subsequently allocated to the Support Group. Again, advisers viewed this as an unsuitable use of their resources. In provider-led districts, JCP advisers had also been obliged to refer all the customers they had seen in the first WFI to the provider, not knowing whether these customers would ultimately be in the Support Group, the Work-Related Activity Group (WRAG), or declared fit for work.
The IB system had allowed advisers to waive WFIs for customers when they felt these were inappropriate. Under ESA, there is no facility to waive WFIs, only the option of deferring them for a limited period. The first WFI is triggered at week nine of the claim, and was required to be carried out before week 14 in order to meet the targets. Although these targets had been lifted by JCP at the time of the fieldwork, districts in the sample appeared to be, in the main, adhering to them.

Advisers were, on occasion, delaying the WFIs for longer than they should to get around the inflexibilities of the new system, for example, because they thought that a customer was too ill to attend, to delay the interview until after an operation, and/or in an effort to have a decision on their claim by the time of the WFI. The timeliness of the WCA and the WFHRA in relation to the WFI was, therefore, a major issue for JCP advisers carrying out these interviews with customers.

‘We need to have that [the WCA]. We need to have Atos get them done on time, or they need to take away the target of seeing people, and then we don’t see them. Once we get the WCA we either make the appointment, or we don’t.’

(JCP adviser, District 2)

Provider staff

Although the system is designed so that provider staff only see those in the WRAG, in reality process delays meant that they had often started working with customers, and in some cases invested considerable resources in doing so, long before the WCA was carried out. Many customers were subsequently told that they would have to claim JSA because they were deemed capable of work. Providers reported that they were often required to explain the process to customers and were frequently asked to help customers with their appeal. A number of provider staff thought that BDCs/Jobcentre Plus were not explaining the decision-making process well enough to customers. Providers also viewed many WCA decisions as flawed; customers whom they regarded as having severe health problems were often deemed fit for work following the WCA.

2.4.2 Failing the WCA, and appeals

BDC staff

Decision makers in BDCs commented that in many cases customers were awarded so few points at the WCA that there was little sense of making an active decision; they felt as if they were simply endorsing the findings of the medical process. Some felt that many of these decisions were unduly harsh, and that the majority of customers assigned to the WRAG or fit for work groups faced severe barriers to employment. Many customers were reported to be appealing, and there was a large backlog of appeals at the time of the fieldwork. Some BDC staff were acutely conscious of the additional costs this was creating for the system as a whole:
‘[it’s] so expensive as well, for some of them, a claim as a whole, everything surrounding it: you considering writing an appeal submission; doing an appeal hearing; claim for the tribunal members.’

(BDC, District 2)

Others pointed out that there were considerable incentives for customers to appeal, even where they had limited hope of success, as in the meantime they could continue claiming ESA at the assessment rate, and did not have to fulfil the more stringent requirements of a JSA claim:

‘It would just mean that they would stay on the assessment phase rate of benefit, which is no issue to them, really, because they’re used to being on that rate of benefit, so there’s a noticeable increase in the number of appeals that we’re receiving. People think, well, what’s the difference, why go and claim for Jobseeker’s Allowance and declare that I’m fit for work when I don’t really think I am, anyway, and, financially, I’m no worse off by appealing.’

(BDC, District 4)

**JCP staff**

JCP advisers in all districts thought that a significant number of customers applying for ESA were found fit for work at the WCA medical, and subsequently referred to JSA, although they could not specify how many. Staff acknowledged that there were a few customers who they thought were genuinely fit for work, but they believed that large numbers of customers who were not well enough to go onto JSA were being found fit for work at the WCA. While this was viewed as distressing for most customers, advisers believed that it could be particularly damaging for customers with mental health conditions, and carried a high risk of worsening their symptoms.

Some JCP advisers thought the WCA was especially poor at identifying mental health conditions which were severe enough to prevent someone from being work-ready. Others thought that the WCA performed similarly in assessing work readiness on the basis of either mental or physical health conditions.

When customers had been found fit for work at the WCA but had an existing WFI appointment, advisers tended to use the WFI to explain the options available to customers. If customers chose to appeal, while this was ongoing, they are able to stay on the ESA assessment rate payment, and would still be entitled to WFIs and support from the ESA adviser. A few advisers admitted steering customers towards the appeals process when they believed that this was their best course of action.

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11 The latest statistical release from DWP shows that of the 193,800 people who made a claim to ESA between October 2008 and February 2009: five per cent went into the Support Group and were not expected to undertake any work related activity; 36 per cent were found fit for work and not eligible for ESA; 11 per cent joined the Work-Related Activity Group (WRAG); 38 per cent stopped claiming before their assessment was completed; and, 10 per cent of claims were still being assessed.
'You’ve got some people who will say “Oh I’m just going to go onto JSA, it is more trouble than it’s worth to appeal”. And if I feel that they have some sort of case, I’ll try and persuade them to appeal. Because if they went on to JSA, didn’t fulfil the conditions, lose the benefit, they can’t go back onto ESA within a limited length of time and they end up just disappearing down the plughole. So it’s to try to stop that.’

(JCP adviser, District 4)

However, a small number of JCP advisers echoed staff in BDCs in expressing the view that the appeal route could be an ‘easy way out’ for some customers, particularly for those who had claimed IB in the past, and were familiar with Jobcentre Plus, as they would continue to get their payments and not be subject to sanctions.

JCP advisers reported that many customers who were found fit for work decided to appeal, and they were spending increasing proportions of their time assisting customers with this. They also thought that the appeals system was becoming overburdened, and that appeals decisions were taking longer to come through as more customers opted for this route.

JCP advisers highlighted that customers going through the appeal process were usually very reluctant to take any of the work-related support on offer through ESA, although they were entitled to it. This was because they feared that any work-related activity, including, for example, discussing their future career options or looking at programmes that might assist them, would be used as evidence that they were work-ready, and that they would be more likely to lose their appeal.

Provider staff

In provider-led districts, provider staff also reported that they had often helped customers to appeal against the WCA decision. One provider staff member reported that most of the appeals they were aware of had resulted in a reversal of the original decision with customers being allocated to the Support Group. They saw this as firm evidence that the original decisions were inappropriate. Although customers can continue to receive help from Pathways to Work providers when they are appealing against WCA decisions, provider staff also reported that many customers were afraid of doing so as they thought this would strengthen the argument that they were fit for work.

12 This assertion is not borne out by statistics which show that up until the end of August 2009, 4,900 appeals had been heard on the ‘fit for work’ decision. Of these, 3,300 appeals have resulted in the original decision being upheld with 1,500 resulting in a decision in favour of the appellant. Having said this, due to the time it takes for appeals to be submitted to the Tribunals Service and heard, a very limited volume of Appeals Heard data is currently held; more robust outcome data is anticipated in the coming months. (http://research.dwp.gov.uk/asd/workingage/esa_wca/esa_wca_13102009.pdf)
2.4.3 Use of the WFHRA

**JCP staff**

Some JCP staff reported having seen few WFHRA outputs (or none), while others had seen a fair number. JCP staff views on the usefulness of the WFHRA were mixed. Some considered it an improvement on the reports they had received previously for IB customers, because it was more work-related. They found it useful to talk through the WFHRA results with their customers, and follow up what they had said in the medical assessment. This could be particularly helpful in clarifying the most suitable sources of support, and the kinds of provision that customers would be most open to trying.

‘You can use it to discuss with them what they’ve said...and then you’re turning it around so it’s their suggestion, they’ve got the power there, this is what they need. So I think it’s good in that respect because it’s coming from them, it’s more or less empowering them, rather than me saying “I think you need this”.’

(JCP adviser, District 4)

In contrast, other JCP advisers reported that they did not find the WFHRA output useful, as the information it contained was generally very similar to what they had already found out in the first WFI with a customer. Some said that the information in the WFHRA was basic and very repetitive. In addition, advisers pointed out that the output was of limited use as it failed to provide suggestions for the kinds of work which would be suitable for customers, given their health condition. Advisers would have found some occupational health input on the range of career options available to their ESA customers very useful.

‘Establishing a job [goal] is quite difficult, and the WFHRA doesn’t help us along those lines. If they can’t go back to their usual occupation, what other occupations can they do?’

(JCP adviser, District 1)

**Provider staff**

In provider-led districts, it was unusual for provider staff to have seen the output from the WFHRA and so their views on the usefulness or appropriateness of the information contained was limited. In one of the districts, only staff helping customers who were furthest away from the labour market saw the WFHRAs; staff who dealt with more job-ready customers tended to work with them without recourse to the earlier paperwork. Provider staff tended to form their own opinions about a customer’s capability and availability for work rather than relying on the WFHRA.
2.5 WFs and Pathways to Work

2.5.1 The first WFI

JCP staff

The first WFI usually takes place between week nine and week 13 of an ESA claim, and typically lasts around 40 minutes. Advisers generally had very little information about the customer before their first WFI; only that which they receive from the CC and information on medical certificates, which was often very brief. As a result, the interview was usually focused on information gathering and establishing a rapport with the customer. It would typically cover the customer's health, their education and work history and how their health had affected their ability to work in the past. Information on financial circumstances and living arrangements would also be collected, and other benefits such as Housing Benefit, Council Tax Benefit and Disability Living Allowance were discussed, if customers were claiming these, or might be entitled to them. The kinds of work the customer would like to do in future would also be covered if possible, although not all customers were ready to consider this. The extent to which skills needs were assessed at this stage varied; advisers in a JCP-led district reported that they would include this, whereas one provider-led district left this for the provider to cover in later WFIs. In this district, the key aim of the first WFI was seen as motivating the customer to attend subsequent WFIs with the provider.

‘Our goal is to get them to meet with [the provider] in a month’s time because we’re not here to help these people back in to work. With the provider coming in this has all been taken away from us.’

(JCP adviser, District 2)

JCP advisers reported that customers usually came to their first WFI with many questions and concerns which they wanted addressing before any work-focused activities were discussed. Most advisers thought that it was important that they understood the way ESA worked in considerable detail, so that they were able to deal with the wide range of queries that customers brought to their WFIs, including queries about benefit payments and the medical assessment. The recession had increased financial pressures for many customers, and this had exacerbated their concerns regarding benefit payments. JCP advisers needed to build a rapport and gain customers’ trust to be able to work with them effectively in the future, and to do this they had to address customers’ most pressing concerns first.

‘Until you get that part [benefit query] sorted out in the first interview, the customer is not even willing to listen to anything else you’ve got to say. So I incorporate explanation of the benefit into the first interview so that they’re clear on what’s going to happen in the future with the medical process.’

(JCP adviser, District 1)
Other JCP advisers questioned whether providing an overview of ESA was actually their role, feeling that discussions of this nature should be available to customers earlier in their claim, perhaps from the CCs, as part of initial customer service. Some commented that ESA could also have been publicised more widely in the media, so that people claiming it would know what to expect.

Whether in the JCP or provider-led districts, referrals to external support were rare in the first WFI. This was partly due to time constraints, but JCP advisers in provider-led districts also regarded this as the role of the provider conducting subsequent interviews.

A number of advisers thought that the letters sent to customers informing them about WFI were not very appropriate, on the grounds of being too long, overly complex, and using language that was not ‘customer friendly’. This was viewed as exacerbating customer concerns, and possibly contributing to ‘fail to attend’ (FTA) rates.

JCP staff in one of the provider-led districts had been told that they would be relocated to sit in the provider offices to deliver the first JCP WFI, on the basis that this would help to reduce FTA rates. Staff were very unhappy about this prospect, and doubted that it would make much difference to FTA rates in practice, as WFI are five weeks apart. This was in the overall context of concerns that their role was being de-professionalised; they had gone from being specialist Incapacity Benefit Personal Advisers to primarily signposting ESA customers to external Pathways to Work provision. JCP managers also argued that they would effectively lose very experienced staff once advisers were working from provider sites. At the time of the evaluation visit, they were also having problems transferring information from the first WFI to the provider using secure post arrangements, which was frustrating for advisers and customers alike.

2.5.2 Subsequent WFI

JCP staff

In subsequent WFI s held within JCP, the focus depended on whether the WCA had been carried out and a decision reached. As discussed earlier, due to the medical assessment delays, it could take some time before a customer had received a decision on entitlement and group allocation. Once received, the outcome determined what was covered in subsequent WFI s. For customers going through the appeals process and remaining on the ESA assessment phase payment, WFI s generally involved supporting customers through their appeal, rather than any work-related activities. Advisers reported that very few customers were being allocated to the Support Group, and none recalled any Support Group customers opting to attend WFI s voluntarily. Many customers who were allocated to the WRAG were surprised about this, as they had anticipated being in the Support Group, and advisers had to explain the reasons for and implications of the WCA decision.

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13 This has subsequently been revised. See latest version (at time of writing) at Appendix H.
Once WRAG customers had understood and accepted the process, advisers described working with ESA customers in a very similar way to those on IB. WFI activities were tailored to each customer, depending on their health, confidence and aspirations. A minority would tell the adviser at the first or second interview that they were very keen to get back to work as soon as possible, in which case, activities would be focused on this, for example, job broker referrals, or looking at vacancies on the system. However, it would take most customers several months, at least, to get to this stage. It was more usual for advisers to explore customers’ current support needs, including any skills issues, to start outlining the range of provision that was available, and discuss which might best suit their needs. As many customers came to ESA with low confidence in addition to health problems, advisers commented that they would often have to ‘sell’ provision to the customer, persuading them that it would be helpful. On occasion, they had to reassure customers that by agreeing to attending a course or other provision, they were not committing to finding work in the near future. In each subsequent interview, the adviser would re-cap on what had been covered in the previous one, explore what had happened since, how their health was, and what could be done that might help them in the future.

Some advisers discussed voluntary work and Permitted Work options with customers who were closer to the labour market. Advisers saw the Permitted Work Rules as very useful, and reported that most customers were very positive about this idea, seeing it as a good start and a gentle step back into the world of work. However, it was not always easy to find suitable opportunities for Permitted Work, especially in a recession, when employers have a very wide choice of applicants.

Provider staff

Turning to the subsequent WFIs in provider-led districts, in one district, ESA customers were sorted into two groups depending on their employability. While all had to attend WFIs, more one-to-one support was available to those who were viewed as serious about wanting to move into work. In the other provider-led district, all customers were seen by Personal Advisers regardless of their proximity to the labour market.

Activities offered by providers centred on one-to-one help from advisers and group sessions. In one provider organisation, Employment Advisers worked with the most job-ready. They looked for jobs for customers, helped with application forms, and advised on in-work benefits, Permitted Work, Access to Work, and other available support. They also helped with CV preparation and interview skills. Engagement Advisers, on the other hand, saw people further from the labour market. They also helped people to prepare CVs and think about the type of work they want to do, but these customers were seen as having significant health barriers to overcome before they were ready to move back into employment. Many were awaiting operations or some other health intervention. These customers were also generally reported to be less engaged with the ESA process. In another provider organisation, advisers worked with customers across the spectrum.
Provider staff worked quite flexibly with customers according to their needs. Customers who were closer to the labour market tended to be seen more frequently and at least weekly (some providers reported that they saw some customers two to three times a week if they were keen and job-ready). Others, particularly those who are furthest from finding work, tended to be seen monthly. Provider staff were also flexible about how long they spent with each customer. Some appointments were short, for example, just checking through a CV if customers were sufficiently motivated and informed to apply for jobs independently, while other customers were seen to require much more ‘hand-holding’.

‘Some people are much more independent with their job searching and they might just need a bit of advice with...application forms, or how to write a supporting statement. We could spend appointments doing that, and appointments can be anything between half an hour to an hour, and then some advisers will go two hours as well, if it’s an extremely long application, just to get it done and sent off.’

(Employment Adviser, Provider, District 2)

Providers tended to run group sessions to tackle some softer barriers to employment such as low self-esteem and confidence, and poor motivation. Providers also delivered sessions on condition management for people with both physical and mental health conditions. In one district, the sessions tended to be short workshops addressing particular issues and customers were referred to these sessions as appropriate. In another district (under a different provider) all customers were referred to a two-week group session to raise confidence and motivation and engage customers to start looking for work.

Providers offered after-care support for customers who moved into work, generally for a six-month period. Advisers described calling customers to see how they are getting on in work and helping them with any problems that arise; for example, with Council Tax and Housing Benefits.

Provider staff generally focused on what customers can do, and not on what they cannot do, in relation to work. Advisers were very work-focused and actively avoided talking about a customer’s health condition unless it was absolutely necessary. Having said this, many customers worried about whether or not they should reveal ill-health or medication when applying for jobs. In these cases, advisers tended to discuss the pros and cons of disclosure, and whether customers were required to disclose their health condition by law.
2.5.3 Action Plans

**JCP staff**

In the main, JCP advisers used Action Plans\(^{14}\) to record information for their own reference, and preferred to give the customers action points to address before the next session, rather than handing over the whole Action Plan, which they thought could be overwhelming. Advisers used the Action Plan to make a note of what was covered in each WFI, including details about the customer’s health, and their ideas of what they could cover in the next WFI. This was seen to be vital where customers might see a different adviser in their subsequent interview, and in provider-led districts, to equip the provider with as much information as possible for subsequent WFI.

In one district, JCP advisers reported that they were unable to save the Action Plan without printing it out. Even so, they still preferred not to hand it all over to the customer, and thought that there should be more flexibility and adviser discretion around how the action plan was used with customers.

‘I explain to them that the action plan is just one place on the computer system where everything we’ve talked about gets drawn together…We are supposed to print it out and give it to them but we tend not to, because they throw it away as soon as they go out through out the door.’

(JCP adviser, District 1)

Within Jobcentre Plus, the action planning process was felt to be working well for customers who were ready to discuss their main barriers to employment and to look at ways of overcoming them. Advisers were generally used to having quite candid conversations with customers about health conditions and employability. It was more difficult to action plan in a meaningful way with customers with complex conditions, or those in poorer health. These included customers with drug and alcohol problems, those awaiting or recovering from serious operations, and some people with mental health problems or breathing and/or mobility problems.

**Provider staff**

In provider-led districts, most provider staff reported that they did not use the Action Plans generated by Jobcentre Plus, preferring to devise a new action plan with customers to which they can refer on subsequent visits. Jobcentre Plus Action Plans were largely used at the point of referral, as a starting point and to gather basic personal information (name, address, National Insurance number etc.).

Providers prepared a new Action Plan for the second WFI which customers were required to agree to and sign. The actions that they signed up to included: preparing/supplying a CV, completing application forms, reading newspapers, searching the internet, having a mock interview, and attending a group session.

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\(^{14}\) This is a document recording what the customer has agreed to do to move towards employment.
on confidence building. Advisers believed that these actions are realistic and achievable and they seemed quite satisfied that the Action Plan is a useful tool to which they referred, and revised, on each visit as appropriate. Advisers generally thought that the Action Plan was a good document for ‘moving clients forward’.

### 2.5.4 Provision and referrals

#### JCP staff

All of the JCP advisers interviewed at the early implementation stage had an IB background, and therefore had considerable experience of working with this customer group, and referring them to external provision. They believed that this gave them an advantage as they were aware of the range of external provision and services on offer, and felt better equipped to gain customers’ trust and interest in taking up opportunities, compared to advisers without this experience (for example, those with a JSA background).

Only JCP staff in JCP-led districts were able to use the WFLs to refer customers to external provision to provide support for their health condition, or to address their skills and employability needs. They reported that the range of provision was generally very good, although there were some gaps. However, it had changed little since the introduction of ESA, and so referral practices for ESA customers were very similar to those used for IB customers in the past. The exact range of provision varied from district to district, but there were some commonalities. The Condition Management Programme, for example, was available in all districts, and was seen by JCP advisers to be very effective in helping customers to overcome some of their key health-related barriers to work.

> ‘The Condition Management Programme is fantastic. Everyone who goes on that, they come back with fabulous feedback, they really do...It’s marvellous, it changes the way people think about their conditions, especially for things like depression and anxiety.’

(JCP adviser, District 1)

However, advisers said that not all customers were willing to try this programme. For example, customers with mental health conditions sometimes feared that it would be too much for them. Other commonly-reported provision included vocational training such as forklift truck driving, plastering and plumbing, for which there was always considerable demand. Referrals to job brokers were made where customers were close to the labour market, and in the right circumstances, this was thought be a very effective way of helping customers into work. JCP advisers spoke very highly of the work of some job brokers. However, the recession has resulted in a fall in job opportunities, and the job broker’s role has become more challenging as a result.

Key gaps in provision included short-term confidence building courses, which would assist customers (especially those with mental health conditions) to be more positive and open to making use of the full range of provision on offer.
to them. Provision for people with drug and alcohol problems was also seen to be relatively scarce, and yet substance misuse was a major issue in some of the four districts included in this research. The lack of suitable IT provision for people with qualifications and skills, but who have never had the opportunity to use computers, was also highlighted.

JCP staff in the provider-led districts were not able to refer customers to any provision other than to the main provider who would be conducting the rest of the WfIs. However, some advisers said that if appropriate, they would tell customers about suitable opportunities so that they could follow them up themselves. Many staff in these districts were frustrated due to the loss of ownership of this client group and expressed concerns that provider staff delivering subsequent WfIs did not necessarily have a track record of working with customers with health conditions, or with the local providers and partners who were able to support them, and were possibly less well-equipped than JCP to work with ESA customers. In one district JCP advisers did not think that the provider was referring to any external provision, and strongly questioned whether this was appropriate.

Provider staff

Providers reported that they tended not to refer customers directly to other training provision as they are focused on work first. Providers tend to do everything in-house to assist customers back into work. If customers require some additional training to get a job in a specific occupation for which they are not already trained, provider staff would usually discuss local training options and funding streams that are available to customers but then leave it for them to follow-up. Providers taking part in the research reported that they had recourse to a physiotherapist and counsellor/psychologist in-house who would see customers to discuss their particular health needs and assist with condition management (either on a one-to-one basis or in a group setting). Providers also signposted customers to other services as necessary, particularly the more specialist services, for example, for help with drug and alcohol problems, and debt.

Some providers reported directly engaging with employers to find opportunities for work experience, voluntary work and jobs. They also invited employers into group sessions to talk about their vacancies and discuss the kind of work qualities they are looking for in their staff.

2.5.5 The ESA customer group

JCP staff

JCP advisers believed that the health of all those who were applying for ESA was no different than it had been for those who had applied for IB in the past. However, they believed that the WCA excluded many people with quite poor health from ESA altogether, and that as few customers were allocated to the Support Group,
the customers in the WRAG group were, on the whole, more unwell than the IB customers they had worked with previously\textsuperscript{15}.

Most advisers were able to cite several examples of customers who they believed were too ill to come to appointments at Jobcentre Plus, or to consider looking for work, but who had been placed in the WRAG

‘There’s so many like that. It’s really difficult…you’ve got people with multiple health problems…they can hardly walk and breathe but yet they’re in the Work-Related Activity Group. And you do think to yourself, “it’s going to be difficult, this”. Because obviously I’ve got to make sure I’m offering support, but at the same time, sometimes you can see that this person really won’t be able to do many of the things I’ve got on offer…I think all advisers would probably say that, and it’s very difficult.’

(JCP adviser, District 4)

As they were not able to waive WFIs, this placed advisers in a difficult position:

‘We are seeing more people with worse health conditions than before, because previously we were allowed to waive…but we’re not able to do that at the moment.’

(JCP adviser, District 1)

Some JCP advisers thought that they should have the option of conducting WFIs by telephone to help them deal with situations of this kind. Although there were plans in one district for advisers to do home visits, the general view was that this would not be practical, given staff resources.

JCP advisers reported that only in what they perceived as the most extreme cases were customers being allocated to the Support Group. However, some of these customers were also called in to WFIs before the results of their WCA. Advisers were uncomfortable with this, as these customers were usually very ill:

‘They are going to be far removed from the labour market, and probably never going to work again…but we are calling these people in, because we don’t have that [the WCA] information, and they’re coming in, sometimes; it’s appalling, because they’re coming in, in a wheelchair, they’ve got progressive cancer. I don’t want to see these people.’

(JCP adviser, District 2)

\textit{Provider staff}

Providers were, in general, new to working with this customer group. However, they reported that customer reactions to Pathways to Work had been fairly positive

\textsuperscript{15} Those with more severe conditions, and those most likely to find work without assistance, were previously identified by a screening tool and exempted from compulsory participation in Pathways to Work, although they could take part on a voluntary basis.
where the rationale for the policy was explained to them properly at the outset. Provider staff reported that they spent the first WFI telling customers about their service and what it was intended to do i.e. to get customers back into work. As long as customers understood that the provider was there to help them, there were few problems:

‘I haven’t really had any problems with people reacting negatively to it. I think it would be more in the first appointment that people would tend to react in a negative way, and not in subsequent ones, because by that stage, they should really understand why they have to come here.’

(Employment Adviser, Provider, District 2)

Providers thought that ESA could be better explained by Jobcentre Plus staff before customers were referred to them. Several advisers reported that they spent a lot of time during the first WFI explaining the process and trying to engage customers as they had very little understanding of it before the referral. One provider was hoping to overcome some of this difficulty once Jobcentre Plus advisers were co-located with Pathways to Work advisers.

2.6 ‘Fail to attend’ and sanctions

*JCP staff*

When customers did not attend WFIs, JCP advisers would, in the first instance, try to ring them to remind them of the appointment, and to re-arrange it. They would also ask why the customer had not attended, to check if they had ‘good cause’ for non-attendance (e.g. a medical appointment, or a funeral). It was seemingly rare for customers to report a ‘good cause’ for non-attendance. More frequently customers said that they had not received the appointment letter or did not think that they had to attend the appointment as they did not see themselves as being fit for work. At this point, advisers would explain that on ESA, they were required to attend the WFIs. Once customers understood this, some, but not all, would attend their next appointment. For those who did not, the sanctions process would be considered.

However, JCP advisers reported that the sanctions procedures for FTAs could be frustrating. They are not able to sanction customers for non-attendance at WFIs until after the results of the medical, which determines whether customers are in the Work-Related Activity Group (WRAG) or the Support Group, as WFIs are mandatory for WRAG customers only. Sanctions can only be applied once the higher amount of benefit is being paid, which includes an additional £25.50 for attending WFIs. The sanction for non-attendance of WFIs is the removal of 50 per cent of this additional £25.50 in each of the first four benefit weeks, and all of it in subsequent weeks.

There were mixed views on the extent to which the sanction itself was effective, and an improvement compared to sanctions on IB (which removed some of customers’ basic payment). Some advisers made the point that there was less
incentive for customers to attend WFIs, as the result of the sanction was that they would forgo an additional premium for attendance, rather than having their basic benefit reduced\textsuperscript{16}:

‘That’s one of the differences also, that for people on ESA when their benefit is sanctioned they don’t actually lose money because they’ve never had it in the first place, unless they’ve attended repeat interviews and then they lose the extra.’

(JCP adviser, District 4)

Some advisers reported that the ESA system of dealing with FTAs was more streamlined than it had been for IB, but there were also reports of confusion around the adviser role and the decision maker role with regard to sanctions. One district had received specific training on this issue, which had helped them to operate more confidently, but thought that without this training, FTAs and sanctions activity would not be operating as smoothly.

\textit{Provider staff}

Providers tended to remind customers by text or phone the day before their appointment to minimise the FTA rate. At one provider site, customers who failed to attend an appointment were sent a letter and given seven days to get in touch with the provider and give a reason for their non-attendance. Customers are told at this stage that their benefits may be affected if they fail to attend a further appointment. Up to two home visits are made to customers with mental health problems or learning difficulties to get them to come back in for a follow-up interview if they fail to attend a WFI with the provider. If customers still fail to contact or attend a WFI, the provider refers the case to the BDC who will take the appropriate decision making action.

Providers reported that they generally tried to minimise sanction activity as they saw this as undermining the principle of working with customers independently from Jobcentre Plus. They argued that customers tended to become less engaged with the ESA/Pathways process if they had been sanctioned and tended to view the provider as part of the official process.

\section*{2.7 Conclusions}

\textit{JCP staff}

Most JCP staff interviewed agreed with the principle of ESA, with its focus on what customers can do, rather than what they cannot. Some acknowledged that the Government clearly wanted to reduce the numbers of people receiving sickness benefits, and that ESA was a tool to achieve this. In the main they did not disagree

\textsuperscript{16} This is consistent with economic theory on hyperbolic discounting. See Ainslie, G., 1975, Specious Reward: A Behavioral Theory of Impulsiveness and Impulse Control, Psychological Bulletin 82.4, 463-496.
with this aim, as long as those genuinely too ill to work or attend appointments were not forced to do so.

However, as outlined above, during the early implementation phase of ESA, JCP staff encountered a number of difficulties which made it difficult for them to deliver ESA and Pathways to Work as intended, and to feel satisfied that they were providing an appropriate service to ESA customers as a whole.

Provider staff
Provider staff seemed to overwhelmingly support the ESA regime. They liked the name of the benefit and approved of the emphasis on employment and support to get back into employment. They tended to focus very much on customers’ abilities rather than their limitations. At the same time however, they felt they were able to react sensitively to those customers who had more severe health limitations. They saw their role as moving (all) customers who were in the ESA WRAG closer towards labour market participation.

Provider staff appeared to enjoy a degree of flexibility in how often and for how long they see customers. One provider allowed advisers to control their own diaries and vary appointment times, such that some advisers would see customers for an hour, 15 minutes or 30 minutes depending on where the customer was on his/her journey back to work. Those who were not really engaged in the process, and viewed as furthest from the labour market, were usually seen for very short periods, to minimise the investment of advisory time when there was little hope of a positive job outcome.

Providers did report that many of their customers were anxious about the results of their WCA and indeed, many had been told that they needed to claim JSA instead of ESA. Under normal circumstances, provider staff would not be working with these customers at all, as the WCA would have been undertaken before the first WFI had been carried out, and customers would have been assigned to the relevant group or benefit before attending the provider interview. In both districts, providers reported that very few customers had had the WCA before they attended their first provider WFI.
3 Customer experiences of claiming ESA

This chapter describes Employment and Support Allowance (ESA) customers’ experiences in making a claim for ESA, including their initial claim, most often made through a phone call to the Contact Centre (CC); interactions with the Benefit Delivery Centre (BDC); completion and submission of the ESA50 medical questionnaire; experience of the medical process, the Work Capability Assessment (WCA) and Work-Focused Health-Related Assessment (WFHRA), and receiving their decision; and experience of the Work-Focused Interview (WFIs). The chapter also explores customers’ existing awareness of ESA, their overall view of ESA, and the impact which the work-focused approach of ESA has had on their employment aspirations.

3.1 Existing awareness of ESA

The customers interviewed for this study had generally not heard of ESA and knew nothing about the benefit prior to making their claim, although some had heard of Incapacity Benefit (IB) and thought this was the benefit that they would be claiming. While most customers had no knowledge of specific sickness benefits (IB or ESA), they usually had a general awareness that there was something that they could claim for being unable to work due to ill-health. This applied to customers with previous experience of claiming IB as well as those claiming a sickness benefit for the first time.

Some customers with no knowledge of sickness benefits had sought information on their entitlements. This was often from Jobcentre Plus, either in person or over the phone, sometimes having been referred by their General Practitioner (GP) or healthcare professional. A number had also received information from various advice and advocacy organisations, for example Citizens Advice Bureau (CAB), Welfare Rights, and Macmillan Cancer Support. In several cases, Jobcentre Plus advisers suggested the claim to ESA to individuals who were on Jobseeker’s Allowance (JSA) when they developed health problems and could no longer actively seek work.17

17 There were also a small number of cases of individuals moving from receiving Income Support (IS) as a lone parent to claiming ESA.
Customer feelings about claiming ESA tended to coalesce around contrasting perspectives:

- **Reluctant claimants.** Some customers felt uncomfortable with making the claim and reported that accessing the benefits system made them feel humiliated.

- **Confident claimants.** These customers reported a sense of entitlement to the benefit by virtue of their (often long) National Insurance contribution records and the degree of severity of their health condition.

- **Passive claimants.** This third group of customers had primarily come from other benefits and/or had much less complete employment backgrounds and held a less emotive perspective, viewing the claim to ESA as routine or circumstantial.

### 3.2 Customer claim process

#### 3.2.1 Method of claim

Customers in this study had generally made their claim for ESA by phone to the CC. Some claims were initiated with a paper claim form; these paper-based claims were generally customers who had been claiming JSA when they developed health problems, and who were provided with claim forms by their Jobcentre Plus adviser. This does not appear to be routine practice, however, as other customers moving from JSA to ESA reported their adviser providing them with the phone number to make a telephone claim.

Some customers made the point that it was preferable to claim on the phone rather than have to complete a paper claim form, and some also noted their appreciation that it was a freephone number. However, other customers did state that their preference would have been to make the claim face-to-face, as they felt less confident in discussing or explaining their condition and personal circumstances over the phone.

#### 3.2.2 Contact Centre – initial claim

Customers generally reported a call length of around 30 minutes, but some said it had lasted between 45 minutes and a hour. Although customers generally felt that the phone call was long, this was not generally perceived to be a problem.

Customers were generally positive about the initial claim phone call. In the main they felt the Customer Services Agents were friendly, efficient and helpful. Some customers did though report finding the interaction ‘robotic’, and felt that by following a script so closely the call handler appeared to lack empathy.

There was a great deal of variation in customer understanding of what would happen after the call but it is not possible to judge the extent to which this was dependent on different call centre experiences, rather than differences in customers’ recall of the information provided.
Customers generally reported receiving their customer statement within a week of the initial phone call. Some customers reported receiving inaccurate details on their claim statement. These included incorrect dates of birth, salary details, and the date last worked. Customers affected by these errors tended to view them to be relatively minor inaccuracies which could be corrected quite easily through a follow-up call to the BDC. The type of information involved (for example on income issues), suggests that where a customer does not pick these up and address them, this could potentially delay the claim process.

### 3.2.3 The ESA50 medical questionnaire

The customers interviewed for this study generally reported that they had struggled somewhat with the ESA50 form and that it had taken a long time for them to complete; only a handful of people with relevant work experience found it less challenging. The main complaints were over its length, its perceived complexity, and customers’ belief that it was too repetitious. There were several groups of customers who were found to have had particular problems with completing the form. These included:

- Those who had some difficulty understanding what was being asked of them (for example those with learning difficulties or those with language barriers).\(^{18}\)
- Those who were too physically ill to complete the form (for example those undergoing chemotherapy).
- Those with fluctuating health conditions (both mental and physical) who may have found it difficult to know how to respond to the questions, as their capabilities varied on a day-to-day basis.\(^ {19}\)

> ‘Like how far can you walk? How many steps can you go up? And although you tell them, obviously there are some days I just hardly got up. Other days I had a shower and I would make a cup of tea, or something like that. And so it varied from day-to-day.’

(Female, 50+, Musculoskeletal, District 3)

- Those with temporary conditions who either foresaw a relatively quick recovery, or who did not know how their condition might affect them in the longer-term.

> ‘It’s awkward, trying to answer the questions on there. Because, how can I put it, a lot of the questions on there… my circumstances were going to change week by week, so I couldn’t really give a straight answer then, because next week it was going to be totally different.’

(Male, 50+, Cancer, District 1)

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\(^{18}\) There was also an example of a customer who was registered blind but received the form in normal print. She reported that when she asked for it in large-print she was told it was not available.

\(^{19}\) The form does make provision for variable or fluctuating conditions, but customers still expressed a lack of confidence in accurately representing the impact of their condition.
When customers struggled with the ESA50 they had sought help with form-filling from either friends or family, or from an advice organisation, including the CAB and Welfare Rights.

### 3.2.4 Claim processing and communication at the Benefit Delivery Centre

Customers generally found that their claims had been processed relatively quickly. Some reported they had been subject to lengthy delays, the scope of which ranged from six weeks to in excess of six months in an extreme example. These delays appear to have arisen from either human error or process delays. The latter seem to have been the result of either documents (e.g. medical certificates) going missing or supplementary information being requested of the customer. In some cases, customers reported finding their queries to the BDC about these delays were not adequately addressed or their calls were not returned.

Some customers experienced some problems with obtaining medical certificates quickly enough to fit within claim deadlines. More generally, to maintain their claim some customers felt they would benefit from receiving reminders of when their medical certificates are due as they often struggled to remember. This was particularly salient at times when they were undergoing treatment.

Some customers perceived communications from the BDC, and from Atos, to feel quite ‘threatening’. These customers felt the letters tended to be quite curt, and that they highlighted potential sanctions around the WCA and WFI attendance rather than explaining the benefit or claim process20.

### 3.3 The medical process – the Work Capability Assessment and Work-Focused Health-Related Assessment

#### 3.3.1 Work Capability Assessment expectations

Customers recalled no information on the WCA prior to attending other than a letter detailing the location, time and date of their appointment, and an instruction to bring any prescription medication they use regularly with them. Some customers viewed the absence of additional information around the WCA content as largely unproblematic, and a widespread view among customers was that as they had nothing to hide they did not need any more information. In other cases, however, including among some customers with acute health problems, not knowing what to expect caused a considerable degree of nervousness and apprehension. These apprehensions included customers worrying they would be subjected to invasive procedures.

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20 These letters have been subsequently amended in light of negative customer feedback. A copy of the current letter at the time of writing is at Appendix G.
medical testing, or that they would be made to ‘strip off’. Customers had not generally sought any advice about the WCA, although some had spoken about it with their Pathways to Work adviser.

### 3.3.2 Work Capability Assessment experiences

The reported length of the WCA ranged from 20 minutes to two hours, with a typical range of 30 minutes to one hour. The WCA generally involved a discussion of the customer’s health limitations, and for some it also involved some basic physical examination (for example touching the toes or elevating a limb).

Some customers felt that the travel time to the assessment centre was excessive considering the severity of their condition, although actual travel times were generally not mentioned; some customers also found the assessment centres to be ‘over-crowded’ and at times unpleasant.

> ‘Some of them looked like they should really have been in a hospital bed, never mind their own bed. It was awful. It was a horrible experience.’

(Female, 35-49, Musculoskeletal, District 4)

Customers generally found the WCA assessment itself to have been relatively straightforward and non-invasive. However, some customers, particularly those discussing sensitive issues, such as mental health problems linked to traumatic events, reported being more uncomfortable with the assessment. A small number of customers felt that the questioning in the WCA was a repeat of the ESA50, and a small number also queried why they had to answer questions not related to their condition (for example those with physical complaints being asked about mental health problems).

The level of satisfaction with the health assessor varied considerably and this was primarily dictated by how sympathetic and understanding the customer viewed the assessor to be, with some viewed as very good and others as ‘disinterested’. In a small number of cases customers felt that an assessment by a nurse, or ‘non-doctor’, was inappropriate. Some also queried how much the assessor knew about their condition. This links to a broader issue, with some customers feeling the assessment was too standalone, and did not take into account previous assessments by medical professionals with a specialism in their condition.

> ‘I don’t think the doctor I got understood really about MS because my own GP doesn’t, he has to refer me to a neurologist.’

(Female, 35-49, Multiple Sclerosis, District 2)

Some customers queried the factual accuracy of the WCA output. This included questions over the recorded length of the appointment, the date of the assessment, through to questioning how their condition had been interpreted and presented in the letter informing them of the WCA outcome.
3.3.3 Work Capability Assessment delays

Some customers described very long delays on the day in receiving their WCA, including delays of upwards of two hours. Customers reported that these delays appeared to have stemmed primarily from over-booking or insufficient availability of medical professionals on the day of appointment. In addition, one customer, who was suffering from back problems, explained that she was told on the day that she had been incorrectly assigned to have her medical with a nurse. This meant returning on a different day to be assessed by a doctor.

3.3.4 The Work Focused Health-Related Assessment

Customers were generally unaware of whether or not they had received a WFHRA as well as a WCA, viewing the medical as a single process. As a result, customers did not generally report having received a WFHRA, even where it was clear they had done so. Where a customer did report having received the WFHRA they generally reported filing the document away with no more than a cursory glance. Some customers who had been told that they could consider returning to work in six months as part of their WFHRA felt that this was completely contradictory to the severity of the condition as discussed in the WCA. This stated timescale also caused some confusion and apprehension among customers as to how long they were permitted to stay on the benefit before receiving another medical.

3.4 Reactions to the WCA decision

3.4.1 Work-Related Activity Group

Customers in the WRAG did not generally understand the ESA groupings (WRAG and Support Group) and were either unaware they had been allocated to a group, or unaware of what difference this made. Among those customers who did understand the groupings, however, some felt that they should have been placed in the Support Group. Some of these customers actively resented being called in for WFIs, but others simply felt that they were a ‘waste’ of both their own and the advisers’ time. In a number of these dissatisfied cases the customer was appealing the decision.

Dissatisfaction at being in the WRAG was strongest among two particular groups. First, those who felt they were too ill to ever work again, typically those with progressive and deteriorating conditions. This quote is illustrative of these views:

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21 Interviewers used a blank WFHRA form as a prompt in customer interviews to jog customer memories.

22 This reference to a specific time period in relation to return to work has subsequently been removed.
‘I suffer from headaches and backache and I have to have a sleep sometime during the day, so who’s going to give me a job? People want you out in an office nine to five with your hour off for lunch, or if you work in a factory it’s still the same, you’ve got to be there and work and I personally don’t think that I can.’

(Female, 35-49, Multiple Sclerosis, District 2)

A second group felt that their health limitation (still reported to be the biggest barrier) combined with other barriers to work, notably age, together with skill levels and local labour demand, made it unlikely they would ever return to work.

‘But the way it’s going, things are getting worse, you know? With so many out of work, and my age is against me, you know? Because I’m 58, coming up to 59.’

(Female, 50+, Musculoskeletal, District 1)

‘To be honest, what employer is going to retrain somebody of my age who intends to leave at 60, in 18 months? So I just feel it’s a waste of time for me.’

(Female, 50+, Musculoskeletal and other health problems, District 2)

3.4.2 Support Group

Support Group customers were similarly generally unaware of the ESA groupings so did not make any distinction between their situation and that of those in the WRAG. Support Group customers tended to be satisfied with the outcome, and some were surprised to find that their money had increased.

3.4.3 Fit For Work group

Perhaps unsurprisingly, some customers who had been found fit for work by the WCA were highly critical of the decision and questioned the accuracy of the medical findings. They presented their health limitations as being so high as to preclude them looking for work. Several of these customers were appealing and had sought help from advice organisations to do so.

Some these customers, however, were less emotive and had more of a grudging acceptance of the decision. These tended to be those with a history of benefit claiming who then went (back) onto JSA and perceived that it made little difference to their circumstances.

3.5 Work-Focused Interviews and Pathways to Work

3.5.1 The Work-Related Activity Group

Customers universally reported not having received any information prior to the first WFI other than the date and time of the appointment, and so arrived with no real idea of what to expect. The first WFI generally involved the Jobcentre Plus
adviser explaining the WFI process to the customer, including the referral to a provider in provider-led Pathways to Work districts, having a general discussion of the customer’s health limitations, and exploring their employment aspirations and job goals. In general the discussion of health did not involve use of the WFHRA.

Several customers found their Jobcentre Plus advisers unwilling to defer the initial WFI, even though they believed they presented a compelling health reason for this.

‘I wasn’t very impressed. I didn’t find it too helpful because I just think they could have understood my problem. They kept on calling me, and I couldn’t, I wasn’t able to. I could barely walk and they wanted me to go and see them, and it was kind of annoying, because you want someone to understand and I didn’t find that very helpful, but in the end, the ladies on the desks, they’re doing their jobs. They are following the guidelines they have. It’s not their fault, but I didn’t find it very helpful.’

(Female, 50+, Musculoskeletal and other health problems, District 3)

In some cases subsequent WFs had been deferred for relatively short periods to allow for example for operations or treatment. Customers generally reported that health was less frequently discussed in subsequent appointments.

Customers generally spoke in positive terms about their Pathways to Work advisers. They often praised their advisers’ attitude and approach and reported them to be sensitive and sympathetic. Some did, however, feel that their adviser struggled to understand their condition, and therefore what activity was and was not feasible for them.

Overall, relatively few referrals had been made for customers in the WFs. Only one customer had been referred to the Condition Management Programme; such referrals were generally not deemed to be appropriate where customers were receiving either ongoing specialist health support or felt more comfortable continuing treatment with their own GP. Some customers had received help with their CV and/or job search. Permitted Work had been discussed with a number of customers (primarily those closer to the labour market), and though none had seriously considered it at the time some felt it might be useful to them at some point.

3.5.2 The Support Group

Some Support Group customers, including one person who was terminally ill, had received a WFI at Jobcentre Plus. These customers did not generally object to being called in and felt that it was clear to their adviser that they were too ill for work. Some of these customers had also been required to attend a second WFI, at either Jobcentre Plus or the Pathways Provider, because they had still not received the results of their WCA by the time the second appointment was due.
Customers were generally unaware that they could voluntarily request to participate in WFIs. Although DWP do include information on eligibility on a letter to Support Group customers, these findings suggest that improvements are needed in the way this is communicated. Only one of the customers interviewed had carried on with the WFIs on a voluntary basis, although another had maintained email contact with her provider to keep them updated on how she was progressing with a course she had begun.

3.6 Employment aspirations and future plans

3.6.1 The Work-Related Activity Group

There was a group of customers in the Work-Related Activity Group (WRAG) who felt they would never work again. Primarily these customers were older and presented their health limitations as being more debilitating and unlikely to improve.

This group had generally experienced health problems over a prolonged period and felt they had stayed in work as long as was possible under the circumstances. These customers expressed no real employment aspirations and were firmly entrenched in the view that they were too ill to work and that this would not change. Some did, however, retain a latent desire to work; they argued that in principle they would like to go back to work, but felt the health barriers were such that it would not be possible. These customers emphasised how much they missed both the monetary and non-monetary benefits of employment.

Some customers had given a return to work little or no thought as they found it impossible to see beyond their condition. This was particularly true for two groups of customers;

- those with conditions which were fluctuating and currently unstable, for example alcohol and drug misuse; and
- those whose condition had an immediate onset, for example a stroke, which had fundamentally changed their physical capabilities, and to which they were still adjusting.

Customers in these categories envisaged a potentially lengthy period off work and could not put a time-scale on any possible return. They had no current employment aspirations or return to work plans, but generally retained some hope of going back into employment in the future.
Case example: Unstable health condition, no current work focus

**Male, 35-49, Mental Health, WRAG**

D left school without any qualifications. He has worked in a number of different manual occupations with a couple of brief periods of unemployment. D’s health problems began in 2006 when he began drinking heavily to compensate for his discontent about work. By 2008, D had become heavily dependent on drink and had been diagnosed with depression. He ‘walked out’ of his job and signed on for JSA. After several months he was told by his Jobcentre Plus Personal Adviser that he should claim for ESA instead.

D has had five WFIs which lasted between five and 15 minutes. While he has no complaints about attending, he feels that these sessions have made no impact on him and he has made no progress towards work.

‘*He just asks me do I have any problems or anything, and how I’m feeling and all that. So that’s it.*’

D currently has no aspirations to work, he ‘takes each day as it comes’, and cannot see beyond his reliance on drink. However, he has recently begun attending a group to try and address this issue.

Some customers who were closer to the labour market were either applying for jobs at the time of interview or felt they would begin to do so relatively quickly. These individuals were generally returning to similar types of work from that which they had left prior to claiming ESA. A number of customers who believed they would return to employment somewhat less quickly were considering a change in occupation. Their reasons for looking at alternative occupations were primarily driven by health considerations, but in some cases were linked more to lifestyle and job satisfaction issues.

Some customers were pursuing courses or activities either to keep them occupied or to develop some basic level of experience (for example in IT) that they felt at some point they could develop more fully. In some cases customers were considering returning to work part-time to begin with, while other customers were also considering voluntary work.

In all cases the customers’ health limitation was at the forefront of their perceptions about employment. However, in addition to their health condition some customers also reported various other barriers to work which they faced. Age was the most notable of these, for two reasons. Some customers felt too old to begin in an alternative type of work. This was generally in cases were they had done a particular kind of work and/or been at the same employer over many years and were unable or unwilling to consider alternatives. Other customers reported feeling they would not be able to find an employer to take them on at their age.
In some cases the impacts of the recession, with increasing unemployment and more competition for jobs, reinforced the customer’s perception of the scale of other potential barriers. Some customers had few or no qualifications, although this was not always viewed as a problem, particularly where the customer was intending to go back into a similar occupation. In some cases where the customer did not have a car or could not drive, they also reported that transport was an issue, and stated that they could not, for a variety of health or location reasons, use public transport. None of the customers interviewed raised financial disincentives to returning to work as an issue.

It should be stressed that this discussion of barriers to work refers to those barriers which the customer perceived to be a problem. Apart from their health condition, those who had recently left employment did not generally perceive pronounced barriers to work. In some cases, however, the low qualifications which some customers had, combined with the depressed levels of demand for labour caused by the recession, might present even greater barriers to returning to work than customers themselves acknowledged.

### 3.6.2 The Support Group

Some customers in the Support Group indicated that they felt they would return to work in the future. However customers in this category consisted entirely of those who had severe, but possibly relatively short-lived conditions, for example those receiving treatment for cancer or those waiting for an operation.

#### Case example: Return to work desired, but requires resolution of current health problem

**Male, 50+, Other: Diabetes and related vascular problems, Support Group**

S, who is in his late 50s, has been in the catering industry for more than 40 years. Most recently he was working as a catering/contracts manager. He developed diabetes in his late teens, but for a long-time it was under control and he was able to continue working.

S’s diabetes became worse and he began to develop vascular problems. He is also now waiting for a kidney transplant. He left work in 2007 and initially claimed for IB. He is unsure of the details of why his claim for IB ended and he had to make a new claim to ESA.

After making the claim to ESA, S was called in to attend a WFI. They discussed his work history but he says when his adviser got to his medical conditions she ‘stopped there’ and their discussion about employment went no further. He has not been required to attend any further sessions. He feels he could go back to see the Personal Adviser if he felt it would be beneficial but is unsure how the process works. S hopes to return to some form of work once he has had his operation and sufficient time to recover. He thinks it is likely that this will be part-time and it could not be anything too physically demanding. He has considered driving instruction as a possible option.
It was clear that in some cases customers would have benefited from, and would have welcomed, the type of support offered in WFls. As has been noted, Support Group customers did not generally realise that such help was available:

‘No, to be honest with you, I don’t know how to get help to go back into work. No, I don’t know what the procedure is; I don’t know what they tell you to do. If they tell you to do things, or if you get appointments to go places, I don’t know; I don’t know the procedure. I’m just presuming that I have to get myself back into work, but it would be nice if you got some help.’

(Female, 35-49, Cancer, District 2)

There were two areas of support viewed as particularly beneficial; information about Permitted Work and the possibilities of returning to work part-time, and, considering alternative career paths.

Some customers had considered the possibilities of looking at part-time work in the future, either as a bridge to full-time employment, or as a more sustainable long-term option. However, in these cases they did not generally know about the options available to them to help plan for this, including the Permitted Work rules.

Among Support Group customers who envisaged a return to work there was a division between those who had a clear idea of what they would like to do (including those having a job to go back to) and those who were less sure about this. Where customers had less concrete ideas, it was apparent that they might potentially benefit from a discussion with an adviser of the possibilities of moving into an alternative occupation, primarily less physically intense ones, and the skill sets needed to do this. Some customers had taken the initiative and were enrolled in, or looking for, suitable courses themselves.

‘Next Tuesday I’m doing a course. I was in [the hospital] one day and the consultant said to me, it’ll be a long time before you’ll go back on the building site. I’m not going to be sitting around a long time doing nothing. So if I can get something else in the meantime… ’

(Male, 35-49, Cancer, District 3)

3.6.3 Work-Focused Interviews

After the initial session there was a distinct divergence of WFI experiences observable among WRAG customers. This divergence appears to stem largely from customer attitudes towards their health condition and employment prospects, but may also in some cases be influenced by the practice of staff filtering which was described in Chapter 3. A first group tended to view the WFI as largely inconsequential. This group primarily consisted of customers with enduring conditions which were deemed unlikely to improve and who felt they had worked with these conditions as long as they could. Many of these customers were also over 50.
Case example: Deteriorating condition; return to work not anticipated or planned

Female, 50+, Musculoskeletal, WRAG

J worked as a machinist for 14 years after returning to work from child care commitments. Over this time she began to develop health problems which got progressively worse. She suffers from arthritis in her spine, knees and feet and has carpal tunnel syndrome. She was laid off when her company folded. She says this was a huge relief as she had been working in so much pain towards the end.

J attends WFIs on a monthly basis but finds them quite meaningless. She struggles physically to get to the Jobcentre and feels her Personal Adviser cannot grasp that her health is not going to improve. She thinks going to the WFIs involves having to continually justify why she is off work to the adviser.

J has no real aspirations to work, although she retains a latent desire to return to employment. She feels that the scope of what she could potentially do is extremely limited and that her health is going to get worse rather than improve. She also reaches State Pension Age within the next two years.

There were also some customers who had conditions which could potentially improve at some point in the future, for example with successful treatment or an operation, but which were currently unmanageable and who felt the WFI was of no value to them at this time. In some of these cases their adviser had deferred the subsequent WFI for a short period. These customers had short appointments, and they did not recall being referred to any form of provision or being set any action planning goals. They reported making no progress towards work and that the WFI had not had any impact on them. Some of these customers actively resented having to attend WFIs but others simply viewed it dispassionately as part of the process. This group saw no ongoing development and were simply going through the motions. Their experiences are typified by the following quote:

‘I go in. I sit down. They ask me how I am. I say good day, bad day, whatever. Is there anything that they can help me with, as in courses or anything? Not at this particular moment in time. Then I come away.’

(Female, 35-49, Musculoskeletal, District 4)

A second group of customers found the WFI process altogether more beneficial. This group was generally closer to the labour market because of their perception that their health barriers were lower (or they felt their health might improve) and also because they were generally younger. These customers had generally had longer interviews (of up to an hour) and were positive about the help they received.
Case example: Return to previous work desired, but health condition may require alternative employment

Male, 35-49, Musculoskeletal, WRAG

R worked in a factory for eight years before spending 13 years as a self-employed roofer. He had previously had some problems with his back, but last year he lifted awkwardly and found he was immediately in a lot of pain.

R has had six WFI s. He has been very pleased with these and feels he has a good relationship with his adviser. They have discussed attending courses, how his back is progressing, and the possibility of beginning a Condition Management Programme. While R’s main goal is to return to his old self-employment if his back will allow, he feels the WFI s have given him other options should this not prove possible. R has already taken an IT course and is about to begin a plumbing course:

‘I could see myself out of work now for the future, the immediate future, and I thought well if there’s something else I could learn, I mean, I could do that, and the chap who was dealing with me, he helpfully pointed out there’s an ECDL course which I can work on from home. I found that was good, learn a bit of computers. You can put that on your CV.’

Of particular importance for customers had been the opportunity to discuss ideas of different potential fields of employment where the return to their previous occupation was not possible or desirable. Although not necessarily having developed concrete ideas of alternative occupations at the time of interview, the discussion itself appears to have served to maintain or boost their motivation to find work. These customers had generally been referred to other help, for example with job search, CV writing and advice on self-employment. The positive experiences of this group are reflected in the following quote:

‘I think they give you the positive thinking; you go away with a positive thought. And I suppose that’s where it starts, positive thoughts, particularly with myself anyway.’

(Male, 35-49, Mental Health, District 4)

There was, however, no evidence of any transfer between these groups and these findings suggest that while the WFI process may be working relatively effectively to maintain attachment to the labour market for customers with temporary or improving conditions, it is currently less effective at challenging the perceptions and changing the outlook of those with ongoing health conditions which are less likely to improve.

3.6.4 Work Focused Health-Related Assessment

As has been noted, customers did not always realise they had received a WFHRA, and where they did report being assessed they generally reported paying the result little attention. Some customers felt that the WFHRA process had compounded
rather than challenged their health barriers. In these instances customers felt that seeing their health barriers in black and white reinforced their perception of the scale of these, and highlighted that the scope of jobs which they could fulfil was very limited. It should be noted however that these cases did involve individuals with quite acute and enduring physical problems which limited their mobility.

‘Physical work, obviously, is out of the question. It was really just discovering ways in which you could do some kind of job. But I think she’s come to the conclusion that there isn’t much scope, you know?’

(Male, 50+, Musculoskeletal and Epilepsy, District 2)

In one of these cases the customer reported being told by the medical assessor at the WFHRA that her health condition meant she could not go into alternative work.

‘They were just asking about…I know what he was asking about – if I can go back to work, things like that, my capability of working, things like that, but he definitely did know that I can’t do it. Because then he told me, he knows that I can’t.’

(Female, 35-49, Other – Respiratory, District 4)

3.7 Overall views of ESA

Many customers were broadly supportive of the over-arching aims of ESA as they understood them; to help more people with health conditions to return to work. There were, however, a number of operational and policy issues which were apparent from the interviews.

3.7.1 Implementation

Customers generally reported finding the initial claim to be relatively unproblematic. Subsequently, however, some experienced delays in payments and found that documents had not been received by the BDC. This caused those customers affected considerable stress and in some cases financial hardship.

Delays were an issue around the WCA. Some customers were subjected to long waits on the day for appointments. More generally, delays in customers receiving WCAs meant that some customers who were allocated to the Support Group had received two WFIs before they received notification of the outcome of their medical. This is clearly less than ideal from a customer point of view, and is also inefficient in terms of resources.

A theme running through all stages of the customer journey under ESA related to there being an information deficit, with customers being somewhat unclear about how each stage worked. This was particularly an issue regarding the WCA, when it was clear that more explanatory information about what was involved had the potential to considerably reduce customer apprehension. There was also a perception among some customers that communications from the DWP and Atos
were worded and presented in a way that highlighted the potential for sanctions. They felt this was unnecessarily forceful and made them feel under suspicion.

An additional area where more effective communication was required was around informing the Support Group of the help available to them. Almost all the customers interviewed were unaware of their entitlement to receive Jobcentre Plus help and to attend WFIs.

### 3.7.2 Policy

Some customers welcomed the principle of ESA with its more work-focused approach, and some had already benefited from receiving support through Pathways to Work. The customer interviews did, however, identify two areas for potential policy improvement. These were around the medical process and the WFIs.

Customers generally perceived their medical to be a continuous process and did not make a clear distinction between the WCA and the WFHRA, even where it was apparent that they had received both. This perception of the medical as a continuous process meant that customers did not conceptually separate being found unfit for work, from the broader issue of how their health can be best managed and a return to work achieved. Where customers received the WFHRA output this had sometimes been given only a cursory glance and at their subsequent WFIs customers generally reported that the WFHRA was not discussed.

In some cases, the WFHRA findings were viewed as contradictory to the WCA and in some this created confusion around the length of the customer’s entitlement before their next medical. This may have been addressed by the subsequent removal of the ‘time to return to work’ box on the WFHRA report.

For a number of WRAG customers, the WFI process had been a very positive experience and they were clearly benefiting from the regular contact with their adviser. Some had begun to think about different occupations where appropriate, while others had benefited from help with CV and job search. However, some WRAG customers, particularly those further from the labour market, were not engaging with the WFI process in any real sense and simply went in for very short appointments to fulfil their requirements. The customer interviews suggested therefore that the WFI process had to date been relatively ineffectual at challenging the perceptions of those WRAG customers with ongoing conditions which were less likely to improve.
4 Conclusions and implications

This chapter briefly draws together the conclusions of previous chapters, and highlights the issues arising for future stages of the evaluation, and some tentative policy implications. As the report of a small-scale qualitative study, carried out at an early stage of implementation (May-July 2009), these findings are intended to provide formative policy evaluation and guide later stages of the evaluation. They should therefore not be regarded as definitive outcomes.

4.1 Staff views and experiences

Many staff interviewed for this study, at all stages of the claim process, and both within and outside Jobcentre Plus, were very positive about the policy intention of Employment and Support Allowance (ESA), but felt that their actual implementation experiences to date had not lived up to their expectations and hopes for the new benefit. These included both process issues, such as delays and IT problems, as well as more substantive concerns such as the allocation of customers to particular claim outcome groups.

4.1.1 Work volumes and IT issues

The Contact Centre (CC) and Benefit Delivery Centre (BDC) staff interviewed felt that they had been particularly affected by the introduction of new IT systems alongside the new benefit, and that at times the length of the calls and the sheer volume of claims had created severe workload pressures. Rising numbers of JSA claims during the implementation period were seen as having added to workloads, as well as limiting access to a supply of staff with valuable Jobseeker's Allowance (JSA) IT experience for ESA teams. Information flows between CC and BDC had not always been ideal, with key areas of the initial claim form often incomplete or not viewable by BDCs. At the time of the fieldwork, BDCs were experiencing considerable delays in clearing claims because of the need to seek additional information from customers. This did appear to be improving in districts where Customer Account Management (CAM) had been rolled out.
4.1.2 Publicity and customer communications

Advisers argued that there had not been enough publicity about ESA at its launch, and that JCP advisers had to spend much of the first Work-Focused Interview (WFI) explaining ESA to customers. They believed that this should have been done more by CC and BDC staff who are in contact with customers at an earlier stage of their claim. Customer interviews also identified many instances of customers being confused and apprehensive about the ESA claim process. Much of this could have been relieved simply by the provision of more information, for instance on what is involved in the Work Capability Assessment (WCA) and Work-Focused Health-Related Assessment (WFHRA). The initial WFI letter, which has since been amended, was also thought not to provide an appropriate level of detail, and was seen to have an undue focus on sanctions.

4.1.3 Process issues

Delays in the medical assessments had created numerous problems for advisers, because customers had not been allocated to a claim outcome group by the second WFI, resulting in non-WRAG customers continuing to be seen at this stage. This was seen as wasteful of adviser resources, and also meant that customers were not receiving an appropriate service. Providers may also have been financially penalised by this, because of the outcome-based nature of their funding. Advisers were also unhappy about a perceived lack of flexibility in the ESA system, e.g. not being able to waive WFIs for people who were very ill, or awaiting operations. Deferrals, although possible, also did not appear to be widely used at the time of the fieldwork.

4.1.4 Composition of Support Group and WRAG

There was widespread agreement among staff that only those with very severe health conditions were being allocated to the Support Group and that many of those in the WRAG also had substantial work-limiting health conditions, and are notably more affected by their health condition than the previous Incapacity Benefit (IB) customer group. Some staff expressed grave concerns about these decisions, both because they felt that they were inappropriate, and because of the perceived difficulty of achieving employment outcomes for people with such severe health conditions. Some customers were appealing these decisions, and there was reported to be a large backlog of appeals. Helping with appeals was also reported to be taking up a large amount of adviser time.

This was borne out by the customer interviews; a large proportion of those in the WRAG felt that they had health conditions which severely limited their ability to work, and some also faced additional forms of employment disadvantage. It will be important to see if the initial impressions of the composition of these groups are borne out by the customer survey, which is due to take place in winter 2009-2010.
4.2 Customer views and experiences

Like staff, many customers welcomed the principle of ESA with its more work-focused approach, and some had already benefited from receiving support through Pathways to Work. Some of these had begun to think about different occupations where appropriate, while others had benefited from help with CV and job search. Others in the WRAG, however, felt that work was not a realistic option for them and questioned the value of being required to engage in work-related activity. They were generally not engaging with the WFI process in any real sense and simply attended very short appointments to fulfil their requirements. Both staff and customer interviews suggest that the WFI process may be proving less effective in challenging the perceptions of WRAG customers with deteriorating conditions and those which are less amenable to treatment. Again, it will be important to refine and quantify these initial views and experiences by means of the customer survey.

The intention for the WFHRA to provide a basis for work-related discussions in WFI does not appear to have been fully realised to date, and this is an area which will need to be explored in more detail in later phases of the evaluation. From the experiences set out in this report, it is clear that customers did not necessarily identify the WFHRA as a distinct element of the overall medical assessment process. The WFHRA report was also not routinely being used by advisers, who in some cases found that it provided little additional information and few pointers as to the types of work which might be suitable for customers. The de-coupling of WCA and WFHRA, initially introduced to manage delays, may have some potential to separate the purpose of these two assessments in the customer’s mind, but this must be set against the cost and inconvenience of bringing people in for two different appointments.

4.3 Next steps

As noted above, this is the first report of the ESA evaluation, which has a number of additional stages. The new WCA/WFHRA process is a key element of ESA, and this forms the focus of the next stage of qualitative research. At the time of writing, the first wave of the quantitative survey was about to go into the field. Further qualitative fieldwork, in the form of a large multiple stakeholder case study, will also be carried out during 2010.
Appendix A
ESA process timings
Assessment Phase  
WEEK 1-13
- Employment and Support Allowance application
- Employment and Support Allowance rate paid at assessment rate
- Work Capability Assessment
- Includes Work-Focused Health-Related Assessment (if not in Support Group)

First Work-Focused Interview  
WEEK 9-13
- Personal adviser discusses customer’s views about returning to work
- Steps back to work established
- Support package discussed

Main Phase  
WEEK 14
- Qualification for ESA Support or Work-Related Activity Group established
- Employment and Support Allowance rate determined by group

Five further monthly Work-Focused Interviews for Work-Related Activity Group
Appendix B
ESA simplified customer journey map
Contact Centre
Initial customer claim taken.
Customer details entered onto Customer Account Management (CAM) system.

Benefit Delivery Centre
Contact customer if further information needed.
Process claim.
Send customer information to Atos for medical assessment process and to local Jobcentre Plus office to begin Work-Focused Interview (WFIs).
Decision-maker receives assessment from Atos and decides whether a customer is ‘fit for work’ or which group they go into. If placed in the Support Group the customer is no longer required to attend WFIs.

Atos Medical Services
ESA50 medical questionnaire
Work Capability Assessment (WCA) and Work-Focused Health-Related Assessment (WFHRA)

Local Jobcentre Plus office
Administer first WFI (and five subsequent WFIs in Jobcentre Plus-led Pathways to Workareas)

Pathways provider
In provider-led areas administer five subsequent WFIs
Appendix C
Discussion guide – ESA
Jobcentre Plus and provider pathways adviser interviews

This topic guide is aimed at Jobcentre Plus Advisers and Provider advisers

Reassure about anonymity – no individuals will be identified or identifiable in the research report.

Ask permission to record the interview. Transcriptions are confidential documents which will only be seen by members of the research team.

Background – role and understanding of the new system

Adviser background
• Could you tell me a little about your job role, and how long you’ve worked for JCP/provider organisation?

• What, if any, was your previous experience working with the Incapacity Benefit(IB)/disability client group? If has previous experience, probe: How do you think ESA differs from IB? What do you think the rationale is behind changing from IB to ESA?

Current role
• What is your involvement with the ESA?

• Could you please outline how your adviser team is organised?

23 Alternative versions were designed for other staff (eg in Contact Centre (CCs) and Benefit Delivery Centre (BDCs)) and are available on request.
• And personally, on average how many ESA customers would you see in a week? Do you have a caseload of ESA customers? If so, how many?

Training and preparation for the role
• What communications did/do you get about ESA? Was this enough or would you have preferred more information? What if anything was missing? What would have improved it?
• What if any training have you received to help you deliver the ESA? When did you receive this?
• What did you think of the training? Probe if necessary: How comprehensive was it? Overall, was it sufficient? If not, what was missing?

The ESA system
Initial Work-Focused Interview (WFI) (ask JCP advisers only – for providers go to page 3)
• When would the first WFI usually occur?
• In your opinion is this time-scale about right? (If not, is it too early or too late and why? Use of deferrals in such cases)
• What information do you have about the customer prior to the interview? How do you use this? How useful do you think this information is? Is there other information which you would like?
• What do you typically cover in the first WFI? (probe for skills, job goals, benefit advice, motivation, appropriate programmes, identifying vacancies)
• How long would the interview normally last?
• How do customers tend to react to the WFI?
• Do you ever feel that a WFI is not appropriate for that customer? Under what circumstances? How do you think this could be addressed?
• How accurately do you think the initial WFI identifies a) vocational/occupational skills needs, b) basic skills needs and c) general employability needs? How do you think it could be improved?
• How accurately do you think the initial WFI identifies other barriers to employment? How do you think it could be improved?
• How are health limitations approached in the initial WFI? How confident do you feel about discussing health limitations?
• Do you get asked about benefits? Which benefits do people tend to ask about (e.g. Disability Living Allowance/Tax Credits? Housing Benefit/Council Tax Benefit) How confident do you feel in dealing with these issues? What could help?
Action plans
• How do you go about creating an action plan at the initial WFI? How are short and longer-term goals identified? How are these agreed with the customer?

• How does the adviser ensure these are SMART? (Specific, Measurable, Achievable, Realistic and Time Bound)?

• What measures are in place to ensure this is done consistently between advisers?

Subsequent WFIs
For provider-led Pathways to Work advisers only
• What do you typically cover in your first WFI with a customer? Probe for: skills, job goals, benefit advice, motivation, appropriate programmes, identifying vacancies

• What information do you receive from JCP about your customers? How useful is this? How could it be improved?

• Do you always have this information by the time of your first interview?

• What is your opinion of the Action Plans you receive from JCP advisers? Do you use them? How? How useful do you think they are? To what extent do you revise them?

Work Focused Health Related Assessment
• Have you received any WFHRA reports yet?

If yes:
• What output do you receive from the WFHRA? How useful do you think this is? How could this be improved? Probe for: examples of when and why content is/is not useful

If no:
• Have you seen any examples of output from the WFHRA? How useful do you think these look? How could it be improved? When would it be most useful to have this information?

For all JCP and provider advisers
• What do you typically cover in subsequent WFIs?

• How do customers tend to react to subsequent WFIs?

• How are action plans revisited in subsequent interviews? Are they revised? How and under what circumstances might this be?

• To what extent do you generally find customers have taken the steps outlined in their Action Plan? Do you think it is important they do this?

• Do you try and encourage a customer to take the steps listed on an Action Plan? If so, how do you do this?
• Would you like more power of direction to encourage customers to meet Action Plan goals? Why and under what circumstances?

• Is output from the WHFRA incorporated into subsequent interviews? If so how? Do you think it would be useful for customers to have a second WHFRA during the course of their WFI?

• How are health limitations approached in the subsequent WFI?

• How are different skills needs addressed in subsequent interviews. Probe for a) vocational/occupational skills needs, b) basic skills needs and c) general employability needs? How do you think it could be improved?

• How accurately do you think the subsequent WFI identify other barriers to employment? How do you think it could be improved?

• How is non-attendance at the WFI dealt with? (detail process) How often does this happen?

• How is a ‘good cause’ for a fail to attend defined?

**Onward referrals**

• How often would you refer a customer to a vacancy as a result of a WFI?

• How do you determine whether a customer is work-ready and ready to apply to a vacancy?

• How do Advisers work with employers, if at all, in relation to (potential) ESA employees?

• Do you discuss Permitted Work with customers? Under what circumstances would this be? Probe: How do you think customers view the idea of Permitted Work? How useful do you find this provision? How could it be improved?

• Do you discuss Access to Work with Customers? How much experience do you have of using this?

• How often would you refer customers direct to appropriate training?

• What kinds of Pathways to Work provision do you refer them to?

• Where else might you refer them? What other outcomes might there be?

**The employability of the ESA group (ASK ALL)**

• Do you think the characteristics of your caseload has changed since ESA was introduced? If so how? Why do you think this might be?

• Have you seen a trend towards different health conditions since ESA has been introduced?

• Do you feel that the removal of the screening tool used for IB/Pathways to Work in the past has had any impact on the type of customers you are seeing now? (NB: in theory there should be more easier to help customers coming through as they were previously screened out but there are also anecdotal reports
that harder to help customers are coming through which PAs find difficult or inappropriate.)

- What impact has not being able to waive WFI$s had?
- Other than health issues what are some of the other barriers to work faced by the ESA Work-Related Activity group (WRAG)?
- Have you ever felt that a customer in the WRA group belonged in the Support Group? If so what did you do about this?
- Have you seen any customers from the Support Group who have voluntarily requested a WFI? If so, apart from health issues, what are some of the other barriers to work they have faced?
- Overall, how adequate is the local provision to meet the employability needs of the ESA WRA group? Have any significant gaps been noticed as a result of the new approach?

**Overall view of ESA**

- What are your overall views on the ESA system? Probes: In what ways is the system better than the old IB one? Are there any areas where it is not an improvement? How could it be improved?
- Who has been positively/negatively affected by the introduction of ESA? What difference does it make to you and other staff? What difference do you think it makes to customers? Probe for different types of customer (e.g., those with mental health or learning disability issues versus those with physical problems, older versus younger customers)
- What impact has the recession had on the introduction/working of ESA?
- What are the resource implications of the new ESA for you personally? And for your organisation? Prompt for impacts regarding: staffing, IT, facilities, time.
- What have been the main difficulties encountered in delivering the ESA? Have these now been overcome? If so, how?
- What has gone well/better than expected and why?

Thank respondent and ask if they have anything to add
Appendix D
Opt-out letter

June 2009

«Title» «First_name» «Surname»
«Address_1»
«Address_2»
«Address_3»
«Address_4»
«Postcode»

Ref: 1505

Dear «Title» «Surname»

I am writing from the Institute for Employment Studies (IES) to invite you to participate in some research. IES is an independent organisation that has been asked by the Department for Work and Pensions (DWP) to research people’s experiences of claiming Employment and Support Allowance (ESA).

We need to know how well ESA is working for the people it was designed to help. We are contacting you because you have made a recent claim to invite you to help us with the research, by telling us about your experiences. Taking part would involve being interviewed by one of the IES research team at a local Jobcentre Plus office or in your home. The interview will last for up to an hour, and everyone who is interviewed will be given a £20 voucher as a small token of thanks for their help. Your participation is entirely voluntary and any benefits you receive will not be affected in any way.

The interview would cover how you came to claim ESA, your circumstances before this, and your experiences and views of what has happened since your claim. Anything you say to the researcher will be strictly confidential; your name and personal details will not be passed on to any government department or to anyone else.
Please do let us know if there is anything we can do to make it easier for you to take part. We are able to provide an interpreter if you wish to be interviewed in a language other than English. We can also arrange to meet any access needs you may have arising from a disability or health issue.

**What happens now?**
- If you are willing to take part in this research, you do not need to do anything. IES will contact you to ask a few questions and arrange a time and place for one of our researchers to speak to you in person.

I do hope that you will take part in this important research, as we would like to hear your views. But if you would rather not be involved, then please contact me on 020 7470 6117 (or email Helen.Barnes@employment.studies.co.uk or use the reply slip and prepaid envelope provided), and we will not contact you again about this. You can also contact us on these numbers if you need assistance to take part or if you have any questions about the research. If you would like to speak to the DWP about the research, the research manager for this project is Tanya Saunders. She can be contacted at Tanya.Saunders@dwp.gsi.gov.uk.

With thanks and best wishes

Yours sincerely

Helen Barnes
Principal Research Fellow
Appendix E

ESA customer interviews – Work-Related Activity Group

Introduction (for respondent):

Explain a bit about the background to the research.

• The research is being done by Institute for Employment Studies (IES) which is an independent research organisation, on behalf of the Department for Work and Pensions (DWP).

• This research is part of a wider project looking at how well the delivery of Employment and Support Allowance (ESA) is working. Talking to people who have used this service is one of the best ways to find out, so thank them for participating. Remind them that the interview will take up to one hour and check that’s ok.

• Remind them they will get a £20 voucher as a thank you at end of the interview – this will not affect their benefits in any way.

• Reassure about anonymity – no individuals will be identified or identifiable in the research report. All contact details and confidential research materials are stored in accordance with the Data Protection Act.

• Do tell me if you need a break at any point or if there is anything you’d prefer not to answer.

Ask permission to record the interview. The recording will be transcribed and the resulting transcription is a confidential document which will only be seen by members of the research team. Recording helps to make sure there is a full accurate record of what has been said, but if they feel very strongly about not being recorded, we can take notes instead.

24 Amended versions of the discussion guide were produced to cover other claim outcome categories, and can be provided on request.
Work/skills background

- Do you currently have any unpaid work responsibilities like family commitments or voluntary work? Probe: caring for children or an older or disabled person, or voluntary or community work. Probe: nature and extent of commitment e.g. occasional, full-time, availability and acceptability of substitute care.

- Over your working life, what sort of work experience have you had? Ask the interviewee to talk briefly through what jobs they have done, for what type of employer, whether full/part time, whether they got any training in that job and if it led to any qualifications, explore other education and qualifications. Find out whether they have had previous periods of unemployment, or economic inactivity because of caring responsibilities, ill health, etc.)

- For those who had previous periods of ill-health explore this further. Ask whether this for the same health issue as is affecting them now. How long ago did this start? How long did it last? What help if any did you receive to get back to work? Have you ever received support from Access to Work to help you go back to or stay at work? Have you heard of this?

Claiming ESA

Awareness of ESA prior to claim

- Had you heard of ESA prior to your claim? What did you know about it and how had you heard this?

- What did it mean to you? Probe: whether expected it to be harder/easier to claim benefit?

- For those with previous claims, explore comparison with previous Incapacity Benefit (IB) claims and new ESA process (e.g. is it different to IB, and if so, is it better or worse?)

- How ended up making a claim for ESA. e.g. media coverage, someone they know, website etc.?
  - If suggested by someone, who suggested you make the claim for ESA? (e.g., employer, GP, Jobcentre adviser, other) At what stage was this (if from work then probe for period of employers’ sick pay and Statutory Sick Pay (SSP)?

- How you felt about making the claim (e.g. confident, confused, nervous)?

Reasons for claim

- I’d like to try and understand how you came to first claim ESA. Could you explain the circumstances leading to your decision to claim? Probe for:
  - Their economic position immediately prior to claim (paid or unpaid work, caring, unemployment, etc.)
  - Their family situation (e.g. children, partner, whether other people in household are in work).
– The nature/causes of ill-health.
– Whether it was a sudden onset versus chronic condition suffered for a long time prior to claim? (i.e. is claim result of job loss rather than onset of health condition, are they moving from another benefit?)
– If previously employed, did the employer do anything to help them stay at work? What kind of support might have helped them stay in work?
– Do you get any other benefits or tax credits (e.g. Disability Living Allowance (DLA), Housing Benefit, tax credit, etc.)?

The claiming process
• Could you describe the process of your initial claim for ESA? Ask them to detail the process step-by-step and describe their satisfaction or any issues with each step:
  – Initial contact (either by phone or face-to-face at Jobcentre Plus) [Explore length of call and match with expectations, whether felt customer statement was accurate; whether understood what needed to do next to progress the claim.]
  – Provision of a medical certificate.
  – Customer completion of questionnaire (ESA50 – SHOW FORM).
• How well did you understand what was happening during the claim process?
  – Would you have liked more advice and support?
  – Did you seek advice? Explore availability, source (e.g. Citizens Advice Bureau (CAB)) and how helpful this was.

Note to interviewer: only cover these initial aspects of the claim here, the Work Capability Assessment (WCA) and Work-Focused Interview (WFI) are covered separately in this topic guide.

The medical process

Work Capability Assessment (medical assessment)
• What were you told about the WCA prior to going for the assessment (and by whom)? Had you expected this? Explore why.
• What written information did you receive?
  – Was this information enough? How could it have been improved?
  – Did you hear anything about the WCA informally, maybe by people you know?
• What did you expect from the WCA? How this compared to what happened?
• What was actually involved in the WCA? (probe for physical capacity tests, standardised questions, daily routine description) Did you understand why you were being asked to do this?
• How comfortable did you feel with this process? Explore positives and negatives.
  – How did you feel about being in the Work-Related Activity Group (WRAC)? If
  unhappy with decision, have they done anything about this (e.g. appealing?)
• How were you informed of the outcome of the WCA? Probe as to whether the
  customer was told anything informally on the day.
• What were your views of the WCA decision?
• What were your views on the overall WCA process?

Work-Focused Health Related Assessment
• As part of your assessment did you then go on to have a WFHRA (Work-Focused
  Health Related Assessment)? (SHOW FORM) How was this explained to you?
  Explore whether enough explanation given and what they would have wanted.
  – Was it on the same day, or later? Did the same person carry it out?
  – What did you think this part of the process was for?
• What did the WFHRA involve exactly? What was your input into the WFHRA
  process?
• Whether got a copy of the WFHRA. Whether sent (Note: this is intended process)
  or given in person. When roughly. How they felt about what it said; whether it
  accurately reflected the discussion and how their condition affects their ability
  to work.
• Did you think the outcome of the WFHRA accurately reflects your health
  condition and how it affects your work ability? How might it have been better?
• Whether WFHRA (assessment process itself or obtaining copy of assessment
  receipt) made any difference or changed views; in what way. Probe:
  – whether said anything new or gave any new ideas
  – any effect on confidence and motivation about going back to work? Why/why
    not
  – type of work; amount of work
  – when might return to work.
• Any suggestions for changes to the WFHRA, e.g. what should be included.

Thoughts and plans regarding future work

Work aspirations
• Do you see yourself starting work/returning to work in the future? Explore
  reasons for this. What would need to happen to make this possible?
  – At what point in the future would you see yourself beginning/returning to
    work?
• What are your job goals/work aspirations? (probe for sectors, level, pay, hours etc.)
  – How easy/difficult do you think it will be to achieve this?
  – How does your condition currently impact on your ability to work in that kind of work? (Have you considered other types of work that might that also be (more) appropriate?)

• Apart than your health, do you feel you have other barriers to employment?
  – What, if anything, is being/has been done to address these?
  – What else could be done?

**Work-Focused Interview**

• Have you had an interview with an adviser (WFI)? How did you learn about this (e.g. by phone or letter)?

• Did you go to the original appointment or did you have to change or delay this for any reason (explore why)?

• What were you expecting the WFI to involve? Probe regarding expectations from any previous experience of WFI or other JCP adviser interviews.

• Did you receive any information about what the WFI involved prior to attending? (If so, probe what and how useful this was.)

• How was the WFI explained to you on the day?

• What was covered in the first WFI? (Probe for health [WFHRA], skills [including screening], employability, job goals, benefit advice, vacancies.)

• How satisfied were you that your adviser understood you and your situation by the end of the WFI?

• What actions did you agree as a result of the WFI? How were these agreed with the adviser?

• Can you tell me how you have found the adviser’s approach and attitude?

• Did anything happen as a result of the WFI? If so what? Did your adviser at JCP/Pathways to Work follow-up on this?

• Whether had any more WFI’s? Did you see the same adviser? NB if provider – led will have been a different adviser (If a different adviser probe for how well they felt the adviser understood their case.)
  – If they have had more than one WFI explore what they have covered in subsequent sessions.

• Overall, can you tell me how the WFI’s have affected you? (Explore any movement towards work, improvements in management of health, soft outcomes such as confidence etc.)
Referrals to other provision

• Have you been referred onto any training or skills provision as a result of the WFI?
  – What was involved in this?
  – How useful did they find it? What could have been improved?

• Have you been referred onto any employability provision as a result of the WFI (for example confidence-building or CV writing)?
  – What was involved in this?
  – How useful did they find it? What could have been improved?

• Has anyone discussed Permitted Work with you?
  – Do you know what is involved?
  – How do you feel about this?

• Have you been referred on to any ongoing health provision (such as the Condition Management Programme) as a result of the WCA/WFHRA or the WFI? Explore details and outcomes of this.

Overall impact

• What are your overall views of the ESA process, including making the claim, the medical assessment and the adviser interviews (WFIs)? How has it matched up to what you expected at the start of your claim?

• How do you feel the work-focused approach in ESA has affected you? (Explore any movement towards work, improvements in management of health, soft outcomes such as confidence etc.) Also any negative impact?

• (If they have claimed IB before) How did it compare with claiming IB? Probe: Has there been more emphasis on getting back to work? Is there anything that you think could have been done differently/improved?

• The idea of ESA is to help people with health conditions and disabilities to think about or begin moving back to work, where this is suitable for them. How do you feel about this as an approach? (Explore reasons.)

Thank the person, pay incentive, obtain receipt. Explain what will happen next.
Appendix F
Coding frame

All
• Special rules/terminal illness – any reference to this, by customers or staff
• Delays – any reference to this, by customers or staff
• Appeals – any reference to this, by customers or staff
• Chemotherapy – any reference to this, by customers or staff
• Permitted Work – any reference to this, by customers or staff
• Mental Health problems – any reference to this, by customers or staff

Staff
• Role and background of staff
• Benefit Delivery Centre (BDC) issues
• Contact Centre (CC) issues
• Provider issues
• IT systems – issues and problems
• Training – how useful was it, how could it have been better?
• Ongoing training and support needs and how met
• Staff Work Capability Assessment (WCA) and Work-Focused Health-Related Assessment (WFHRA) – what’s their involvement with these processes, how useful is the output, what are the issues?
• Work-Focused Interview (WFIs) and Pathways to Work
• Deferring WFIs
• ESA50 and Atos
• Work-Related Activity Group (WRAG) - views on decisions/employability of customers
• Fail Work Capability Assessment (WCA) - views on decisions/employability of customers
• Support Group – contact with? Views on decisions
• Sanctions – views on, use of
• Referral practices
• Workload and targets
• Impact of recession
• Negative experiences – any, at any stage
• Positive experiences – any, at any stage
• Views on Employment and Support Allowance (ESA) – as a policy, in practice
• Comparison with Incapacity Benefit (IB) – as a policy, in practice

Customers
• Family and household circumstances – demographics, caring, partner’s employment etc.
• Health condition and history – short-term and longer-term
• Employment history and future plans – working life, immediate antecedents of claim, future aspirations
• Claim experiences – CC etc. What happened? How long did the call take? When did they get paid?
• Claim outcome and views on this – what group are they in? Was this was they expected? How do they feel?
• Customer WCA and WFHRA – what happened? How did they feel about this?
• Customer WFls and Pathways to Work – what happened? How did they feel about this?
• Sanctions – views on, experiences of
• Negative experiences – any, at any stage
• Positive experiences – any, at any stage
• Views on ESA – as a policy, in practice
• Comparison with IB – as a policy, in practice
Appendix G
Customer sample

Table G.1  Customer sample: age, gender and claim outcome

<table>
<thead>
<tr>
<th>Claim outcome group*</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FFW</td>
</tr>
<tr>
<td>18-24</td>
<td>1</td>
</tr>
<tr>
<td>25-34</td>
<td>1</td>
</tr>
<tr>
<td>35-49</td>
<td>4</td>
</tr>
<tr>
<td>50+</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>7</td>
</tr>
</tbody>
</table>

*Key:
FFW = Fit for work
WRAG = Work-Related Activity Group
SG = Support Group

Table G.2  Customer sample: claim outcome group and health condition

<table>
<thead>
<tr>
<th>Condition</th>
<th>Claim outcome group*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FFW</td>
</tr>
<tr>
<td>Circulatory/respiratory</td>
<td>1</td>
</tr>
<tr>
<td>Mental health</td>
<td>1</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>2</td>
</tr>
<tr>
<td>Cancer</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
</tr>
<tr>
<td>Multiple</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>7</td>
</tr>
</tbody>
</table>

*Key:
FFW = Fit for work
WRAG = Work-Related Activity Group
SG = Support Group
### Table G.3  Customer sample – routes onto ESA and claim outcome group

<table>
<thead>
<tr>
<th>Route onto ESA</th>
<th>ESA Claim outcome group</th>
<th></th>
<th></th>
<th>Other/withdrawn</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FFW</td>
<td>WRAG</td>
<td>SG</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benefit – ESA</td>
<td>2</td>
<td>5</td>
<td>5</td>
<td>1</td>
<td>13</td>
</tr>
<tr>
<td>Work – ESA</td>
<td>5</td>
<td>9</td>
<td>6</td>
<td>1</td>
<td>21</td>
</tr>
<tr>
<td>Work – non-work – ESA</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Non-work - ESA</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>7</td>
<td>18</td>
<td>12</td>
<td>2</td>
<td>39</td>
</tr>
</tbody>
</table>

*Key:*

- **FFW** = Fit for work
- **WRAG** = Work-Related Activity Group
- **SG** = Support Group
Appendix H
WFI letter

Dear <<ClientTitle>><<ClientForename>><<ClientSurname>>

Your appointment details for your Pathways to Work Interview

On: [[Format(DTH MMMM YYYYY)||<<AppointmentDate>>]] at [[Format(HH:MM)||<<AppointmentTime>>]]
At: <<AppointmentOfficeName>> <<AppointmentOfficeDescription>>

[[TidyList]<<AppointmentOfficeAddressLine1>>, <<AppointmentOfficeAddressLine2>>, <<AppointmentOfficeAddressLine3>>, <<AppointmentOfficeAddressLine4>>, <<AppointmentOfficeAddressPostcode>>]]

With:

We are writing to let you know that we have arranged the above interview for you with one of our Personal Advisers to discuss the support available to you through our Pathways to Work service.

Do I need to come to the Pathways to Work interview?

Yes. It is important you attend and take part in the interview or give an acceptable reason why you are unable to attend. Unless you have a good reason for not attending or not taking part in this interview, the amount of your benefit may be reduced. If you find you cannot attend at the date and time the interview is booked you must contact us as soon as possible, so that alternative arrangements can be made. Our telephone number is at the top of this letter.

What is Pathways to Work?

Pathways to Work offers extra support to people who are claiming Employment and Support Allowance (ESA) in order to help them into work.

How Can Pathways to Work help me?

We understand that it can sometimes be hard for people to get a job, particularly when they have health related issues or a disability. We also understand that there are many things to think about when starting work, particularly the effect that working can have on the amount people can receive in benefits. This is where Pathways to Work can help. Our Adviser who you will see, is specialist trained and has a great deal of experience in helping people receiving benefits due to an incapacity to take the first steps into work.

What will happen at the interview?

The interview will last about an hour and is a meeting with our Adviser, to discuss the help that we may be able to offer you to take the first steps to returning to work. We will be able to tell you about the support that is available and discuss what is right for meeting your needs. At the interview we can offer advice on:

- the steps that can be taken towards getting paid or voluntary work;
- training to update your skills;
- programmes to help you manage your health condition;
- Job Brokers who help you look for work and give support once you are in work;
• Permitted Work – which could help you to try different kinds of work whilst still being entitled to benefit;

• Tax Credits to top-up low wages, a £40 per week Return To Work Credit and other financial support available;

• other help you may be able to access; and

• possible referral to specialist support provided by Disability Employment Advisers.

**Can I get help to attend the interview if I need it?**

To help you get to the interview we may be able to provide help with:

• The cost of registered childcare if you have children and would prefer not to bring them with you but have no-one to look after them (Payment will be made direct to the childcare provider)

• travel costs (you will need to bring proof of these, e.g. travel tickets, with you to the interview)

• obtaining an interpreter, if English or Welsh is not your first language, or any other help you may need to attend the interview.

You need to contact us before the interview if you would like any of these.

**Can I bring someone with me to the interview?**

Yes, you can bring someone such as a friend or relative with you. Before deciding whether to do this, however, it might be helpful for you to know that Jobcentre Plus offices can get very busy and there is limited space in the waiting areas.

**If you want to know more**

If you want more information about Pathways to Work or you need to contact us about the interview, please get in touch with us using the telephone number or address at the top of this letter.

Yours sincerely,