

Research report

# Unsuccessful Employment and Support Allowance claims – qualitative research

by Helen Barnes, Joy Oakley, Helen Stevens and  
Paul Sissons

Department for Work and Pensions

Research Report No 762

# **Unsuccessful Employment and Support Allowance claims – qualitative research**

Helen Barnes, Joy Oakley, Helen Stevens and Paul Sissons

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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First published 2011.

ISBN 978 1 908523-05-1

Views expressed in this report are not necessarily those of the Department for Work and Pensions or any other Government Department.

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# Acknowledgements

Many thanks to Michael Kelly, project manager for this research, Karl Olsen and Daniel Groves, of DWP, for their support throughout.

Thanks to colleagues at IES, and especially to Karen Patient, for her work in recruiting the sample and preparing the report for publication.

Sincere thanks to the people who agreed to be interviewed for this research, who shared sometimes very personal and distressing information with us, for the benefit of others. We are very grateful for your contribution, without which the research could not have been carried out.

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# Abbreviations

BDC	Benefit Delivery Centre
CAB	Citizens Advice Bureau
CC	Contact Centre
CV	Curriculum Vitae
DLA	Disability Living Allowance
DWP	Department for Work and Pensions
ESA	Employment and Support Allowance
FFW	Fit for work
GP	General Practitioner
HCP	Healthcare Professional – a doctor, nurse or physiotherapist who carries out the Work Capability Assessment
IB	Incapacity Benefit
IES	Institute for Employment Studies
IS	Income Support
JSA	Jobseeker’s Allowance
PCA	Personal Capability Assessment
SDA	Severe Disablement Allowance
SG	Support Group
WCA	Work Capability Assessment
WFHRA	Work-Focused Health-Related Assessment
WFI	Work Focused Interview
WRAG	Work-Related Activity Group

# Glossary of terms

Access to Work	Advice and funded assistance, equipment, adaptation or services to enable disabled people to work.
Atos Healthcare	Contractor responsible for conducting the Work Capability Assessment (WCA).
CC	A Jobcentre Plus Contact Centre, which receives most initial claims for Employment and Support Allowance (ESA), by phone.
BDC	A Jobcentre Plus Benefit Delivery Centre, where ESA claims are processed and decided on.
ESA50	A form customers have to complete as part of their ESA claim, giving details of how their disability or health condition affects their day-to-day activities.
Permitted Work	An amount of paid work which people are allowed to do while still claiming Incapacity Benefit (IB)/ESA.
Provider	Department for Work and Pensions (DWP) contractor supplying employment services, such as Work Focused Interview (WFIs) for ESA customers.
'Special Rules'	A 'fast-track' claim process for ESA for those who are terminally ill and have a life expectancy of under six months.

# Summary

Employment and Support Allowance (ESA) was introduced in October 2008, to replace old incapacity benefits. It provides financial support and personalised help for people who are unable to work, because of a health condition or disability.

This qualitative study, commissioned by the Department for Work and Pensions (DWP), was designed to provide a detailed understanding, from a customer perspective, of the views and subsequent experiences of people who apply for Employment and Support Allowance (ESA) but whose claim is unsuccessful – either because their claim was closed by Jobcentre Plus or withdrawn by the customer before it was assessed, or because the customer was found fit for work and not entitled to ESA. Together, these groups make up 75 per cent of all ESA claim outcomes.<sup>1</sup>

It is important to note that only customers who had not reported moving into work after their ESA claim ended – i.e. they had claimed another benefit, or were neither in work nor claiming benefits – are included in this research. In broad terms, the research explored why people withdrew their claims, or had them closed by Jobcentre Plus, as well as their activities and circumstances after the end of their claim. For those who claimed Jobseeker's Allowance (JSA), the research examined their views of the support they were receiving from the JSA regime.

Sixty people who had recently made an unsuccessful ESA claim were interviewed in March 2011 in two areas in the South East and West Midlands. They were broadly divided equally between the following four groups:

- found fit for work – went on to claim JSA;
- found fit for work – did not claim JSA;
- claim closed/withdrawn – went on to claim JSA;
- claim closed/withdrawn – did not claim JSA.

## Making a claim for ESA

Triggers for an ESA claim came in two main forms: a worsening health status; and loss of another income source, whether through job loss, the ending of Statutory or Occupational Sick Pay, or loss of a partner's income.

The ESA claim was often initiated on the advice of, or with the assistance of, a Jobcentre Plus adviser; often following a referral from the individual's General Practitioner (GP) or healthcare professional, a letter from an employer around the end of Statutory Sick Pay, or on the advice of an advocacy agency such as Citizens Advice Bureau (CAB). In other instances, people were advised to look into claiming by family or friends. Customers generally reported feeling that the advice they received from Jobcentre Plus when making a claim to ESA was limited and often inadequate, leaving them confused about their situation.

## ESA claim experiences

Most people reported that, with hindsight, the early stages of their claim were fairly smooth. There was a lack of clear recall and inability to articulate the details of the initial ESA claim process among many, particularly regarding the sequence of events or particulars of any stage.

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<sup>1</sup> [http://statistics.dwp.gov.uk/asd/workingage/esa\\_wca/esa\\_wca\\_27042011.pdf](http://statistics.dwp.gov.uk/asd/workingage/esa_wca/esa_wca_27042011.pdf)

Customers who had a previous work background and whose health did not affect their ability to complete an ESA50 form found it reasonably straightforward and unproblematic. Those who struggled with reading, writing, or whose health makes completing paperwork a problem, tended to report finding the process more challenging, but still not a major cause for concern.

The majority of customers who struggled with the ESA50 sought help from people close to them, such as friends or family, and occasionally assistance was received from professional organisations such as the CAB. However, for the most vulnerable people the questionnaire caused difficulty, usually because they had no-one they felt they could ask for assistance. In these cases, it could take a long time to complete and cause difficulties.

Some customers reported being deterred from continuing their claim by the ESA50 form. There was a general feeling surrounding the wider claim process that the amount of paperwork was excessive and correspondence was often poorly managed, particularly between different parts of Jobcentre Plus, resulting in duplicated or conflicting paperwork.

Communications with ESA departments could be frustrating, with difficulty in contacting staff over the phone who could answer questions about their claim.

Those who had expected to receive benefit, and had been told that they were not entitled, tended to be unhappy about this. Those who were claiming benefit for the first time tended to be most dissatisfied, both with the amount of benefit, and with the way they had been treated while claiming.

Customers who had attended a Work Capability Assessment (WCA) tended to express concerns about the nature of the assessment itself. These centred on the apparent absence of input into the WCA from Healthcare Professionals currently treating them, the reportedly 'tick-box' nature of the assessment process, and viewing the questions asked during the WCA as often unrelated to their condition.

### ESA claims closed by Jobcentre Plus, or withdrawn by the customer

Most of the interviewees in this research whose claim had been closed or withdrawn before it was fully assessed said they had ended their ESA claim as their health condition had improved. Examples of the types of conditions that had improved included diabetes, mental health problems, including stress and depression, and conditions alleviated by routine operations. These people tended to be working or looking for work, often in the same type of work as they had done before, though not commonly with the same employer.

Some had proactively withdrawn their claim, informing Jobcentre Plus of this, while others simply stopped submitting medical certificates or did not return their ESA50, in the knowledge this would prompt Jobcentre Plus to close their claim. Nobody interviewed consciously ignored an invite to a WCA as a means of closing their claim.

A smaller number of customers had their claim closed by Jobcentre Plus because they had difficulty completing and returning the ESA50, submitting medical certificates, or attending a WCA, even though they did not really want to end their claim. In some cases, this was because the customer's condition made co-operating with the assessment process difficult, while in others, other life events, such as bereavement, made it difficult for them to progress their claim.

## Views on being found fit for work and appealing this decision

Some of those interviewed strongly disagreed with the decision to find them fit for work, while others accepted this to a greater or lesser degree, agreeing they were now able to work. Not all of those who disagreed with the fit for work decision had appealed.

The research sample excluded those awaiting an appeal outcome. Therefore, these views on appeals come from those who did not appeal, those who had been unsuccessful at appeal, and those who had withdrawn their appeal.

The view that it was 'pointless' to appeal was fairly widespread; some felt they were too far away from the threshold set for ESA; others felt 'powerless in the face of officialdom'; others did not see themselves as the kind of person who would appeal, or felt uncomfortable with appealing in some way.

For some people, their circumstances at the time, including their own ill-health, family illness, bereavement or homelessness, meant that appealing had not been a priority for them.

Some people who had withdrawn their appeal decided they could no longer carry on with it as it entailed several stages and an increasing amount of paperwork.

For some people, ensuring their immediate financial stability was the primary concern in making these decisions. The longer-term implications of moving from ESA to JSA were not always fully considered. Some people were also deterred by a misconception that appealing would leave them without benefit income.

## JSA claim experiences

For some of those who had claimed JSA after being found fit for work, deciding to claim JSA was an ambivalent or anxious experience, as people needed to establish availability for work to secure an income, but sometimes had restrictions because of their health.

Some people felt unable to claim JSA at the point when they were found fit for work, as they felt unable to comply with the work search requirements of claiming the benefit. The availability of some other income source was also an important factor in these decisions.

Most of those moving from ESA to JSA were fairly indifferent about the general back-to-work support from Jobcentre Plus while on JSA, as they reported that they had received little individualised support that took into account their health problems.

## Financial pressure

Many interviewees reported that they were under financial pressure because of recent changes to their household incomes, for example, because they had stopped working. In the worst cases, these pressures were very severe.

Financial coping strategies reported by those with working partners, but who were struggling financially, included borrowing money, spending savings, going without prescriptions and changing to interest-only mortgages.

A number of customers without working partners relied on family members, in the absence of any independent income. Some who had no family support lived solely on either other benefits (particularly Disability Living Allowance (DLA)), or their own savings.

### Post-ESA claim experiences and circumstances

This report attempts to draw together different facets of the claim experiences and characteristics of customers, to explore different motivations and rationales and the different types of support which might be helpful. More detailed information on these can be found in Chapter 4 of the main report. The typologies can be broadly described as:

- **Marginal claims for ESA** – who generally readily accepted their non-eligibility if found fit for work.
- **Short-term recovery** – some of whom left benefit of their own volition as their health improved and others who needed a trigger, such as a fit for work decision, to start actively seeking work.
- **Reluctant claims to JSA** – including those who felt that they had a work-limiting health condition and felt compelled to claim JSA for financial reasons, but did not feel able to discuss their health and, therefore, receive appropriate support.
- **Cycling between benefits** – those who had moved between incapacity benefits/ESA and JSA in the past and present, who tended to think of themselves as having very limited fitness for work.
- **Not eligible for ESA payments** – for financial or other reasons, some of whom accepted their position and others who did not understand their ineligibility. Some were receiving National Insurance credits but no payments, as they were claiming income-related ESA, but the level of their household income meant they were not entitled to any payments.
- **Vulnerable customers** – including those who seemed to be potentially eligible for ESA but, because of their condition or lack of information, had not appealed when found fit for work. Some of these people were socially isolated.
- **Outside the system** – including those being supported by (for example) another family member, but also those in what appeared to be unsustainable financial circumstances.

### Future expectations of work

Interviewees generally had an expectation that they would return to paid employment of some kind in the future. Some were hoping to build up slowly to full-time work. Interviewees commonly described patterns of boredom and isolation in their daily lives, due to their unemployment and lack of money.

Those who had closed or withdrawn their claim and had immediately moved onto JSA seemed closest to the labour market and motivated to get into work. Interviewees who had been found fit for work and who had gone immediately on to claim JSA were also motivated to look for work, however, they were somewhat more inclined to view their health as a barrier to work.

Customers who closed or withdrew their claim and were not claiming JSA tended to consider employment for them as something further in the future. Those who were found fit for work but did not claim JSA, were generally less positive about their job prospects; they thought it would be difficult to move into work for a range of reasons, and some found it difficult to stay motivated.

## Conclusions

An important reason why ESA claims in this sample were withdrawn or closed before they were fully assessed was because the person recovered and either returned to work, or claimed a benefit more appropriate to their situation.

At present, some people in receipt of JSA are seemingly diverted onto ESA by personal advisers when a limiting health condition becomes apparent, when a better understanding of the qualifying threshold for ESA might potentially discourage some of these claims.

Many people were confused about the current situation with their ESA claim and did not know where they stood.

The research found that some people are likely to be vulnerable and unable to access appropriate support, both in order to make an initial claim for benefit and to comply with the ongoing requirements of the benefit.

There are some people who fail to meet the threshold for ESA entitlement who nonetheless find it difficult to establish a JSA claim and comply with the requirement to be actively seeking work due to health reasons.

Some customers described moving between JSA and ESA relatively frequently, over both the shorter and longer-term. This meant the back-to-work support they were receiving was fragmented and rather inconsistent.

People who were claiming JSA and had ongoing health issues generally reported that they were not receiving the support they required, which took into account their health condition while also helping them to move back into work.

# 1 Introduction

## 1.1 About this research

This study was designed to provide a detailed understanding, from a customer perspective, of the views and subsequent experiences of people who apply for Employment and Support Allowance (ESA) but whose claim is unsuccessful. There are three main reasons why this could be the case:

- their claim is closed by Jobcentre Plus for non-return of the ESA50 questionnaire they are required to complete as part of the assessment process, or for non-attendance at a face-to-face Work Capability Assessment (WCA);
- the customer informs Jobcentre Plus they wish to withdraw their claim before it is assessed;
- the customer is found fit for work and is not entitled to further ESA payments.

Together, these groups make up 75 per cent of all ESA claim outcomes<sup>2</sup>. It is important to note that this study focuses on customers from these groups who left ESA for a non-work destination, since they are of most concern to policy-makers and interest groups. In broad terms, this study explores:

- why some customers withdrew their ESA claims, or had their claim closed through non-reply to the ESA50 or non-attendance at the face-to-face WCA;
- what happens to people disallowed ESA who do not subsequently move into work, or claim another benefit;
- what individual and household circumstances surround customers making unsuccessful ESA claims moving onto another benefit, or to an unknown destination;
- how well does the Jobseeker's Allowance (JSA) regime support customers found fit for work, and could improvements be made?

### 1.1.1 Survey evidence on the post-claim activities of people making an unsuccessful claim for ESA

The findings of recent survey research with ESA customers indicated that a sizeable proportion of people in the closed/withdrawn and fit for work groups were likely to be returning to (or moving into) work because their health has improved<sup>3</sup> (see Table 1.1). However, this project focused primarily on those leaving their ESA claim for non-work destinations.

Table 1.1 shows that almost half (48 per cent) of people found fit for work, and over a third (38 per cent) of people whose claim was closed or withdrawn, claimed another benefit when their ESA claim ended. This was usually JSA.

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2 [http://statistics.dwp.gov.uk/asd/workingage/esa\\_wca/esa\\_wca\\_27042011.pdf](http://statistics.dwp.gov.uk/asd/workingage/esa_wca/esa_wca_27042011.pdf). For all new ESA claims from 27 October 2008 to 31 August 2010, the result of the initial WCA is as follows: Support Group six per cent, Work Related Activity Group 16 per cent, fit for work 39 per cent, Claim closed before assessment complete 36 per cent, Assessment still in progress two per cent. Proportions do not sum to 100 per cent due to rounding.

3 Barnes, H. Sissons, P. and Stevens, H. (2010) *Employment and Support Allowance – Findings from a face-to-face survey with customers*, DWP Research Report 707.

In addition, the table shows that overall, one in five respondents (20 per cent) reported not being in work or claiming another benefit after leaving ESA; a quarter of those found fit for work were in this position, compared with 14 per cent of those whose claim had been closed or withdrawn.

**Table 1.1 Self-reports of what people did when their ESA claim ended, column percentages**

	Fit for work	Closed/ withdrawn	Total
Claimed another benefit	48	38	43
Went back to my old job	10	24	17
Got a job/became self-employed	18	23	20
Other	25	14	20
<b>Total (%)</b>	<b>100</b>	<b>100</b>	<b>100</b>
<b>Base (N)</b>	<b>(500)</b>	<b>(452)</b>	<b>(952)</b>

Base: Fit for work and claim closed/withdrawn groups at follow-up customer survey. Not all columns sum to 100 due to rounding.

Source: Barnes, H. Sissons, P. and Stevens, H. (2010) *Employment and Support Allowance – Findings from a face-to-face survey with customers*, Research Report 707, DWP.

The survey also included a follow-up question for respondents reporting an ‘other’ destination. The results of this are reported in Table 1.2 and show that this group moved onto a fragmented range of activities, which were split between ‘clear’ items such as retiring or being supported by a family, partner or savings, and ‘unclear’ items such as ‘continuing without benefits’ or responding that they ‘did not know’ what they did next.

**Table 1.2 Self-reports of what people did when their ESA claim ended – for those reporting they did not move into work or claim another benefit only (i.e. those reporting ‘other’ destinations in Table 1.1) (%)**

	Fit for work	Closed/ withdrawn	Total
Unemployed/looking for work	2	3	2
Supported by partner or family/living off savings	2	2	2
Went to college	2	2	2
Appealed <sup>1</sup>	1	0	1
Still too sick to work	1	0	1
Retired	2	0	1
Continued without benefits	4	2	3
Did nothing/don’t know/other	11	5	8
<b>Total (%)</b>	<b>25</b>	<b>14</b>	<b>20</b>

<sup>1</sup> Those who had successfully appealed and joined the Work-Related Activity Group were not asked this question.

Base: FFW and claim closed/withdrawn groups at follow-up customer survey.

Source: Barnes, H. Sissons, P. and Stevens, H. (2010) *Employment and Support Allowance – Findings from a face-to-face survey with customers*, Research Report 707, DWP.

### 1.1.2 Sampling

Following discussions with the Department for Work and Pensions (DWP), it was agreed to aim for a sample of 60 customers, divided across the following groups:

- found fit for work – went on to claim JSA;
- found fit for work – no JSA claim;
- claim closed/withdrawn – went on to claim JSA;
- claim closed/withdrawn – no JSA claim.<sup>4</sup>

The research was undertaken in one large urban area in the West Midlands, and one mixed rural and urban area in the South East, with a mix of ages and physical and mental health conditions (see Table 1.3).

The sample was drawn from DWP administrative data on those who had received a decision on their claim or whose claim was closed or withdrawn between July and September 2010. This appeared optimal in terms of balancing recall against allowing enough elapsed time for at least some subsequent change to have occurred in the customer's circumstances. Interviews took place in March 2011, meaning customers were interviewed approximately five to seven months after their claim ended.

Those with pending appeals were excluded from the sample, as their intention of returning to ESA was clear. This needs to be borne in mind when considering the substantive findings about those found fit for work, as there is another section of this group who are less accepting of the decision on their claim, and who may have different experiences and views from those reported here.

**Table 1.3 Research sample**

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<b>Found fit for work</b>	
Claimed JSA	17
Did something else	18
<b>Claim closed/withdrawn</b>	
Claimed JSA	15
Did something else	10
<b>Main health condition</b>	
Physical condition	34
Mental health condition	26
<b>Gender</b>	
Man	31
Woman	29
<b>Age</b>	
Aged 18-29	14
Aged 30-49	32
Aged 50+	14

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<sup>4</sup> The sample was screened by telephone to ensure a match with these characteristics and particularly to exclude those who had simply returned to their usual job.

## 1.2 Fieldwork

A semi-structured discussion guide was developed for interviews with customers (see Appendix B). This explored each customer's journey on ESA, the point at which they left the benefit and why this happened, their subsequent activities, current activities, and plans for the future. Interviews sought information and clarification on a range of issues including:

- reasons and triggers for the customer's ESA claim;
- understanding of the benefit at the time of claiming;
- experiences of making a claim for ESA, and the WCA;
- how the ESA claim ended and what the customer did next;
- the views of customers found fit for work on the level and type of support received from the JSA regime, and their support needs;
- why some customers did not go on to apply for JSA, and their subsequent activities;
- overall views of ESA, and whether customers are likely to claim ESA again.

Customers were offered an incentive to take part in the study, in the form of a shopping voucher or cash. Given that this was a group where we anticipated difficulties in recruitment, as people were no longer receiving benefit, and may have done so only for a brief period, we allowed £30, which proved to be helpful in improving participation. We also offered either telephone or face-to-face interviews; this was partly to meet respondent preferences and partly to manage a tight deadline for the research. Around half the interviews were carried out face-to-face, and half by telephone.

## 1.3 Analysis

Interviews were recorded and transcribed, with the customers' permission. Only two respondents declined to be recorded. Summary notes were also made on each interview to a set of prescribed headings, in order to produce case studies. A thematic analysis was carried out using AtlasTi qualitative analysis software. The coding frame used is provided at Appendix C. A typology of ended claim experiences was developed using the notes, discussions at the post-fieldwork debrief, and key themes from the analysis.

## 1.4 About ESA

### 1.4.1 The introduction of ESA

ESA was introduced in October 2008 to replace old incapacity benefits<sup>5</sup>. It provides financial support and personalised help for people who are unable to work, because of a health condition or disability. Existing incapacity benefits recipients are currently being reassessed for ESA, in a national programme which is expected to be complete by 2014. Key features of ESA include:

- an expectation that customers prepare for a return to work, with the majority of customers who are successful in their ESA claim allocated to a **Work-Related Activity Group (WRAG)**<sup>6</sup>. These customers receive £26.75 per week in addition to the basic allowance of £67.50 per week;

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<sup>5</sup> Incapacity Benefit, Income Support paid on the grounds of incapacity, and Severe Disablement Allowance.

<sup>6</sup> See Appendix A for a simplified diagram of the claim process.

providing they comply with requirements for work-related activity which involve attending a number of Work Focused Interviews (WFIs) with an employment adviser. Those people whose illness or disability most severely affects their ability to undertake work-related activity are allocated to the Support Group (SG). They are not required to carry out any activity to receive their full benefit entitlement, which is an additional £32.35 on top of the basic allowance, a total of £99.85 per week.

- a **WCA** replaces the Personal Capability Assessment (PCA) which was used to determine eligibility for Incapacity Benefit (IB). Far fewer customers are exempt from assessment under the WCA than under the PCA regime, and the threshold for eligibility is higher than under the PCA;
- the process aims to provide a **quicker assessment for customers**, with a decision on eligibility by week 14 of the claim. This decision is made by DWP, taking into account the result of the WCA conducted by an Atos Healthcare Professional (HCP)<sup>7</sup>;
- **Sanctions** – if those in the WRAG do not comply with the regime, they may be sanctioned 50 per cent of the work-related addition, of £26.75. If they have not complied after another four weeks, they receive another sanction of the remaining 50 per cent of this addition.

### 1.4.2 The Work Programme

The intention to replace all existing welfare-to-work programmes with a single programme had been signalled in the Conservative party manifesto<sup>8</sup> for the 2010 General Election, and was confirmed in the Coalition Government agreement<sup>9</sup>. The Spending Review 2010, announced on 20 October 2010, set out DWP's commitment to the introduction of the Work Programme and it is aimed to have this in place nationally from the summer of 2011.

The Work Programme will replace most existing programmes for unemployed people and will also be available to those on ESA. ESA recipients, including those in the SG, will have access to the Work Programme at any time following their WCA, on a voluntary basis. In addition, all ESA customers in the WRAG will be referred to the Work Programme on a mandatory basis, if they are expected to be fit for work in three months at their initial, or repeat, WCA<sup>10</sup>. For more detailed information on the Work Programme, see the most recent prospectus on the DWP website<sup>11</sup>.

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<sup>7</sup> When ESA was introduced, most customers attended a WFI at week nine of their claim. However, only customers placed in the WRAG following completion of their WCA are required to attend WFIs.

<sup>8</sup> [http://www.conservatives.com/Policy/Where\\_we\\_stand/Jobs\\_and\\_Welfare.aspx](http://www.conservatives.com/Policy/Where_we_stand/Jobs_and_Welfare.aspx)

<sup>9</sup> [http://www.cabinetoffice.gov.uk/sites/default/files/resources/coalition\\_programme\\_for\\_government.pdf](http://www.cabinetoffice.gov.uk/sites/default/files/resources/coalition_programme_for_government.pdf)

<sup>10</sup> Or if they received a six month prognosis at their initial repeat WCA, and are due for reassessment within three months.

<sup>11</sup> <http://www.dwp.gov.uk/docs/work-prog-prospectus-v2.pdf>

## 2 Making the claim for Employment and Support Allowance

### 2.1 Introduction

This chapter looks at the reasons why people had claimed Employment and Support Allowance (ESA), and their initial claim experiences, as context for their later experiences of the ESA claim ending.

### 2.2 Triggers for the ESA claim

Triggers for the ESA claim came in two main forms: worsening of health status, and loss of another income source – whether through job loss, the ending of Statutory or Occupational Sick Pay, or loss of a partner’s income. Sometimes, both of these had occurred simultaneously, but more often there was some time lag between the onset of health problems and changes in income.

The ESA claim was often initiated on the advice of, or with the assistance of, a Jobcentre Plus adviser. This was often following a referral from the individual’s General Practitioner (GP) or healthcare professional, a letter from an employer about the end of their Statutory Sick Pay, or on the advice of an advocacy agency. In other instances, some customers with no knowledge of sickness benefits had sought information on their entitlements or were advised to look into claiming ESA by friends or family members who had heard of the benefit, occasionally in the belief that they would be entitled to more money on ESA than Jobseeker’s Allowance (JSA).

In a number of cases, JSA advisers suggested a move onto ESA for customers who had developed health problems and could no longer actively seek work. Among these customers, the level of comprehension as to why they were changing benefit varied. Some simply followed the advice of the adviser with a limited understanding of the consequences of the change, as the following quote illustrates:

*‘Even when I was awaiting the angiogram, because it was a question of coming up to my signing on date, I had to contact them from the hospital. They said you can’t sign on any more. If you’re in hospital and not well you can’t look for work. You’ll have to do the ESA thing which I’d never heard of before. I was being led completely by them.’*

(Man, 50s, found fit for work, coronary bypass surgery)

Others, however, welcomed the move or actively chose to claim ESA as they felt they could not meet the job seeking requirements of JSA. For example, one JSA customer decided to seek a sick note from her doctor to claim ESA when her caring responsibilities became too much, and she no longer felt mentally strong enough to claim JSA at the same time. Another example is illustrated in the following quote:

*‘I went to Jobseekers, then they started hassling you about looking for work and at that time my back was pretty painful so the best thing for me to do was to go on ESA, stop them from hassling me. I wasn’t comfortable with going back to work because of the back. I was limited to what I could do.’*

(Man, 40s, found fit for work, bad back)

### 2.3 ESA claim process

#### 2.3.1 Understanding of purpose of ESA

Customers fell into a spectrum, from those who had never claimed benefits before and felt very ill-informed about what the process might involve, to a minority who had made previous claims for ESA (unsuccessful in several instances) and/or Incapacity Benefit (IB), and were familiar with sickness benefits. However, customers generally reported feeling that the advice they received about their claim from Jobcentre Plus was limited and often inadequate, leaving them confused about their situation, as highlighted in this exchange.

*Interviewer: Did they give you enough information?*

*Interviewee: No. They treat you like a mushroom. Keep you in the dark.*

(Woman, 50s, found fit for work, recovering from hip surgery)

Among those customers who knew very little about benefits, most had a general awareness at least that there was something that they could claim for being unable to work due to ill health. Typical comments included ‘*All I knew was, it was sick pay.*’ and ‘*It’s a benefit you get if you are unable to work due to injury or illness.*’

#### 2.3.2 Initial claim process

New claims to ESA are usually made by telephone to Jobcentre Plus. A contact centre adviser completes the form with the customer over the phone, a copy of which is then posted to the customer for checking and signing before they return it by post. All of the people interviewed for this research made their initial claim for ESA by telephone.

There was a lack of clear recall and inability to articulate the details of the initial ESA claim process among many, particularly regarding the sequence of events or particulars of any stage. This was in many instances a result of a lack of understanding of the different stages of the ESA claim process, or the tendency not to document, or keep paper records, among some customers.

A small number of customers received support from others in completing their claim forms, either from family members or from friends as they were too sick to complete the forms themselves. A few sought advice from advice agencies such as the Citizens Advice Bureau (CAB). One individual received support in completing the forms from a family friend who worked for the Citizens Advice Bureau.

*‘It was complicated...having to get out and post it and having to rely on my friend’s mum to help me fill it out once I sent through the application.’*

(Man, 20s, claim closed/withdrawn, malaise and fatigue)

Customers generally reported completing whatever was asked of them at various stages on time, truthfully and to the best of their ability.

Most people reported the early stages of their claim were fairly straightforward. On the whole, difficulties regarding the initial claim process seemed somewhat fewer or less serious than in the early implementation research<sup>12</sup>.

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<sup>12</sup> Barnes, H. et al. (2010) *Employment and Support Allowance: Early Implementation Experiences of Customers and Staff*, Research Report 631, DWP.

### 2.3.3 The ESA50 form

After a customer has made an initial claim for ESA, they are posted a form (the ESA50) to complete, which asks a series of questions to help identify how their illness or disability affects their ability to complete everyday tasks. Four weeks are allowed for completion and return of this form. If it is not returned, a reminder letter is sent. If the customer has good cause for lateness, they are allowed a further two weeks to return the form.

The information on the ESA50 is used to help determine whether the customer is required to attend a face-to-face Work Capability Assessment (WCA). Most people claiming ESA are required to attend one of these.

In some cases, further medical evidence may be sought from the customer's GP or other treating physician, after scrutiny of their ESA50 form, to help inform a decision on their entitlement to ESA.

When discussing the claim process, spontaneous mention of the ESA50 was rare, but after prompting, most customers recalled completing this questionnaire as part of their claim. Experiences of this process were varied. There was a group of customers who found the form reasonably straightforward or unproblematic and discussed the form in a matter-of-fact manner. This group tend to have a previous working background and their health conditions did not affect their ability to complete the form.

*'It was pretty straightforward. If I remember rightly it just covered what we'd been through on the phone. It was fairly black and white whether it was on the phone or with the form. It was all quite straightforward.'*

(Man, 40, found fit for work, anxiety and trauma)

The only real complaint among this group was that the form was fairly lengthy and repetitive; both in itself, and of the information given during the initial phone call to register the claim. Several among this group mentioned suspecting the reason for this may be to catch fraudulent claimants.

*'No again nothing sticks out in my mind...It is all pretty much straightforward, all the questions are pretty much self-explanatory. They are quite repetitive but I think that's in a way to catch people out a bit because there's a lot of questions that would be the same, but worded slightly differently...For me I do remember with a lot of the medical things it was just pretty much writing the same thing over and over again. But it's not a difficult thing to do as such.'*

(Woman, late 20s, closed/withdrawn claim, depression)

A group of customers who struggled with reading or writing, or whose health made completing paperwork problematic, tended to report finding the process more challenging, but still not a major cause for concern. In the majority of these cases help was sought from people close to them, such as friends or family, and occasionally assistance was received from professional organisations such as the CAB. However, for the most vulnerable customers the process caused difficulty, usually because they had no-one they felt they could ask for assistance. In these cases the form could take a long time to complete and cause difficulties; these customers said they simply did the best they could. One, who had literacy problems, said that his embarrassment about this stopped him asking for help:

*'Well I was too frightened to ask to be quite honest. It's like sometimes it's embarrassing to say that "I can't read it", you know, or it's embarrassing to sort of...you just get along.'*

(Man, 40s, found fit for work, Varicose veins of lower limb)

## 14 Making the claim for Employment and Support Allowance

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Some customers who were already considering closing their claim reported being deterred from continuing their claim by the length of the ESA50 form (see Section 3.2.2).

There was a general feeling surrounding the wider claim process that the amount of paperwork was excessive and correspondence was often poorly managed, particularly between different parts of Jobcentre Plus, resulting in duplicated or conflicting paperwork. The administrative processes sometimes caused customers to lose faith in the system and generated frustration and confusion. For example, there was irritation among a few customers, who were found to be not entitled to either income-based or contribution-based ESA, that their ineligibility could not be determined at the initial phone call, before completing the ESA50 and going to the trouble of obtaining and sending in doctor's notes. These customers also expressed frustration at being asked to attend WCAs and/or Work Focused Interviews (WFIs), even though they did not receive any payments. While attending the WCA is a requirement for those claiming ESA on a National Insurance credits only basis (i.e. they did not receive any benefit payments), this had not been adequately explained to those concerned.

In a few cases, individuals experienced delays in ESA payments because they had not kept the required paperwork to complete their claim, such as details of tax credits and Housing Benefit. One individual described what he viewed as a drawn out process to apply for duplicate copies of the documents to be sent to him, in order to complete his claim. While he was waiting for the documentation he felt the financial strain resulting from the delay caused some stress for the family.

*'It was hard. They wanted to know every ins and outs. They also wanted to know when you first started the job and how much you were getting when it finished. I'm not a great believer in writing down notes when I start a job. It was also awkward trying to find paperwork about my wife's benefits. She gets the child tax and housing benefit and the housing side of it, because I don't deal with it I don't get the breakdowns. When you have to phone them up and say you need the breakdown you then have to wait six weeks before they can send it...I sent part of it back within three weeks and as the rest of it, as it came in I posted it off. It was over the course of seven weeks before it got sorted. It caused a bit of stress.'*

(Man, 40s, closed/withdrawn, migraine)

# 3 Unsuccessful claims

## 3.1 Introduction

This chapter considers what happened at the point when the claim for Employment and Support Allowance (ESA) ended, whether this was closed by Jobcentre Plus, withdrawn by the customer, or because the customer was found fit for work. It explores what they did next, and the customer decision-making processes which surrounded this.

## 3.2 Why claims were closed or withdrawn

This section explores the variety of reasons why ESA claims had been withdrawn or closed, and the underlying circumstances and motivations.

### 3.2.1 Recovery

The most common reason people gave for withdrawing their ESA claim was that their condition had improved and so they had closed their claim, either returning to work or claiming Jobseeker's Allowance (JSA). This is consistent with the high rates of return to work and JSA claims which had been identified for the closed/withdrawn group in survey research with ESA customers<sup>13</sup>. In many cases, customers got in touch with Jobcentre Plus directly to inform them that they would like to withdraw their claim. However, a number of customers had not proactively informed Jobcentre Plus that they no longer wanted to claim: some felt they had recovered sufficiently to end their claim and many chose to no longer submit sick notes and some decided to not return the ESA50 (see Section 3.2.2), as they thought this would mean Jobcentre Plus closed their claim.

### 3.2.2 Non-return of the ESA50 form

The decision not to return the ESA50 tended to have been a conscious choice for the people we interviewed, although there were some exceptions. One woman said that she had been contacted about not completing the ESA50 (although her claim was not closed at this stage, because she was known to have a mental health condition), but that in fact she had never received this form to complete.

Some customers reported being deterred from continuing their claim by the ESA50 form. In these instances the individuals' conditions were manageable or expected to improve fairly soon, and/or they had an alternative source of income, such as part-time self-employment or family support. For these marginal claims the form was deemed too time-consuming when customers were already uncertain about their wish to claim. In one case an individual feared future adverse consequences from having a period of sickness benefit claiming on their employment record/CV, and had also returned all the benefit they had been paid for this reason.

### 3.2.3 Failure to attend a face-to-face WCA

In only a handful of cases did customers report that they had not attended their face-to-face **Work Capability Assessment (WCA)**, despite being issued an appointment for one. One said that they had

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<sup>13</sup> Barnes, H. Sissons, P. and Stevens, H. (2010) *Employment and Support Allowance – Findings from a face-to-face survey with customers*, Department for Work and Pensions Research Report 707

not received the appointment letter and another did not have money to pay for fares upfront to attend the appointment, although the fares could have been reimbursed later. Another customer had not attended as she had no-one to accompany her, and she felt unable to go to new places alone. She had subsequently been advised by her health visitor that it may have been possible to have had a home visit, and was annoyed that she had not been advised of this:

*'She couldn't take me and I've since found out I can be assessed at my doctor's surgery. I can be assessed in my own home. It's like the masons. It's so secretive.'*

(Woman, 50s, closed/withdrawn claim, arthritis)

One person reported that her benefit had been stopped because she could not attend the WCA due to transport problems in a period of heavy snowfall; although she had called to cancel, this was not regarded as a valid reason for non-attendance. She had subsequently attended a WCA and been found fit for work.

There were also a small number of customers for whom the invitation to the WCA had come at the same time as they had withdrawn their ESA claim and making a claim for JSA, so they would no longer have been receiving ESA by the time the appointment was due.

None of this sample had intentionally ignored the WCA invite as a way to close their claim. However, a small number of customers reported that being required to attend the WCA had acted as a trigger for them to withdraw their claim, writing a letter to close their claim in reply to being sent a WCA appointment letter.

### 3.2.4 Stopped submitting medical certificates

Several people mentioned that their ESA claim had been closed because they were no longer submitting medical certificates. Sometimes this was triggered by the customer's realisation that they were ready to look for work again, but often it was less clear-cut than this. One man explained that this had not been a conscious decision on his part, but that after having missed one or two, he could no longer face trying to get his benefit reinstated:

*'It was becoming a pain in the backside. Even round here my doctor is two miles away. I don't drive, I don't have a car. You've got to walk there and back. You've got to get an appointment first of all which is a nightmare. At the time I'd moved down to [town] so I'd had to change my doctor. I'd send them there and they started screwing up the claim. Leaving me with absolutely nothing. I'd rather go without anything than having all this hassle and stress they were causing.'*

(Man, 40s, closed/withdrawn claim, arm surgery following injury)

In some cases, customers were no longer submitting medical certificates because their doctor had decided to stop issuing them. Recent changes to the system of medical certification, with the introduction of the Fit Note, have allowed General Practitioners (GPs) to indicate when someone is capable of some work, and reduced the maximum period of sickness certification<sup>14</sup> and there was some evidence that this was having an impact, as this quote illustrates:

*'I did try and see another doctor but he said to me "You've just been signed off, we can't just sign you off again" ... "I can't give you any more sick notes, you'll have to try and sort things out yourself"'*

(Woman, 50s, found fit for work, depression)

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<sup>14</sup> <http://www.dwp.gov.uk/healthcare-professional/news/statement-of-fitness-for-work.shtml>

### 3.2.5 Other situations

A fairly widespread reason for claims being closed by Jobcentre Plus was that the claim for ESA was income-based, and that the customer's partner had started work. ESA claims had also ended for a variety of other reasons including extended periods abroad, and claiming Maternity Allowance.

## 3.3 The Fit for Work Group

### 3.3.1 Experiences of the Work Capability Assessment

The experiences reported in this section were broadly consistent with the findings of an earlier in-depth study of the WCA<sup>15</sup>, and as they are not the primary focus of this study, are dealt with briefly here. Those who had attended a WCA generally reported that the appointment was fairly short and was structured around a series of questions about the use of their arms, legs, eyesight, questions about their daily activities and mental well-being. Customers voiced a number of complaints about the WCA process; the majority of these related to the nature of the assessment, rather than the medical assessment staff. Common themes reported in interviews about WCAs centred on:

- the apparent absence of input into the WCA from healthcare professionals (HCPs) currently treating the customer;
- the reportedly 'tick-box' nature of the assessment process;
- customers not understanding the nature of questioning, and viewing the questions as often unrelated to their situation.

Customers were critical of the apparent lack of scope for input from HCPs (including GPs or surgeons) currently charged with their care. Although further medical evidence may be requested by Atos Healthcare in some cases, several customers reported feeling that the opinion of specialist medical professionals had been disregarded in their case. A number of customers also reported feeling that the opinions of their GP or surgeon were undermined by the WCA decision; and in some cases this led to contradictory messages, as in this example:

*'They gave me seven discharge papers<sup>16</sup> from the city hospital. I was getting sick notes from my doctor and they still say I'm available for JSA.'*

(Man, 40s, found fit for work, abdominal pain and kidney failure)

Customers also tended to report that they experienced the WCA as a 'tick-box' exercise, and felt that their individual circumstances were not adequately captured.

*'The doctor was ticking off boxes. I didn't feel she was listening to what I was saying.'*

(Man, 40s, found fit for work, anxiety and trauma)

This feeling seemed particularly strong among customers who had a mental health problem that had been triggered by a specific event or series of events, and who felt the condition was still pervasive, but was not examined thoroughly in the WCA. Where this had happened customers reported that the health professional carrying out the WCA did not have a good understanding of them and their circumstances, and how this related to work.

<sup>15</sup> Barnes, H. Aston, J. and Williams, C. (2010) *Employment and Support Allowance: Customer and staff experiences of the face to face Work Capability Assessment and Work-Focused Health-Related Assessment*, Research Report 719, DWP.

<sup>16</sup> Discharge papers are usually sent to the GP and the patient, detailing the treatments received while in hospital, current medication and any relevant plans for the future

Related to this, some customers did not understand why they were being asked to carry out specific tasks in the WCA. In some cases this was because they felt the tasks were not relevant to their condition, for example being asked to carry out physical tasks when they were reporting a mental health problem. In others, they viewed the level of difficulty associated with the task as being a poor measure of their ability to work. For example, customers reported being asked about rudimentary physical tasks (such as raising their arms) which they did not feel equated well to the actual demands of working, as in this example:

*'Picking something up, bending over, walking... I thought it was a bit silly.'*

(Woman, 50s, found fit for work, anxiety and depression)

Others were sceptical about what they felt was an over-emphasis on everyday activities they did not see as obviously related to work.

*'Questions, do I smoke, my age. Basic stuff they don't need to know. They don't need to know what time I get up and go to bed. It's not relevant.'*

(Woman, 20s, found fit for work, having diagnostic tests and awaiting hip surgery)

Very few customers were positive about their experience of the WCA; either the assessment itself or the staff undertaking the assessment. A few customers felt that in asking a range of questions not obviously related to their condition, the medical practitioner was being thorough in their assessment, but they were very much in the minority. In a few cases, customers also appreciated the friendly manner of the HCP.

### 3.3.2 Views on the fit for work decision

Some of those interviewed strongly disagreed with the decision to find them fit for work, while others accepted this to a greater or lesser degree. However, not all of those who disagreed with the decision had appealed, for a variety of reasons (see Section 3.4).

For those who disagreed with the fit for work decision, this tended to be because they felt that their health condition prevented them from working. Some related this to what they considered irrelevant or inappropriate questions during the WCA, as in this example:

*'They were asking me to do things that I've got no problem in lifting, raising my arms. It's my back, not my arms that's the problem and because of that they gave me zero points, which was unbelievable. At the time I was having problems lifting my leg but as long as you can lift your arms you're capable of work.'*

(Man, 40s, found fit for work, back problems)

Several were incredulous at being found fit for work, when they had what they considered to be a severe health condition. This quote was typical of these views:

*'I didn't agree with their assessment because I knew for a fact that I wasn't capable of working and they were saying that I was. I couldn't understand how someone that couldn't leave the house alone was classed as capable of working.'*

(Man, 40s, found fit for work, anxiety and trauma)

For those who agreed with the fit for work decision, this was generally because their condition had improved since their claim, and they agreed that it was now realistic for them to start looking for work, as in this example:

*'I passed the medical, anyway, I was fit enough to work, which I agreed...I thought it was fair really.'*

(Woman, 50s, found fit for work, anxiety and depression)

### *How the decision was communicated*

People generally found the letter they received communicating the fit for work decision easy to understand, although many people found fit for work were baffled and often distressed as to why they had so few (often zero) points awarded for their condition, as in this example:

*'The letter was understandable to the finest detail. It said I was more than capable of work. I got a zero, marks out of 10...it was as though I was trying to pull the wool over their eyes.'*

(Man, 30s, depression following traumatic bereavement, leg injury)

This was a more positive view:

*'It actually showed you which I thought was quite good, about your limited capability work assignment assessment, how we arrived at the decision, I thought that was very good.'*

(Woman, 50s, found fit for work, anxiety and depression)

## 3.4 Appeals

Although the sample for this research was designed to exclude those who had a pending appeal, it did include some people who had unsuccessfully appealed against the decision that they were fit for work, and some who had started an appeal which they had later withdrawn. This section draws on their experiences and views of appealing (or not appealing).

### 3.4.1 Reasons for not appealing

The view that it was *'pointless'* to appeal was fairly widespread, although the reasons given for this varied. Some people felt that it was clear that they were simply too far away from the threshold for ESA, sometimes after discussing this with a third party, such as a Pathways provider. As one woman put it,

*'The way it was going, what was the point? They were looking for something I didn't have and it was just going to be an ongoing process and I'd had enough. I'd really had enough.'*

(Woman, 20s, found fit for work, alopecia)

Others simply expressed a view that they felt *'powerless in the face of officialdom'*, and that this was why they had decided not to appeal. This was a typical comment for this group:

*'I could understand from the letter I could appeal but I just thought "What's the use? I'm appealing against the Government."'*

(Man, 40s, found fit for work, fractured limb, depression)

For others it was more that they did not see themselves as the kind of person who would appeal, or felt uncomfortable with this in some way, as this woman explained:

*'What could I do about it? If they've made a decision, I couldn't have done anything and appealing is not me. I'd just rather go without, if they say no, that's no. I manage the best I can.'*

(Woman 50s, found fit for work, depression)

Others lacked access to appropriate advice and support which would have helped them, as in this example:

*'I didn't get help that time, because one of my friends she said you should do the appeal at that time, it's our big mistake. I said I don't know what will go in appeal and we didn't appeal.'*

(Woman, 20s, found fit for work, depression)

For some people, their circumstances at the time, including their own ill-health, family illness, bereavement or homelessness, meant that appealing had not been a priority for them when they received the fit for work decision, even though they had not agreed with it. For instance, a young woman who had been homeless when found fit for work said that this was why she had not gone on to appeal:

*'My mum and me at the time lived in temporary accommodation and I had a lot on my mind so I thought "Leave the tribunal. If it gets worse I'll have to apply for it again".'*

(Woman, 20s, found fit for work, having diagnostic tests and awaiting hip surgery)

One man, who had later gone on to claim Carer's Allowance, said that he had been too involved in caring for his elderly father to pursue an appeal, despite being far from satisfied with the decision on his claim:

*'I was just so annoyed that I didn't do anything. I was probably more concerned about my father at the time.'*

(Man, 50s, found fit for work, depression)

For some people, ensuring their immediate financial stability was the primary concern in making these decisions. Where JSA provided the same level of household income, the longer-term implications of moving from ESA to JSA (for instance that contributions-based benefit would end after six months) were not always fully considered. Some people also expressed fears that appealing would leave them without benefit income, although ESA continues to be paid at the assessment rate during the appeal. This misconception deterred them from appealing.

### *Feelings about not having appealed*

Some of those who had not appealed regretted this, with hindsight, because they felt they might perhaps have been able to reverse the decision made on their ESA claim. People in this situation included a bereaved woman who had claimed JSA when found fit for work but still did not feel ready to work, less than a year after her husband's sudden death, and a man whose contributory JSA was shortly to expire. The latter commented of his earlier decision:

*'In hindsight, knowing after six months my JSA would stop and the reason I can't claim anything is because of my wife's income, in hindsight I would have appealed the medical decision. But with me not being in the best frame of mind at the time and with it not impacting financially at the time I let that go.'*

(Man, 40s, found fit for work, anxiety and trauma)

### **3.4.2 Withdrawn appeals**

Some people had started an appeal which they had later withdrawn. In one case the customer went through several stages of appealing against the decision, but became 'fed up' with the process and decided that they were ready to look for work, and so withdrew the appeal.

*'I got so fed up with it I just said now look I'm coming off ESA...The decision to come off ESA was sort of forced upon me, because I couldn't see any light at the end of the tunnel, you know'.*

(Man, 40s, found fit for work, varicose veins)

The case of a woman in her 50s demonstrates the thought processes and feelings of those who chose to appeal. She explained that she had been very upset at being refused ESA when she had been in employment for almost 40 years, and this was the first time she had sought help. Although she had appealed, she recounted how the letters she had received had deterred her from proceeding to a hearing. Reading out from the first, she pointed out that while it had appeared discouraging to her, she had continued with her appeal at this point:

*"I'm writing to you about the appeal you have made. Whether you wish to continue your appeal or not, it is important that you return the completed form to us within 14 days", and it just goes on about most people get to this spot and they change their mind...Well, that's what I wrote and there's a little leaflet you have to fill in and attach it, then that goes off and you get these other letters back*

(Woman, 50s, found fit for work, RSI to hands and shoulder, not resolved by surgery)

As the date for the appeal grew closer, however, she had felt increasingly daunted and unable to face attending a hearing, as she explained:

*'It was the last letter I received saying it would be probably within the next month or six weeks and I just panicked, I just felt "I can't do this"...It just made me feel that I had no hope of getting anywhere and I didn't want to go through any more trauma to be honest, I just felt so stressed.'*

Having withdrawn her appeal, this customer had been upset to receive conflicting correspondence, which she showed the interviewer. One letter stated, correctly, that she had withdrawn her appeal, while another that the appeal had been heard, and decided against her. While this seems likely to have been due to an administrative error, this had left her with a nagging feeling that the appeal might have gone ahead in her absence, and that she could have attended to put her case.

### 3.4.3 Decided appeals

None of those who had continued with their appeal had attended the hearing. Several people mentioned that they had simply received a letter telling them that their appeal had not been successful, and had no recall of ever being invited to attend a hearing. This quote was typical of these experiences:

*'I haven't heard anything back since then apart from the letter saying that ESA would not pay my benefit because of recent events. Now I can only presume that they mean that they've heard back from the Tribunal Service.'*

(Man, 40s, found fit for work, arm surgery following accident)

One person had been in hospital at the time the appeal was heard, and had not managed to have this postponed, despite sending in the relevant forms. Another commented that the wording of the letter was quite neutral and said that as a result she had not realised the importance of attending the hearing:

*'I think they said that you didn't have to go, and that someone would represent you. Looking back, I probably should have gone. At that point, I didn't think it was necessary.'*

(Woman, 20s, found fit for work, unstable (brittle) diabetes)

### 3.5 Activities after ESA claims ended

For most people who had withdrawn their claims, this was because their health had improved and they had either returned to work or made a claim for JSA.

#### 3.5.1 Return to work

Earlier survey research with customers<sup>17</sup> found that return to work accounted for a large proportion of closed/withdrawn claims, although this group of people were not a primary focus for this research. This project focused primarily on those leaving their ESA claim for non-work (or unknown) destinations, since they are of most concern to policymakers and interest groups. People were only included in the sample if they had not returned to work immediately when their claim ended, had returned to a very different working pattern such as casual or very limited hours, or were now out of work again. A number of people were in this latter position, either because their health had deteriorated or because the job had ended for other reasons. For instance, one young woman had left ESA when her health improved, and taken a temporary Christmas job, but was back on JSA at the time of her interview. A man in his 40s had had two spells of employment since his ESA claim ended; one in his usual occupation, which did not work out, and one in a new post, which was not confirmed at the end of his probationary period because of his health problems.

Several people had moved back into work gradually. A young man with depression whose claim had been closed because of failure to attend WCAs and return documentation initially went on to JSA and then obtained part-time work as a delivery driver for a supermarket chain. At the time of his interview, he had just started a regular 30-hour week.

Some people went back into the same type of work that they had been doing prior to their claim to ESA. Due to the nature of this sample, with many interviewees who had not been working before they made a claim for ESA, these people did not tend to return to the same employer. These customers had jobs which they could carry out with an ongoing health problem, or in a reduced capacity, for example casual part-time work (this included catering and security work) or driving work, but with less hours and longer breaks between shifts.

Interestingly, several people expressed a strong view that they were not allowed to actively look for work while on ESA, and that they would risk losing their benefit, so they thought that moving onto JSA was a prerequisite before they could look for work. If widespread, such misconceptions are likely to reduce job outcomes for those on ESA.

#### 3.5.2 JSA claims

Some customers had health conditions which had improved or stabilised, which they were very happy about and meant that they decided to claim JSA rather than ESA. This was the case for some people with mental health conditions, stress and depression who had received treatment and felt better able to face looking for work, as well as people who had temporary conditions such as broken bones or routine operations, or whose conditions had stabilised, such as diabetes. Those who had decided to return to JSA once their health improved generally described this in naturalistic terms, as something that felt appropriate to their changed situation. For instance, one man said simply:

*'I was feeling better and I really wanted to get back into normal society and get a job. So I signed myself off. I went into the Jobcentre and told them that I was fit to go back to work.'*

(Man, 20s, closed/withdrawn claim, recovering addict)

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<sup>17</sup> Barnes, H. Sissons, P. and Stevens, H. (2010) *Employment and Support Allowance – Findings from a face-to-face survey with customers*, Research Report 707, DWP.

For some of those who had claimed JSA after being found fit for work, this was a more ambivalent or anxious experience, as people needed to establish availability for work to secure an income, but sometimes had restrictions as a result of their health. For instance, one woman explained how she had applied for jobs that she knew she was not physically capable of carrying out because she felt under pressure to do so, saying:

*'I hadn't got any choice...I had to be seen to be doing what I was supposed to do to get a job.'*

(Woman, 50s, found fit for work, RSI to hands and shoulder, not resolved by surgery)

Some of those who had attempted to claim JSA had been told they were not eligible, for instance if they had a job still open to them, but which they were unable to do because of ill-health, or because they had insufficient National Insurance contributions and were disqualified on income or savings grounds.

Some people who had claimed JSA had also subsequently attended training courses that they were referred to by Jobcentre Plus advisers and had received some support in looking for work. See Section 3.6 for further information on JSA claim experiences.

### 3.5.3 Other destinations

#### *Reasons for not claiming JSA*

Some people felt unable to claim JSA at the point when they were found fit for work, as they knew they were not really available for work as a result of their health, and felt unable to comply with the requirements of claiming the benefit. The availability of some other income source was also an important factor in these decisions. One woman, whose condition (hair loss) did not create any functional impairment, but made her feel unable to work or to sign on because of the emotional discomfort she experienced about her appearance, explained that her mother was supporting her financially, although she lived in her own rented flat:

*'I could go for JSA but with what's been going on with me I didn't want to go into a Jobcentre each week, going through the depression. It's been difficult for a long time. It was enough to go for the medical, I didn't feel comfortable doing that. The Job Seekers or whatever it is, I didn't want to go in and start having to go into the Jobcentre every two weeks.'*

(Woman, 20s, found fit for work, alopecia)

Another interviewee lived with her parents and was supporting herself on savings from an inheritance. When asked whether she had claimed JSA or thought of doing so, she said:

*'No, because to do that you have to actively be seeking a job, you have to go to interviews and things like that and I'm just not quite at that stage yet, I'm getting there, but I'm not really ready for all of that yet.'*

(Woman, 30s, depression and gynaecological problems)

Another reason that people gave for not wanting to claim JSA was that they felt it would be a 'hassle'. This could refer to various different aspects of the experience, including conditionality requirements, the claim process and the general environment, as this quote illustrates:

*'I couldn't be doing with any aggravation. It all seemed too much hassle and aggravation. The type of people you get in the Jobcentres are not nice and it's not me to go and do that. They're going to say "Go and get a job". I didn't want to just get any job and I wasn't ready to just go out and work.'*

(Woman, 50s, found fit for work, depression)

Others had assumed that they would find work quickly, and had, therefore, decided that there was little point in claiming JSA for what they had expected would only be a short period, as this customer, who had a working partner, explained:

*'I didn't think I'd be out of work for so long. Any time that I've been out of work it's only been a week and it's not really been worth it. Or two weeks. It's not been worth going to the social and signing on just for two weeks.'*

(Man, 30s, found fit for work, depression due to traumatic bereavement; leg injury)

Some of those who had not claimed JSA initially had gone on to do so at a later point, either because their health had improved, or because they were no longer able to manage financially. Other people who had initially received JSA were no longer receiving this because their six-month entitlement to contributory JSA had expired and they had a working partner. Others had initially received income-based JSA, but later experienced a change in circumstances (such as their partner returning to work) which meant that they were no longer entitled to receive this.

### *Other benefits*

Some people had gone on to claim an income replacement benefit which was more appropriate to their situation, such as Carer's Allowance or Maternity Allowance. Others had coped by living off a benefit intended to meet additional costs, usually Disability Living Allowance.

## 3.6 JSA claim experiences

The experiences of those who claimed JSA immediately after their ESA claim ended were broadly similar, regardless of why their ESA claim ended; most were indifferent about the general employment support from Jobcentre Plus while on JSA, as they reported that they had received little individualised support that took into account their health problems. Many found that Jobcentre Plus staff were very busy and so did not have time to spend with them for jobsearching or giving advice about how best to look for work. Some were frustrated that they were seen by a different member of staff each time they signed on, so they could not develop a relationship with the person they were seeing. It seems that the support from Jobcentre Plus advisers generally did not live up to interviewees' expectations, that is, that they would get support to help them find a job.

*'I'm quite disappointed with the level of support. It doesn't fulfil my needs...I reckon they could be doing more.'*

(Man, 20s, found fit for work, mental health issues, ADHD, anger management issues)

Some of the interviewees were stoical about the support they were or were not getting and had given up on Jobcentre Plus being able to help them in any way.

*'To be quite honest I've given up on asking for any help, yeah...Whatever extra help people say that you can get and all the rest of it, you know what, I just don't want to ask for it, because I've been let down, I feel, before and I don't need that at the moment. It's the last thing I need is to be sort of let down like that again.'*

(Man, 40s, found fit for work, varicose veins of the lower limb)

This was particularly apparent for some of the interviewees who did not discuss their health problems with their Jobcentre Plus adviser. Very few customers remembered Jobcentre Plus advisers asking about their health and very few had their health conditions taken into account on their Jobseekers Agreement. Only a small number had brought up their health limitations themselves; for some this was because they felt that they would be referred back to ESA, a benefit that they had just been refused, as in this example:

*'As soon as I mention the word health to them about my depression or anything like that they immediately say "Oh you shouldn't be on this benefit you should be on another benefit, we'll have to close down your claim, go the doctor immediately and get a letter". Well, I know that's a waste of time because the doctor won't give me a letter.'*

(Woman, 50s, claim closed/withdrawn, depression)

Others thought that as they had been found fit for work, their health problem was no longer relevant to their benefit claim. This quote is typical of these views:

*'I think the attitude was; the health condition was irrelevant because it had been deemed irrelevant by a medical.'*

(Man, 40s, found fit for work, anxiety and trauma)

Although many people were unhappy with the support offered from Jobcentre Plus staff, very few were able to articulate the improvements that could be made. A small number of the interviewees felt that they would have liked more support from their Jobcentre Plus adviser; support such as finding vacancies not advertised on the jobpoints in Jobcentre Plus offices, advice on where else to look for vacancies, and Curriculum Vitae (CV) support.

*'It would be good if someone could tell me "This is what you should be doing. This is what will happen. This is your situation and this is your option", instead of having to fend for myself. I use the internet and the job points at the Jobcentre but it's not clear enough to me. I've got a personal adviser, but it's not someone you can just go and see. It's when they want an appointment with you.'*

(Woman, 20s, claim closed/withdrawn, bipolar disorder)

Some of the customers had positive views on their experience claiming JSA. The main things which elicited praise from the customers were when staff had supported them in looking for work, helped to keep them motivated or given them information (on vacancies or referrals to training providers) that had been beneficial to them. Although some interviewees mentioned that they had seen a specialist adviser at the Jobcentre who supported people with health problems, they had sometimes not been able to see them more than once, or had found them of limited help at the time of the research interview. However, some felt that this was a service that was available to them should they require it in the future.

*'That was a few months ago I saw her. She was helpful, but she's the one who put me down on the system as do part time, limited what I can do. Apart from that there's nothing else she could suggest where I could go on claiming other benefits.'*

(Man, 40s, found fit for work, bad back)

Despite adhering to the conditionality of claiming JSA (usually looking for work and providing evidence of this at their fortnightly job search review), some interviewees questioned whether they would have actually been able to do a job had they found one, especially at the time when they first went on to JSA.

*'Actually, had I got a job, that would have been the real question mark and test at that point. Whether I was capable of...I would have gone, but how long it would have lasted at that point I honestly don't know.'*

(Man, 40s, found fit for work, anxiety and trauma)

Some interviewees described the ‘hassle’ of changing over benefits from ESA to JSA; some experienced delays or gaps in benefit payments, while others were frustrated that they had to complete lengthy telephone interviews or fill in complex claim forms when their details had not changed since they were claiming ESA.

A number of interviewees had been referred to other services while claiming JSA, mostly to employment skills provision, which was generally well received, as this helped with developing CVs and provided internet access. A few had been referred to more specific vocational skills courses such as a retail course and hairdressing at a local college. Training was something that interviewees were generally keen to do and some also mentioned that they were interested in other routes into work such as work trials.

*‘Yeah, I think because sometimes when you go to the jobcentre and you see these jobs on the website and you think, do you think I could be able to do that and some employers do work trials which is a brilliant idea because it gives you a chance to discover if you can do the job or not and they can get to know you which is a really good idea.’*

(Woman, 50s, claim closed/withdrawn, depression)

### 3.7 Financial pressures and coping strategies

Many interviewees reported that they were under financial pressure as a result of recent changes to their household incomes. The degrees of these pressures varied, but in the worst cases were very severe.

Some customers had a partner who was in employment, and in some cases this partner’s income was also supplemented with claims for Working and/or Child Tax Credits. In a number of cases interviewees with working partners had claimed JSA after their claim for ESA; although others were either ineligible or had exhausted their eligibility for contributions-based JSA by the time of the interview.

In most cases, where there had been a reduction in household income from two salaries to a single income, interviewees reported that this left finances very stretched. In particular, they reported struggling to meet housing costs (either rental or mortgage payments), which were fixed and had been arranged on the basis of dual incomes. In many cases where interviewees had a family member in employment they reported they did not qualify for any support to meet these costs.

Financial coping strategies reported by those with working partners, but who were struggling financially included borrowing money, spending savings, going without prescriptions and changing to interest only mortgages.

There were a number of customers who relied on other family members, particularly parents, in the absence of any independent income. There were also some who had no family support and who lived solely on either other benefits (particularly DLA), or their own savings. Again, under these circumstances finances could be severely stretched.

Those customers who did not have other family members working and who had claimed JSA after ESA ended also stressed their financial pressures, even when they qualified for some support with housing costs. Coping strategies among the JSA group included going without food, borrowing money to pay bills and/or rent, not paying their rent and going into rent arrears, and selling property to live off the proceeds.

Several of those who had claimed JSA after being disallowed ESA reported that they had experienced financial difficulties around the transition, relating to delays in switching benefits and the wait for JSA payments to start. In a number of cases customers had applied for and received Crisis Loans during this period, which they found added to the stress they were under:

*'You have to claim JSA so I had to go all through the rigmarole and changing JSA, applying for a crisis loan while I was waiting for my JSA to be sorted out.'*

(Man, 40s, found fit for work, abdominal pain and kidney failure)

Other coping strategies which were mentioned by customers in a variety of different situations included claiming other benefits, for example Carer's Allowance or Industrial Injuries Benefit, selling possessions, and working informally.

Looking to the future, several people including those with and without working partners, said that were considering raising additional income by cashing in endowments, or starting to receive pensions at the earliest possible opportunity, despite the actuarial losses this could incur. Some customers who were receiving National Insurance credits only felt that their financial situations were not sustainable, for example, one person who lived with his father and claimed DLA was intending to reclaim ESA. One person, who also received National Insurance credits only and lived with his wife and daughter who had only been able to secure part-time work, thought that they would only be able to continue to make mortgage payments for another three months.

*'For about three months I can survive the way I am at the moment...I can do some drastic things. I've got endowments on the house. I could cash that in...I'm paying a pension company. Once you start these things you can't stop them. I could stop that. That would help us. It's not much.'*

(Man, 50s, found fit for work, depression)

# 4 Understanding varying customer experiences and needs

## 4.1 Introduction

This chapter discusses customers' experiences of Employment and Support Allowance (ESA), in light of their original expectations. It also explores their views of their future work prospects and the support they feel they require to find employment. The chapter also seeks to create a broad typology of ended claim experiences and outcomes.

## 4.2 Overall views on ESA

People had mixed views of their ESA claim experiences. The initial claim process was generally viewed as straightforward, but as noted in Chapter 2, some people struggled with the ESA50 form. People with experiences of claiming Jobseeker's Allowance (JSA) sometimes compared this unfavourably to claiming ESA, as in this example:

*'It was a woman I spoke to about the interview and she was very gentle and caring. They were quite friendly and the questions weren't so intrusive...The Jobcentre are normally abrasive and rude, but with the ESA they were quite caring and interested.'*

(Woman, 20s, claim closed/withdrawn, depression)

Those who had expected to receive benefit, and been told that they were not entitled, tended, not unnaturally, to be unhappy about this. The types of comments they made were along the lines of 'you should be allowed to be ill' and 'when you need the help it's not there'. Those who were claiming benefit for the first time tended to be most dissatisfied, both with the amount of benefit paid, and with the way they had been treated while claiming. Several referred to their sense of grievance at having contributed to the system for many years only to have their own claim rejected. This quote is typical of these views:

*'After paying my taxes since I was 16, I've paid taxes for the last 30 odd years, National Insurance, income tax I've paid the lot, I feel that I should be helped.'*

(Man, 40s, found fit for work, arm surgery following injury)

Some people had found the whole experience of claiming ESA so alienating that they hoped never to need to make a further claim. One person put this very starkly, saying:

*'I'd rather starve than go to them again.'*

(Woman, 50s, found fit for work, hip surgery)

Others recognised that they may have no choice, but were reluctant to claim ESA again:

*'I really wouldn't want to. I'd rather have no money than try and go back on to that. It's a hassle. Too much of a hassle.'*

(Woman, 20s, closed/withdrawn claim, depression)

### 4.2.1 ESA communications

Interviewees were generally happy with the way their claim was taken over the phone in the first instance, although one person noted that speaking on the telephone made them less comfortable about asking questions.

*'I would have been able to ask more questions. When you sit down and talk to them, because on the phone you just want to do it and get off the phone.'*

(Man, 20s, found fit for work, ADHD, anger management issues)

Some interviewees expressed frustration at the difficulty of speaking to someone over the phone who could tell them what was happening with their claim. Customers often spoke to several people, sometimes in different Jobcentre Plus departments and offices, in order to find out how their claim was progressing.

*'There's no direct number or person you could phone if you have got a genuine concern with the way they operate and they could put you right. It would be good to talk to someone who can do that. I rang up, "Oh I just take the phone calls, I don't really answer the questions", so you're shut off straight away.'*

(Man, 60s, claim closed/withdrawn, ear/balance condition)

More positively, when they did find someone who could answer their questions, they were pleased with the explanations and time taken with them.

Letters relating to ESA claims and Work Capability Assessment (WCA) results were confusing for some, with the letters sometimes being reported to contain seemingly contradictory information.

*'These letters don't explain anything properly, they all start with the same thing: "We cannot pay you this and we cannot do this" and it says "But we will pay" in the same letter, it's crazy. And I've had about three or four of the same letters worded exactly the same and you don't know where you are.'*

(Woman, 50s, found fit for work, shoulder injury and nerve damage)

There was also confusion about communications at the end of ESA claims. Letters saying that the person is not entitled to the benefit could come without warning. There was a consensus that there should be more explanation as to why the claim was ending; in particular, the phrase *'because the law says we cannot pay you'* was thought to be obscure. A few suggested a face-to-face meeting or telephone call to let them know their claim was ending would have been better and could have answered their questions. Those who had stopped sending in medical certificates also wanted confirmation that their claim had ended and that National Insurance (NI) contributions had been paid. This is something that is supposed to happen, but these customers reported that they had not received any official notification.

Administrative processes were a common cause of dissatisfaction; there were extended time periods between the WCA and the eventual decision. Although the target time for receiving the decision after the WCA is about four weeks, people felt that this was a long time to wait. There were a number of cases where benefit payments had stopped before the customer had been notified and as this example demonstrates, customers were not always told, or could not recall, why their payments had stopped.

*'They didn't inform me that the claim stopped. I phoned up and said, "I should have been paid today" and he said, "Your benefit's been stopped".'*

(Man, 40s, found fit for work, breathing problems, pancreatitis and kidney failure)

### 4.3 Future expectations of work

A small number of the interviewees were working at the time of the research, some on a self-employed basis and some part-time. Those interviewed who were not working generally had an expectation that they would return to paid employment of some kind in the future. Some were hoping to build up slowly to full-time work, starting with either voluntary work or paid part-time employment. Interviewees commonly described patterns of boredom and isolation in their daily lives due to their unemployment and lack of money, as this example shows:

*'I get up in the morning, have a shower then I'm on the internet looking for work. I just mooch around washing and ironing. I have a special diet. It's pretty dull. I have no family here. I have some good friends but they're employed. We do try and meet up once a week. It's pretty dull.'*

(Woman, 50s, found fit for work, recovering from hip surgery)

Looking at groups of interviewees by whether they or not they were claiming JSA, and why their ESA claim ended, it is possible to see some differences in their thoughts about work in the future.

#### 4.3.1 Closed and withdrawn claims – claimed JSA

Customers whose claim had been closed or withdrawn and who had immediately moved onto JSA were closest to the labour market, compared to those who did not claim JSA. Although some interviewees in this group generally had ongoing health problems, these were generally not negatively affecting their thoughts about future employment.

*'I'd like to have a full-time job and earn some money. Waitressing, bar work...I'm looking after my diabetes a lot better now. As long as I keep on doing that, I should be fine.'*

(Woman, under 20, closed/withdrawn claim, diabetes-related arthritis)

When describing their typical day and their thoughts about work in the future, people in this group appeared motivated to get into work; some were willing to do temporary work or part-time work as a step towards their long-term goals. Although some people in this group recognised that they had employability issues, such as lack of work experience and lack of appropriate qualifications, health tended not to be the main barrier identified.

*'Even though I was on crutches, there was no need for me to be on ESA...that doesn't stop me from looking for jobs sitting down in a chair typing.'*

(Woman, 40s, closed/withdrawn claim, knee injury)

Searching for jobs in person and in newspapers, using the internet to look for work, visiting Jobcentre Plus offices and raising their skills by attending courses, tended to dominate the days of people in this group, as this quote illustrates:

*'Picking up my brother to see if he's alright, might have to go down there, go and see mum, going to the [nearby] Jobcentre have a look in there, get the bus back to [local town], have a look in the Jobcentre down there...Twice maybe three times a week...Look in the local newspapers, do a bit of shopping, look on the sweet shop boards; sometimes they advertise.'*

(Woman, 50s, claim closed/withdrawn, depression)

### 4.3.2 Found fit for work – claiming JSA

Interviewees who had been found fit for work and who had gone immediately on to claim JSA were similar in their outlook to the previous (claim closed/withdrawn) group, and generally looking for work. Interviewees in this group, however, were somewhat more inclined to view health as a barrier to them successfully securing employment. Some of this group were considering a new career, for example retraining because they were no longer physically or mentally able to do the type of work they used to do.

*'I prefer a driver's job. I can't go back into factory work. I'm very limited to what I can do. I can't lean forward too much. Even when I'm washing up it doesn't take that long, it gets painful just me leaning forward. So I'm looking for something that does a driving job. I should be all right because I do drive. Apart from that, factory work or anything without lifting.'*

(Man, 40s, found fit for work, bad back)

As well as considering ill health to be a barrier to employment, other employability issues that this group presented included gaps in their employment history, the recession, and lack of confidence.

In some cases, JSA customers had been able to reduce the hours of work that they were looking for in agreement with their Jobcentre Plus advisers, due to their ongoing health difficulties, but this was not something commonly reported, nor something that had always been sustained at later stages of the JSA claim, as this man explained.

*'They have got it on the system that I have a back problem. They've put me down for 20 hours part-time work...I know one time it was on the system as 20 hours part time, but now I think they've got me on as looking for full time work.'*

(Man, 40s, found fit for work, bad back)

As with other interviewees on JSA, this group of interviewees described a range of activities to look for work. In some cases, however, their jobsearching activities were limited by their low income; some did not have internet access at home so had to use library or training providers' facilities. They visited Jobcentre Plus offices in person to use jobpoints. For some, the geographical area that they inhabited was also limited by the lack of affordable transport, so many reported that they stayed close to home most days.

*'I generally go out to the library in the afternoon to do my job search because I've got no phone line or broadband at all. In the library they only allow you a machine for one hour a day because they don't have too many machines here.'*

(Woman, 50s, found fit for work, stress and depression)

Customers who did have access to the internet reported using this as their main jobsearching activity, most days. Using computers to help with jobsearching could be quick activities like accessing email to check on replies to job applications, or lengthier tasks such as using job search websites to look for work, or updating Curricula Vitae (CVs).

### 4.3.3 Closed/withdrawn claim – not claiming JSA

People whose claim was closed or withdrawn and who were not on JSA were also largely looking for work, but generally tended to consider this as something far further in the future; some were volunteering, in order to build up to work later on, as this woman explained.

*'I'm now doing my volunteering just one afternoon a week at the moment and hopefully after the operation I'm looking to join another company and hopefully do some volunteering for them, so it's sort of building things up slowly.'*

(Woman, 30s, claim closed/withdrawn, depression and gynaecological problems)

Some of this group were not in receipt of any other benefits once their ESA claim ended and hoped to be working very soon as other means of supporting themselves, such as savings, were diminishing.

*'As I say I'm making great steps to get back to work, redundancy's running out so it's a good thing in a way as it does spur me on, but I've been applying for jobs'*

(Man, 60s, claim closed/withdrawn, ear condition affecting balance)

As with the interviewees whose claim was closed or withdrawn and who were claiming JSA, this group also recognised that they had employability issues, including having English as a second language, age, increasing competition for jobs, and past illness. They also saw their current ill health as a potential barrier to full-time work.

*'I'm a people person; I want to do something with people. I don't want to go back into office; well I can't go back into the office. I earned good money but I can't go back just sitting there typing, I don't want to do phone work, it wasn't just that, but those 80-page contracts.'*

Woman, 50s, claim closed/withdrawn, mental health issues and gynaecological problems

It was common for these interviewees to mention jobsearch as part of their typical day, but this appeared both less structured and less frequent than for those on JSA and there was more mention of other activities, such as running errands, looking after children and attending support groups. There were also some for whom everyday tasks were a real struggle.

*'Some days I don't even get dressed. It's too much hassle to get dressed. I have to get [husband] to do some of it...I've got a wig because it's easier to do than my own hair. I can drop it on top. I've got no strength in my arms.'*

Woman, 40s, claim closed/withdrawn, arthritis and nerve damage

### 4.3.4 Found fit for work – not claiming JSA

In contrast to the other groups of interviewees, who were, in the main, positive about eventually returning to work in some capacity, those who were found fit for work at the WCA but did not go on to JSA were generally less positive about their job prospects. Customers who fell into this group said that they were finding it hard to get back into work, and some seemed to be finding it difficult to stay motivated, as in this example:

*'I don't tend to look ahead. I just tend to do what I'm doing that day. I plan what I'm going to do for that day. I can't see anything exciting happening or any career prospects. I can't get motivated enough to get into anything. I don't think about the future.'*

(Woman, 50s, found fit for work, depression)

In contrast to other interviewees, people in this group who were seeking work were generally looking solely for part-time employment. Interviewees in this category were likely to be supported financially by others, or reliant on Disability Living Allowance (DLA). The typical day described by these interviewees was less likely to include jobsearching activities; they were more likely to mention commitments such as looking after family members, caring for children, and other activities such as exercise and training courses.

*'I usually get up about 6.30. I walk the dog. Come back, have a shower. Breakfast. Do whatever needs doing, filing, tidying, washing, cleaning. Walk him again. Have lunch. Find some more jobs to do or go and help my mum. She lives not far away. She helps me and I go and help her. Come back. Cook dinner. Watch some soaps. Go to bed.'*

(Woman, 50s, found fit for work, depression)

Exceptions to this were people who had not claimed JSA as they were hoping to return to self-employment, though even these interviewees reported that work was sporadic and that they relied on other sources of financial support.

*'Times are hard aren't they? Everyone is penny pinching. You give a quote and you just hope you'll get that job. It doesn't always happen.'*

(Man, 50s, found fit for work, depression)

## 4.4 Typologies of customer experience

This section of the chapter attempts to draw together different facets of the claim experiences and characteristics of customers to explore different motivations and rationales for their activities once their ESA claim ended, and the different kinds of support which might be helpful. Seven broad types or categories of experience have been identified. People had sometimes moved between these groupings in the course of their claim, and their experiences sometimes cut across more than one of these schematic categories.

### 4.4.1 Marginal claims for ESA

People in this group tended to have less severe health conditions; they had often claimed ESA on the advice of a relative or friend or a Jobcentre Plus adviser, rather than on their own initiative, and their choice to apply for ESA, rather than another benefit such as JSA, was borderline. The hallmark of those who were in this group was that they did not have a severe condition, or a firm belief that they were too unwell to work or that they should be entitled to ESA. They readily accepted their non-eligibility if they were found fit for work or told that they were not entitled to benefit.

#### Marginal claims – case studies

##### Case study 1

Ms A was in her 40s. She has had depression for many years, and used to be on medication, but the depression was not severe at the time of her claim. She was made redundant from her job in a factory, and was advised to claim ESA by a relative. She was found fit for work, a decision which she accepted and did not appeal. She then claimed Carer's Allowance, as she was caring for her disabled nephew, and intended to do this full time over the next few years.

##### Case study 2

Ms B was in her 30s and had lost her job. She was pregnant and on JSA, but was recommended to claim ESA instead, as she was not really available for work, and intended to stay at home to raise her child, as she explained: *'I was trying to say to them it's all good and well me looking for a job, but every employer I'm coming up against, I'm just over three months' pregnant, they're looking at me, going "Well we've got less than six months to use out of her", it's not really going to happen, plus I suffer from depression as well and that has affected my working life before, so that's when they decided to put me onto the ESA.'*

She had claimed for only a short period, until her entitlement to Maternity Allowance had begun, at which point her ESA claim was closed automatically.

#### 4.4.2 Short-term recovery

Some of this group had claimed ESA because of a short-term condition (for example a broken limb or other injury, a short-term episode of depression or an operation) and had then closed their claim and spontaneously returned to work, or claimed JSA when their health condition improved. For some this had not been their own decision, but arose because their General Practitioner (GP) had refused to issue further medical certificates. Others had been found fit for work and agreed with the decision that they were now ready to look for work, as their condition had improved. The first group would always have been likely to leave benefit, since they did so of their own accord and there was no external pressure on them to do so at this point, while the latter two groups might possibly have remained on benefit for longer without a trigger mechanism.

##### Short-term recovery – case studies

###### Case study 1

Mr C was in his 30s. He was working in a shop which closed down and had been on JSA about four or five weeks when he fractured his hand. He then claimed ESA for six weeks until his medical certificate expired, at which point he felt fit enough to work so did not get any more medical certificates and went back onto JSA.

###### Case study 2

Mr D was in his 20s and was on JSA for some months before his ESA claim. He claimed ESA because of depression – being unemployed was getting him down and he was arguing constantly with his girlfriend and his mother. He was briefly on medication but stopped because he didn't like it. He was not responding to letters and forms sent on about his ESA claim because he was depressed and de-motivated and so his claim was closed by Jobcentre Plus. He was advised by the Citizens Advice Bureau to claim JSA and did so. In the process he came to the conclusion that he was now well enough to work again, and took a job for 16 hours a week. At the time he was interviewed he had just increased his hours to 30 a week. However, he had large rent arrears because of the gap between his ESA and JSA claim. He also did not qualify for return to work payments as he had not been on either benefit long enough, which he felt was unfair, as he thought his total time on benefit would have entitled him to these.

###### Case study 3

Ms E was in her 20s. At the time of her claim for ESA she was at a low ebb and had depression following a number of traumatic experiences. The GP issued her with a four-week medical certificate to tide her over, and this was when she claimed ESA. Her GP had subsequently refused to issue further medical certificates:

*'I asked for another one because I couldn't handle things. Every time I thought about looking for a job I just felt so low, really low. I went back for another sick note and he said no so then I had to go on to JSA. That was my only choice.'*

However, she was keen to find work anyway, and was not concerned about having to claim JSA. She had experienced some problems with her claim as a result of her depression and personal circumstances, however, and was left feeling that staff were not that sympathetic:

*'The Jobcentre have allowed me a couple of sick days, but when I've really needed them they haven't allowed it...I got a sanction for attending an appointment 45 minutes late. I'd just totally forgotten about it. I was trying to find a flat. I was homeless. I did explain all this and I was going to go to appeal, but now I've got loads of stuff going on and I'm keeping myself really busy so I didn't want to do the whole appeal.'*

### 4.4.3 Reluctant claims to JSA

This group was composed of those who did not agree that they were fit for work, but had not appealed the decision for a variety of reasons, including not believing that they would be successful, and prioritising immediate income. They did not feel that they were genuinely available for work, but were compelled by their financial circumstances to make a claim for JSA. Many thought that they would not receive any benefits while they appealed the decision on their ESA claim. This group was generally unlikely to be receiving appropriate support for their health issues, since they tended to fear that drawing attention to these would call their availability for work into question, and possibly leave them without an income. Some people had fallen into this category at the time their JSA claim started, but felt no ambivalence about claiming later, once their health had improved and they were fully available for work.

#### Reluctant claims to JSA – case studies

##### Case study 1

Mr F was in his 40s and had a bad back caused by arthritis following a car accident about 15 years ago. He was found fit for work. He said that he had not appealed, as he thought he would not get any money while appealing, and he and his family needed an income. He had discussed his health problems with the JSA adviser and was originally allowed to limit his jobsearch to jobs of no more than 20 hours a week, but this was subsequently amended to full-time hours.

##### Case study 2

Mr G was in his 40s and has had problems with his leg since he broke it as a child. He had always worked until being made redundant in 2008. He was shocked to receive zero points at the WCA, when he had expected to be eligible for ESA. He started an appeal but abandoned this, as he had little faith that it would succeed, and it was taking so long, describing this as 'like banging his head against a brick wall.'

He did not believe that he was well enough to work, but claimed JSA as he needed the money, and was trying to find work. He said that he had not mentioned his health condition to the JSA advisers, as there would be no benefit in doing so and would only make things more complicated.

### 4.4.4 Cycling between benefits

People in this group tended not to have worked for many years. Their most recent job had ended for a range of reasons, including redundancy and having children, as well as health problems. Compared to those who had made a marginal claim and those with short-term conditions, people in this group tended to have a more fixed idea of themselves as permanently unfit for work, or limited in the range of work they could consider.

### Cycling between benefits – case studies

#### Case study 1

Mr H was in his 30s and has refugee status. He had not worked since coming to the UK. He was not allowed to work during the first eight years while his asylum claim was undecided, during this time he had been attending classes to improve his English skills. He had a bad back from doing labouring work when he was younger and claimed ESA on the advice of a friend.

Following the WCA, he was found fit for work. He claimed JSA feeling that he had no other choice, but still feels that he is unable to work because of his back problems, saying:

*‘But you can’t work in back pain. When I’m sitting like that for two minutes I have back pain. If I’m working I have to move it every time.’*

#### Case study 2

Ms I was in her late 40s, and had joint problems, causing pain and deformity in her hands and arms and depression, for which she was on medication. A lone parent, she had never worked. Her youngest child had recently turned 11, which meant she was going to be moved from Income Support to JSA. After telling her Income Support adviser about her health problems she decided to claim ESA. She was found fit for work, appealed and lost. She had then gone on to JSA, but believed that there were few jobs she was capable of doing, saying:

*‘I just go to sign on and they tell me “Have you looked for a job?” and I say, “Yes, I do go on the Internet.” But I’m looking for that perfect job without carrying or picking up something.’*

### 4.4.5 People not eligible for ESA payments

These were people who had not paid enough contributions to be eligible for contributions-based ESA, and who were claiming an alternative benefit, or were disqualified for income-based JSA because of savings they held or because they had another source of household income such as a partner’s earnings. Many received National Insurance credits only. Some of those with a working partner were nonetheless on low incomes, and were facing considerable financial difficulty.

In some cases the decision about eligibility to ESA had been communicated clearly and was well understood by the person concerned. In others, people simply had no idea why benefit was not being paid and recounted numerous fruitless attempts to resolve this.

### People not eligible for ESA – case studies

#### Case study 1

Ms J was in her 50s and had claimed ESA while off work and unable to walk for several months after a foot operation. She was employed on a casual basis as a catering assistant, was not entitled to Statutory Sick Pay, and her earnings were less than the National Insurance threshold. Her husband was retired and he had pension income which disqualified her from income-based ESA. This customer was matter-of-fact about the fact she was not entitled to benefit (although slightly annoyed that her previous 20 years of paying National Insurance contributions, prior to the casual catering assistant role, counted for nothing in this context) but felt that she had been put to unnecessary trouble when a few simple questions could have determined her non-entitlement:

continued

**Case study 1 continued**

*'If she'd have said to me then "Have you paid any NI in the last two years?" I would have said no. That would have been an end of it. I knew I hadn't paid any NI because I hadn't earned enough for a couple of years. I just felt the whole thing – when you think how long you spend queuing to get through to people and phone calls – they wouldn't take a photocopy of the sick certificate, they want the original sick certificate, well of course your employer wanted my original, even though they weren't paying me they wanted sight of my original sick certificate so you're endlessly waiting for bits of paper to come back. I felt the whole thing was a very bad experience.'*

**Case study 2**

Ms K was in her 50s and had been unwell with arthritis and not worked for many years. The trigger for her claim was when her husband died. He had been at work until shortly before this. It appeared that she would not have been entitled to ESA on income grounds, as she was receiving Bereavement Allowance, but no-one seemed to have explained this to her at any stage.

She had been called into a WCA but had been unable to attend as she had no-one to take her on the day, as she had become very insular and could not go to unfamiliar places alone. She had formed the impression that this was why she was not being paid ESA, and felt that this was very unfair. She was completely confused by the benefits system, which she described as 'convoluted', and commented:

*'I've never claimed benefit. I don't know the benefit system. You have to go to night school to learn it. I haven't got a clue.'*

She was struggling with debt and finding it harder and harder to manage, saying:

*'I need help. Financial help. This is not helping me. I lost my husband, my life stopped and it's just been a nightmare. I don't know if I'm coming or going.'*

**4.4.6 Vulnerable customers**

People in this group did appear potentially eligible for ESA, but had failed to qualify for benefit initially or had not appealed when found fit for work, due to a lack of access to appropriate information and support. This group included people with acute conditions, and people with mental health or drug and alcohol problems which made it difficult for them to stay on top of paperwork and attend appointments reliably. Other people in this group had experienced life events (such as bereavement or homelessness) which reduced their ability to cope in the short-term. Some were socially isolated; for instance people living alone, people who rarely left home because of their condition, and those who did not speak much English, meaning they also tended to lack access to adequate advice or support.

## Vulnerable customers – case studies

### Case study 1

Mr L, a divorced man in his late 50s who had always worked, lived off his savings for the first 18 months when he had to leave work because of cancer. He said that he was not aware that he could claim ESA, and that no-one told him about this and he had not been in touch with anyone about this. He said that he had been to the Jobcentre, intending to claim JSA, when he first left work, but did not feel well enough to go ahead with the claim at the time:

*‘When you’ve had chemo the last thing you want to do is fill in forms. So I left the forms untouched and carried on using my money.’*

Eventually, while he was housebound because of his treatment, a nurse making a home visit had enquired about who was collecting his benefits, and this was the trigger for his ESA claim. Following the WCA, he was told that he was fit for work. He accepted this, and claimed JSA, although his health was still not good. *‘I thought, “Fair enough, if that’s what they think”.’* He wondered later if maybe he should have appealed, saying: *‘It was only afterwards. I thought “It’s probably too late now”.’*

The real problem came when he moved house, having also had a minor stroke since the WCA. The new Jobcentre Plus office refused to accept his claim, saying he was unfit for work. *‘They wouldn’t put me on [JSA] because they said I couldn’t work, I ought to be on ESA.’* At the time he was interviewed, Mr L said that he had been living on Crisis Loans for the last six months.

### Case study 2

Ms M, a young woman in her early twenties, had been diagnosed with bipolar disorder in her teens. She had had a difficult few years, with a violent relationship and episodes of homelessness, and had claimed ESA because of depression. She reported that she had not attended the WCA as she had no money, and said that she had not been offered the opportunity to rebook this, despite her known mental health problems:

*‘I couldn’t get there, on the other side of town. I had no money and no one to come with me to help me. And because I couldn’t get there it was “no”.’*

At the time of her interview, Ms M was coping well but she was in debt because of various gaps in her benefit claim history in the past. She was currently on JSA.

## 4.4.7 Outside the system

This group included some very disadvantaged people living a marginal existence and not receiving an alternative out-of-work benefit, who had adopted a variety of coping strategies such as borrowing from friends, and working cash-in-hand. It also included people who were being fully supported by other resident or non-resident family members (other than partners) over the longer term. Some people interviewed presented this in terms of an active choice, while for others it appeared to be simply a mechanism for getting by. Some made it clear that this situation was not sustainable and so were looking at ways they could change their situation for the better, either by trying to reclaim ESA or by looking for work.

People in this group tended not to have families to support, or high housing costs, so that the income they were seeking to replace was usually at the level of a single person’s benefit. Some were claiming Housing Benefit on the basis of nil income. The severity of health conditions varied within this group.

Some people in this group appeared to be in situations which were likely to become unsustainable over time, whether because of the precarious state of their finances, such as being unable to keep up with debt repayments, or worsening health. Others were becoming socially isolated and increasingly distant from the labour market.

## Outside the system - case studies

### Case study 1

Ms N was in her 50s, and had claimed ESA because of depression. Her father had died, and then she had to have an operation, and everything had got on top of her. Her employers had made her redundant while she was off sick, although she had been keen to return when able to do so. She had scored 12 points at the WCA, but had not appealed when found fit for work, saying: *'I'd just rather go without, if they say no.'*

Asked how she reacted when her ESA stopped, she said: *'Panicked. I didn't know how I was going to manage. I still wasn't ready to go back to work. There was nothing I could have done. I didn't do anything.'*

She had not claimed JSA because she did not want to feel pressurised to find work, and found the atmosphere of the Jobcentre intimidating. At the time of her interview, Ms N was living alone in a mortgaged property with no income, and was being fully supported by her mother. Her confidence appeared low, she described being socially isolated, and she was not receiving any support for her health or employment issues. She was actively looking for part-time work, but had not been successful to date.

### Case study 2

Mr O was in his late 40s and had been working for various local firms on a self-employed basis doing landscaping and general building work. He claimed ESA because he injured his shoulder falling from a roof. His claim was closed because he did not attend the WCA; he maintains that he had not received the letter, but was not offered an alternative appointment for the WCA. He felt that he had no alternative but to return to work, despite the fact that this was exacerbating his injury: *'There was nothing I could do. I had to strap up my shoulder and had to go looking for work again.'*

Mr O described a system of waiting around early in the morning at a designated place to be hired for casual day labouring jobs, for which he could earn around £50 to £60 a day. He commented that it was comparatively easy to earn as much as his weekly benefit: *'At the end of the day, you know, I didn't get that much anyway.'*

Mr O said that he had a brother and a friend who sometimes stayed with him, and they shared and lent money between themselves informally, but were struggling to meet household bills and keep the electricity key meter in credit:

*'My brother he gives me a bit of money - "Give us a tenner" ...I've got seven quid and when that seven quid's gone, that's it, you're in the dark.'*

# 5 Conclusions and policy implications

This final chapter draws out the main conclusions from the study and the implications for policy, distinguishing between those which primarily concern the process involved in the early stages of applying for Employment and Support Allowance (ESA) and those which are mainly about the boundary between ESA and Jobseeker's Allowance (JSA). They should be read in the context of the scope of this research. As a qualitative study, this research cannot shed light on the incidence of particular experiences and views of why claims to ESA ended, although the findings are not inconsistent with those of the customer survey<sup>18</sup>. Instead, its value lies in highlighting the range of issues these particular customers face and the actions they take.

## 5.1 Conclusions

This qualitative study was designed to provide a detailed understanding of the views and subsequent experiences of people who apply for ESA but whose claim is unsuccessful – either because their claim was closed by Jobcentre Plus or withdrawn by the customer before it was assessed, or because the customer was found fit for work and not entitled to ESA. The research did not include people who were appealing against their ESA decision (although some people who had appealed unsuccessfully, and some who had started but then withdrawn their appeal were included) and only customers who had not reported moving into employment immediately after their claim had ended were interviewed.

### 5.1.1 Reasons for claiming ESA and experiences of the claim process

Two main triggers for claiming ESA were identified in the research. These related to a worsening of a customer's health status, and the loss of another income source (the customer's own or their partner's). Some people had never claimed benefits before, and this group tended to find the process confusing and describe the advice received from Jobcentre Plus as limited and inadequate. Customers were, however, unable to say what information they would have found useful.

Generally, the research found that although customers were unable to recall some specific details of their dealings with Jobcentre Plus about their ESA claim, the early stages were fairly straightforward. However, there was a widespread view that the amount of paperwork involved in claiming ESA was excessive and sometimes difficult to understand, and that resolving any queries which arose with Jobcentre Plus was often difficult. Few customers had a good understanding of the benefits system, and in some (but by no means all) cases, difficult or stressful personal circumstances made it harder for them to absorb information.,

### 5.1.2 Closed or withdrawn ESA claims

Customers reported a number of reasons why their ESA claims had ended before being assessed: for some this was a conscious decision, for others it was less so. Many people taking part in the research reported that their health condition had improved and their claim for ESA was no longer relevant: they either pro-actively told Jobcentre Plus they wanted to withdraw their ESA claim, or stopped sending in medical certificates or did not return the ESA50 form in the knowledge that Jobcentre Plus would close their claim.

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<sup>18</sup> Barnes, H. Sissons, P. and Stevens, H. (2010) *Employment and Support Allowance – Findings from a face-to-face survey of customers*, RR707, DWP.

Some of this group had chosen to move on to claim JSA and actively seek work, and others had moved into work. Not all customers told Jobcentre Plus that they were withdrawing their claim to ESA and many said they had simply stopped sending in sick notes or had not completed and returned the ESA50 form.

In some cases the ESA50 form acted as a deterrent to some customers and a few reported that the form appeared too time-consuming, so they had not gone ahead with their claim. These had less severe health conditions.

A small number of customers failed to attend their Work Capability Assessment (WCA), which resulted in their claim being closed. None of these intentionally missed their appointment as way of withdrawing their claim.

Some customers had also stopped claiming ESA because they found they would not receive any payments, only National Insurance credits<sup>19</sup>. This group did not feel that complying with the ESA assessment process and conditionality requirements was worthwhile.

### **5.1.3 Views of customers found fit for work**

Some customers' ESA claims ended following a fit for work decision at the WCA. Some felt ambivalent about the decision, accepting that they were now ready to move into work, while others disagreed strongly with their claim outcome. Those who went on to claim JSA generally felt more able to move into work than those who did not, usually for health reasons.

A number of people who were not receiving JSA or another benefit were reliant on a range of sources of income, for example, savings, cashing in insurance policies, or borrowing or being supported by friends or family. In some cases people were under considerable financial pressure and these income sources did not seem sustainable in the long-term.

### **5.1.4 Views of back-to-work support following an ended ESA claim**

Many customers who had moved onto JSA were quite indifferent about the support they had received both in terms of making allowances for how their health condition affected their ability to work and look for work, but also in the general employment support offered by Jobcentre Plus staff. A few customers said they would have liked more help from Jobcentre Plus advisers to help them find work, for example, suggesting alternative ways to find work (not relying on advertised vacancies on the jobpoints) and helping with Curricula Vitae (CVs).

People who had closed their claim themselves and moved on to JSA appeared to be much closer to the labour market. Some had moved into work at the time of the interview, and those who were not yet working generally believed that they could and would move into employment in the future.

People who had been found fit for work and who had gone onto claim JSA immediately after this decision were also fairly similar to the latter group in their outlook on work in the future, although they seem to be more inclined to view their health as a barrier to doing so than the claim closed or withdrawn group. Some were considering a career change, as they no longer felt they could do the same work as in the past.

Customers whose ESA claim had been closed or withdrawn and who had not gone on to claim JSA were primarily looking for work, but generally thought that employment was still some way off in the future, and seemed less job-ready. The group who were least likely to report that they would

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<sup>19</sup> Customers who are entitled to income-related ESA, but whose household income is above a certain level, do not receive ESA payments, but do receive National Insurance credits.

eventually return to work were those who were found fit for work but who did not go on to claim JSA. These people often felt it would be very difficult for them to move into work, for a variety of reasons. Those who were looking for work were most likely to be seeking part-time work.

This research identified seven broad categories of experience, based on customer characteristics and activities once their ESA claims had ended. These are:

- marginal claims for ESA – usually people with less severe health conditions
- short-term recovery – people with short-term health conditions
- reluctant JSA claims – people found fit for work and who did not appeal, but who were reliant on JSA for income
- cycling between benefits – people who tended to have not worked for many years
- ineligible for ESA – people who had paid insufficient National Insurance contributions, and/or did not qualify for payments under income-based ESA
- vulnerable customers – people with acute conditions who often lacked access to appropriate information, advice and support
- outside the system and living a marginal existence – people not claiming any alternative out-of-work benefits

## 5.2 Policy implications

### 5.2.1 ESA claims

#### *Short-term and ‘marginal’ ESA claims*

In respect of closed and withdrawn claims, this research supports the findings of earlier survey research; a large proportion of people taking part in this research and whose ESA claims ended in this way did so simply because the person recovered, and either returned to work or claimed a benefit more appropriate to their situation. In the same way, some of those found fit for work did not disagree with this assessment, and claimed JSA instead. A better understanding of the qualifying threshold for ESA might potentially discourage some of these claims; however, this research suggests that people receiving JSA are routinely diverted onto ESA by advisers when a limiting health condition becomes apparent.

#### *Communications*

There was considerable evidence of problems in communications about ESA claims; many people were confused about their current situation and did not know where they stood, in terms of their benefit status. Some did not recall receiving decision letters on their claim, while others were confused by the wording of the letter, or said they had received multiple and conflicting letters. It is important that decisions are communicated promptly, clearly and unambiguously, to improve the claim process, and to ensure that people are able to exercise their rights if they do not agree with a decision.

There was a widespread feeling that the telephone-based nature of ESA, sometimes necessitating several phone calls to geographically distant locations to resolve queries, was disempowering. People with questions found it difficult to identify a single point where problems with their claim could be resolved, and this is an area where substantial improvements could be made.

### *Vulnerable customers and financial pressures*

The research found evidence that some people whose ESA claim ends are likely to be vulnerable and unable to access appropriate support. More needs to be done to identify these cases and ensure that those affected are provided with appropriate support in making their initial claim, complying with the assessment process, and in exercising their right of appeal, if they wish to do so.

Many of the financial strategies adopted by those who were no longer receiving ESA (or had never received ESA payments, only National Insurance credits) and had not claimed another benefit were precarious, and did not appear sustainable over the longer term. Although currently outside the benefit system, they generally appeared likely to have to claimed ESA or JSA again at some point. Others, although on a low personal or household income, were not entitled to any benefits in their own right because of their partner's earnings.

## **5.2.2 JSA claims**

### *Boundary issues between ESA and JSA*

There are clearly some people who fail to qualify for ESA who may nonetheless find it difficult to establish a JSA claim, and comply with the requirement to be actively seeking work due to health reasons. There is the potential for these people to fall into a gap between the two benefit regimes. If the threshold for ESA excludes some people with ongoing, but still work-limiting, health issues, the findings of this research suggest that there needs to be more recognition of such health issues within the JSA regime. This should be made more explicit, so that people feel able to discuss their health conditions without fears that this will prejudice their JSA claim. At the same time, it is important to ensure that personal advisers for JSA customers are equipped to help and support customers with health issues to find suitable work.

### *Support for health issues in JSA claims*

People who were claiming JSA and had ongoing health issues generally reported that they were not receiving support with these. Although some people had discussed health issues and had these incorporated into a Jobseekers Agreement, more generally, JSA customers tended to be wary of raising the subject in case it cast doubt on their availability for work. There may be a need for these issues to be addressed more proactively by Jobcentre Plus advisers, so that more effective return to work support can be provided to customers with work-limiting health conditions.

### *Movements between benefits*

Moving between JSA and ESA appeared widespread for many of the people taking part in this study, over both the shorter and longer-term. A mechanism to allow a short-term period of certificated sickness (but longer than the current maximum of two, two-week periods in any one claim year) from JSA might be helpful in several ways. For customers, this would help to avoid the problems created by delays and gaps in claiming, such as income shortfalls and rent arrears caused by non-payment of Housing Benefit. It could also potentially reduce the administrative and cost burden created by processing short-term ESA claims. A mechanism of this kind may also be helpful in reducing the longer-term tendency of some customers to cycle between benefits, allowing both more effective scrutiny of claims and improved provision of appropriate support.

# Appendix A

## Opt-out letter



February 2011

Institute for Employment Studies  
London Office, Watergate House  
13-15 York Buildings  
London WC2N 6JU

Framework Ref No: RF1156

IES Project Ref No: ESA2430

Dear XXXXXX

### **Research into ended claims for Employment and Support Allowance**

I am writing to you to ask for your help in a research study that has been commissioned by the Department for Work and Pensions (DWP). The aim of this research is to find out about people's experiences of claiming Employment and Support Allowance and what they have been doing since their claim ended. Your name has been selected from people whose claim for Employment and Support Allowance has recently ended, as we are interested in the reasons for this, and we are contacting you for research purposes only. We would like to speak to you, to hear more about your experiences.

### **About this research**

The research is being conducted on DWP's behalf by the Institute for Employment Studies (IES), an independent research organisation. A researcher from IES may be in touch with you to ask if you are willing to participate in a face-to-face or telephone interview. If you choose to take part in an interview it will last for approximately 40 minutes and will take place at your home or a convenient local venue such as a library or community centre.

Any information you provide will be held in the strictest of confidence and will be handled securely throughout the study. The research findings will not identify you and no personal information will be shared with any third parties. Participation in this research is voluntary and will not affect any benefits or tax credits you are claiming, now or in the future. Everyone who participates in an interview will be given a gift of £30, as a token of thanks. This will not affect any benefits you are receiving.

**What to do if you do not wish to be contacted about this research**

If you do not want to take part please let IES know by Monday, 7th March. You can contact IES on 020 7104 2071 (ask for Karen Patient) or by email at karen.patient@employment-studies.co.uk. Alternatively, return the reply slip in the prepaid envelope provided.

If you have any questions about the research please contact Helen Barnes on 020 7104 2082, or the DWP Project Manager Michael Kelly on 020 7449 7643. You can also write to Michael Kelly at 1st floor, Caxton House, Tothill Street, London, SW1H 9NA.

Your contribution will provide us with valuable information that will help us to review our services and support we provide our customers. We hope that you decide to take part.

Yours sincerely

Signature of contractor and DWP Project Manager



Helen Barnes



Michael Kelly

# Appendix B

## Discussion guide

- Introduction (for respondent):
- Explain a bit about the background to the research.
- the research is being done by 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 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 £30 cash or high street shopping voucher as a thank you at end of the interview – this will not affect any benefits they may be receiving 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 transcript is a confidential document which will only be seen by members of the research team. Recording helps to make sure there is a full and accurate record of what has been said, but if they feel very strongly about not being recorded, we can take notes instead.

### Background

I'd like to start by asking a little bit about your situation at the moment.

- Can I just start by asking when you started getting ESA, and when it stopped? *We'll go on to talk about the details of your claim in more detail later.*
- Thinking about your health, do you have any ongoing health problems or disability at the moment? *We'll go on to talk about your health in more detail later.*
- Are you receiving or waiting for any treatment at the moment? (If necessary) *Could you tell me about the type of treatment you are receiving/waiting for.*
- Are you in work at present? (Check: *hours, whether paid or unpaid, voluntary work, casual or temporary work, nature of work, when started?*) Is this the same job as before you claimed ESA? Is it the sort of work/hours you normally do?
- Are you claiming any benefits or tax credits at present? *Probe: which benefits, when these started.*
- Can I just check your family/household situation (eg *children, partner, whether other people in household are in work, who else lives with them – eg parents' home/flat share*)
- Is this a rented or owner-occupied property? Are you responsible for housing costs? Do you have a mortgage? Do you get any help with these? (eg mortgage payments met by IS/insurance, housing benefit, council tax benefit)

## ESA claim experiences

Thinking back to your ESA claim, I'd like to ask you a few questions about this.

### Making the claim

- Can I start by asking how you first came to claim ESA? When was this? Can you explain the reasons you claimed at this time? *Probes (only if no spontaneous explanation offered): Was this when you first became ill? Was your health the same/improving/getting worse? Did your financial situation get worse (sick pay stopping, loss of job, another benefit eg JSA, stopping)? NB get a good picture of what has been happening with work and health over past few years and how ESA claim fits into this.*
- Were there any other things which affected your decision to claim at this time? – eg *partner's employment, housing costs, other financial issues?*
- How did you find out about ESA?
- If suggested by someone: Who suggested you make the claim for ESA? *Did they help you make the claim?*
  - What was your understanding of the benefit and who it was for? *What did you base this on?*
- Could you describe the process of your initial claim for ESA? Initial contact (either by phone or face-to-face at Jobcentre Plus) *[Explore how straightforward this was, whether understood what they needed to do next to progress the claim]*
- Did you need help, advice or support with any part of the claim? *Can you tell me what you needed help with, and how you got the support you needed? Did you seek advice? Explore availability, source (eg friend, doctor, CAB) and how helpful this was.*

### How the ESA claim ended

- Can you tell me in your own words how you came to stop receiving ESA? When was this? Do you know why it stopped? *Do you remember getting a letter from Jobcentre plus about this? Did you understand this? Did you do anything as a result of getting this letter?*
- **If person indicates that it was their own decision to stop claiming.** Why did you decide to stop claiming? *Probes: Can you tell me more about this? What did you do (eg let Jobcentre Plus know, just ignored letters, etc)? Was it a conscious decision or was it less clear-cut than this?*
- **If person indicates that payments stopped (or never made) for some other reason.** Did you understand that your ESA payments would stop/that you would not get ESA, and why? *Probes: How did you find out about this? Do you remember getting a letter from Jobcentre plus about this? Did you understand this? Did you do anything as a result of getting this letter? Can you explain why this was?*
- **Ask all.** Did you send in medical certificates or Fit Notes from your GP? Did you do this until the end of your ESA claim or did you stop at some stage? **If stopped sending these in, why was this?**
- **Ask all.** Did you receive an ESA50 to complete? *Did you start completing it? How did you find this? Could you tell me your reasons for not returning the form? Did you receive any reminders (from Jobcentre Plus) about returning it? What happened after you did not return it? Was this what you thought would happen?*

- **Ask all.** Were you invited to attend a face-to-face medical assessment, also known as a Work Capability Assessment? Were you aware that you would be called for a WCA as part of your claim for ESA? Could you describe to me what you thought the purpose of the WCA was?
  - What did you expect the assessment would involve? *Did you seek any additional information? What did you want to know? Did you know what the outcome might be?*
- **If attended WCA.** Please could you talk me through what actually happened after your WCA.  
*Probe:*
  - How did you receive the results? How easy were they to understand?
  - Do you mind if I ask what your results were? What did this mean for you? How did the results compare with what you expected? What do you feel about this?
- **If did not attend WCA.** Can you explain in your own words why you did not attend the WCA? Did you try to get another appointment? What happened then? Was this what you expected to happen?
- **Ask all, if has not come up already.** What else was happening around this time? eg re employment, finances, family situation or health. How did this affect the decisions you made about your ESA claim.

## Experiences after ESA ended

- Thinking about the time **straightaway** after you realised that your payments had stopped/when you had claimed but were not receiving ESA, what did you do then? *Probes: work, claim another benefit, training, appeals, something else.*
  - What happened then? Can you explain in your own words the reasons why you did (did not do) this?
- Did you have any contact with Jobcentre Plus about this? *What did they say? How helpful did you find this? Did you follow this advice? Why/why not? How did this work out for you?*
- Did you seek advice from anyone else about this? Who was this (eg CAB/welfare rights, GP, social worker, voluntary group or charity, family or friends)? *What did they say? How helpful did you find this? Did you follow this advice? Why/why not? How did this work out for you?*
- **If not working and not on another benefit.** Can you tell me why you didn't claim another benefit, such as Jobseeker's Allowance? *Why did you feel this way?*
- After that time, did you go on to do anything else? *Probes: Claiming another benefit, working (including informal or cash in hand work)? How much later was this?*
  - Can you tell me why you did this? *Did anyone advise you about what to do?*
- Was there any other advice or support (particularly to do with health or work issues) you would have found useful? *Why was this? Did try to get this kind of support or advice anywhere? What was the result? Who would you like to get this kind of help from?*

## Experiences of claiming JSA (for those who claimed JSA at any stage)

You said earlier that you had claimed/are claiming JSA. I'd now like to ask a bit more about this.

- When did you start getting JSA? *If applicable*, when did this stop? *Why was this? Check against dates we hold.*
- During your JSA claim, apart from signing on, were you/have you been asked to attend longer face-to-face meetings with an adviser at the Jobcentre?
  - What did you discuss in these meetings?
- Have you been referred onto any training or skills courses as part of your JSA claim?
  - What was involved in this?
  - How useful did you find it in terms of helping you find work? *Why was this? What could have been improved?*
- Have you been referred onto any other courses or workshops as part of your JSA claim (for example confidence-building or CV writing)?
  - What was involved in this?
  - How useful did you find it? *Why was this? What could have been improved?*
- Have you received help to look for jobs as part of your JSA claim?
- What did this involve? How useful did you find it? *Why was this? Could anything have been improved?*
- **For those with health condition when claiming JSA.** Did Jobcentre Plus suggest, or refer you onto, any services to help you cope with your health condition? Was this as part of your ESA claim or your JSA claim? **Explore details and outcomes of this.** *How helpful was it, and in what ways? Did it stop when ESA/JSA claim finished?*
- For those with a health condition while claiming JSA Has your health condition prevented you from looking for work or attending the Jobcentre whilst you receive(d) JSA?
- Does your health condition impact on the numbers of hours you can work or the type of work you can do?
- (If yes) Did the Jobcentre draw up a Jobseeker's Agreement for you? Did you look at it? Did they reflect these points in this?
- **Ask all** (*if applicable, bearing in mind your health condition*) how does the level of support to move into work you have been receiving from JSA feel? Why is this?
- Is there any additional support that you would find helpful in terms of preparing to return to work? *Where would you like to receive this from? Why do you think this would be useful?*

## Current situation and future prospects

I'd just like to understand your situation at the moment, and how you see the future.

- Can I just ask you to describe a typical day for you at the moment? *If applicable, how does your health affect your day-to-day activities?*
- What are your thoughts about the future? *Do you have any definite plans or hopes?*
- How do you feel about the possibility of working in the future? *Probe: Are you looking for work at the moment? Do you see yourself working in future? When do you think this might be? What sort of work would you like (hours/type of job)?*
- **If don't anticipate working in future.** *Why do you think you won't do paid work again? What will you do instead?*
- **If unclear from what they have said so far.** How does your health affect your future plans?
- **If unclear from what they have said so far.** Do you mind me asking, how have you been managing financially? How sustainable is that?

## Overall impact and views

- What are your overall views of ESA and the process of claiming (if applicable, including the WCA and the adviser interviews)? *How did this match up to what you expected at the start of your claim?*
- Would you have still made the claim, knowing what you do now? *Can you tell me why you feel this way?*
- Do you think you may claim ESA (or another benefit) again in future? *Which benefit? In what circumstances might this happen?*

Thank the person, pay incentive, obtain receipt. Explain what will happen next.

# Appendix C

## Coding frame

A thematic analysis of the interviews was carried out using ATLAS.ti qualitative analysis software. A coding frame was devised to group responses by themes. The themes were derived from the structure of the discussion guide and drawn out during the post fieldwork de-brief.

- Health
  - Condition
  - History
  - Operations
- Employment
  - Current
  - History
  - How ended
  - Prospects
  - Self-employment
  - Statutory Sick Pay
- ESA
  - Appeals
  - Claim outcome
  - Claim trigger
  - Communications
  - ESA50
  - FFW views
  - Initial understanding
  - Overall views
  - WCA
  - WFIs and adviser support
  - Why/how ended
  - Why never received
- Finances
  - Coping strategies
  - Pressures
  - Support from others

- JSA
  - Claim experiences
  - Delayed claim
  - Referrals
  - WFIs and adviser support
- Free nodes
  - Acceptance
  - Bereavement
  - Drug/alcohol problems
  - Employment support
  - Feelings
  - Gaps in claiming
  - Hassle
  - Never claimed before
  - Rationales
  - Social isolation
  - Social support
  - Typical day

# Appendix D

## ESA claim process (simplified)

### Customer makes a claim for ESA

Most claims to Employment and Support Allowance (ESA) are made by phone. The adviser will give information about the ESA assessment process, and will explain that the customer may be required to attend Work Focused Interviews (WFIs).

### Benefit payments start

For the first 13 weeks of a claim, customers receive benefit at the assessment rate, which is the same as the Jobseeker's Allowance (JSA) rate (£67.50 per week since April 2011).

### Work Capability Assessment (WCA) and ESA50 form

The customer is sent an ESA50 form to complete and return. This is a questionnaire which asks about the impact of their health condition or disability on their day-to-day activities

The customer or their treating physician can also provide further medical evidence they feel is relevant.

Customers with the most severe functional limitations are placed in the Support Group on the basis of the ESA50 form, and/or other medical evidence they supply or is requested by Atos Healthcare, who conduct the WCA.

Most customers will attend a face-to-face WCA with a Healthcare Professional (this is usually a doctor, nurse, or physiotherapist). This happens at about week 9 of the claim.

This process helps determine entitlement to ESA and, for those entitled, whether the customer is placed in the Work-Related Activity Group or Support Group.

### Benefit decision

Jobcentre Plus use the information from the WCA to help make a decision about the customer's entitlement to ESA. This should happen at about week 13 of the ESA claim.

Customers who are entitled to ESA are placed in the Support Group or Work-Related Activity Group.

Customers who disagree with the decision they are fit for work and not entitled to ESA, or in the Work-Related Activity Group rather than the Support Group, can appeal against this decision.

If a customer appeals then ESA continues to be paid at the assessment rate, while an appeal outcome is awaited.

Customers who are found fit for work and not entitled to ESA can claim JSA. There is some flexibility in JSA to get earlier support and/or to tailor the requirements for people with disabilities or health conditions. For those entitled to ESA, a higher rate of payment starts at week 14 of the claim.

### Support Group

Customers with the most severe health conditions or disabilities are placed in the Support Group. They receive higher rates of benefit. There is no requirement for them to attend Work Focused Interviews (WFIs), but all customers can volunteer for back-to-work support.

### Work-Related Activity Group

Those who can prepare for a return to work are required to attend four WFIs, where steps the customer can take to prepare to move towards such (such as training) are discussed.

The first WFI takes place with Jobcentre Plus. Further WFIs may take place with Jobcentre Plus or with a Pathways to Work Provider, who conduct WFIs on behalf of Jobcentre Plus in some areas.

This report presents the findings of qualitative research with a sample of customers whose Employment and Support Allowance (ESA) claim ended, either because they withdrew them before they were assessed, Jobcentre Plus closed their claim, or they were found fit for work at the Work Capability Assessment (WCA).

The research examines the reasons why claims were withdrawn or closed by Jobcentre Plus, and participants' subsequent activities and experiences after their ESA claim ended, including views on Jobseeker's Allowance.

Sixty customers were interviewed in the South East and West Midlands in March 2011.

If you would like to know more about DWP research, please contact:  
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**DWP** Department for  
Work and Pensions

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Published by the  
Department for Work and Pensions  
July 2011  
[www.dwp.gov.uk](http://www.dwp.gov.uk)  
Research report no. 762  
ISBN 978-1-908523-05-1