

Research report

Employment and Support Allowance: Findings from a face-to-face survey of customers

by Helen Barnes, Paul Sissons and Helen Stevens

Department for Work and Pensions

Research Report No 707

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Abbreviations

CAB	Citizens Advice Bureau
DWP	Department for Work and Pensions
ESA	Employment and Support Allowance
ESOL	English for Speakers of Other Languages
FFW	Fit for Work
FTA	Fail to attend
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 Work Capability Assessment (WCA) and Work-Focused Health-Related Assessment (WFHRA).
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.
DNA or FTA	Did not attend or Fail to attend; people not attending a WCA or Work Focused Interview (WFI) when required to do so.
ESA50	A medical form customers have to complete as part of their ESA claim, giving details of how their 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 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

About this report

This report presents the first findings of a representative face-to-face survey of 3,650 Employment and Support Allowance (ESA) claimants, looking at their views and experiences of making a claim for ESA, as well as their views about work. The survey was carried out between December 2009 and February 2010 by Ipsos MORI. The sample consisted of those who made a claim for ESA between April and June 2009, allowing a sufficient gap for the majority to have had a decision on the outcome of their claim by the time of the survey.

The introduction of Employment and Support Allowance

Employment and Support Allowance (ESA) was introduced in October 2008 to replace Incapacity Benefit (IB) and Income Support (IS) received on the grounds of incapacity, as part of a broader set of reforms introduced to move from a passive to an active welfare system, and as a response to the welfare reform Green Paper, *A new deal for welfare: Empowering people to work* (Department for Work and Pensions, 2006). People claiming IB and IS on the grounds of incapacity, as well as Severe Disablement Allowance (SDA), will be reassessed for ESA nationally from early 2011.

The introduction of the ESA regime involved a number of important changes compared to the previous IB regime, including:

- A **Work Capability Assessment (WCA)** replaces the Personal Capability Assessment (PCA) which was used to determine eligibility for 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. Those found Fit for Work (FFW) are no longer entitled to ESA.
- 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 the Department for Work and Pensions (DWP), taking into account the result of the WCA conducted by an Atos Healthcare Professional (HCP).
- Most customers are expected to be able to prepare for a return to work, with the majority of customers who are successful in their claim allocated to a **Work-Related Activity Group (WRAG)**, where they are required to attend a series of Work Focused Interviews (WFIs). Those who do not attend these receive a sanction, where part of their benefit payment is withheld.
- Those people whose illness or disability is most severe are allocated to the **Support Group (SG)**. They are not required to carry out any activity in order to receive their full benefit entitlement, although they can volunteer to receive support from WFIs.
- Of all completed initial WCAs (that is, excluding those still in progress or withdrawn before completing assessment, and before taking into account any appeals) to the end of May 2010, 66 per cent were found FFW, 24 per cent were allocated to the WRAG and ten per cent to the SG.¹
- A **Work-Focused Health-Related Assessment (WFHRA)**, which is currently suspended, is carried out by a HCP who may be a doctor, nurse or physiotherapist. This is intended to explore customers' views about moving into work, their perceptions about their disabling condition, and identify workplace interventions that facilitate engagement in work.

¹ DWP Working Age Benefits Division (July 2010). *Employment and Support Allowance: Work Capability Assessment – Official Statistics*.

- An independent review of the WCA is currently in progress. This is a statutory requirement, which was agreed when ESA was introduced.²

Characteristics of those claiming Employment and Support Allowance

Compared to the general population, people claiming ESA are

- disproportionately male – almost two-thirds (65 per cent) of those claiming are men;
- older (with an average age of 43);
- more likely to live in social housing – 35 per cent are owner-occupiers, compared with 68 per cent for the UK as a whole; and
- more likely to be single or a lone parent.

The majority (71 per cent) of people said they were claiming a sickness benefit for the first time, and half (51 per cent) had been working immediately before their claim. However, over two-thirds (69 per cent) said they had multiple health problems and a considerable proportion also had characteristics that may disadvantage them in the labour market, with over a third (36 per cent) having no qualifications and more than one in five (22 per cent) being in a group recognised as facing severe employment disadvantage.³

There appear to be broad similarities in the demographic and economic profiles of the different ESA claim groups (the WRAG, SG, and FFW Group), but compared to the UK population as a whole, ESA claimants are an economically disadvantaged group.

Initial awareness of Employment and Support Allowance

Awareness of ESA prior to claiming was low (17 per cent had heard of it) and over 80 per cent of the sample were told about ESA by someone else. Over half of those who were told about ESA by someone else had come to hear about the benefit from Jobcentre Plus (56 per cent). The next most common source of information was a relative or friend (ten per cent).

When asked what they knew about ESA at the time they claimed, three per cent identified the work focus of the benefit, a third (32 per cent) said they knew ESA was a sickness benefit, and over half (58 per cent) said they knew nothing about the benefit at all.

Initial claim experiences

Most claims (70 per cent) were made by telephone, with 11 per cent made face-to-face in a Jobcentre Plus office, and ten per cent by post.

Claiming face-to-face in Jobcentre Plus was most common amongst those with literacy problems (19 per cent of this group claimed face-to-face) and those living alone (15 per cent) or in a

² <http://www.dwp.gov.uk/docs/work-cap-ass-call-for-evidence.pdf>

³ This is broadly consistent with the former PSA16 ‘socially excluded adults’ target group and includes care leavers, people with moderate to severe learning disabilities, people in contact with secondary mental health services, ex-offenders under probation supervision, and those with spent or unspent criminal convictions.

disadvantaged group (16 per cent). Younger people were the least likely to make their claim in person (seven per cent of 18 to 24 year olds).

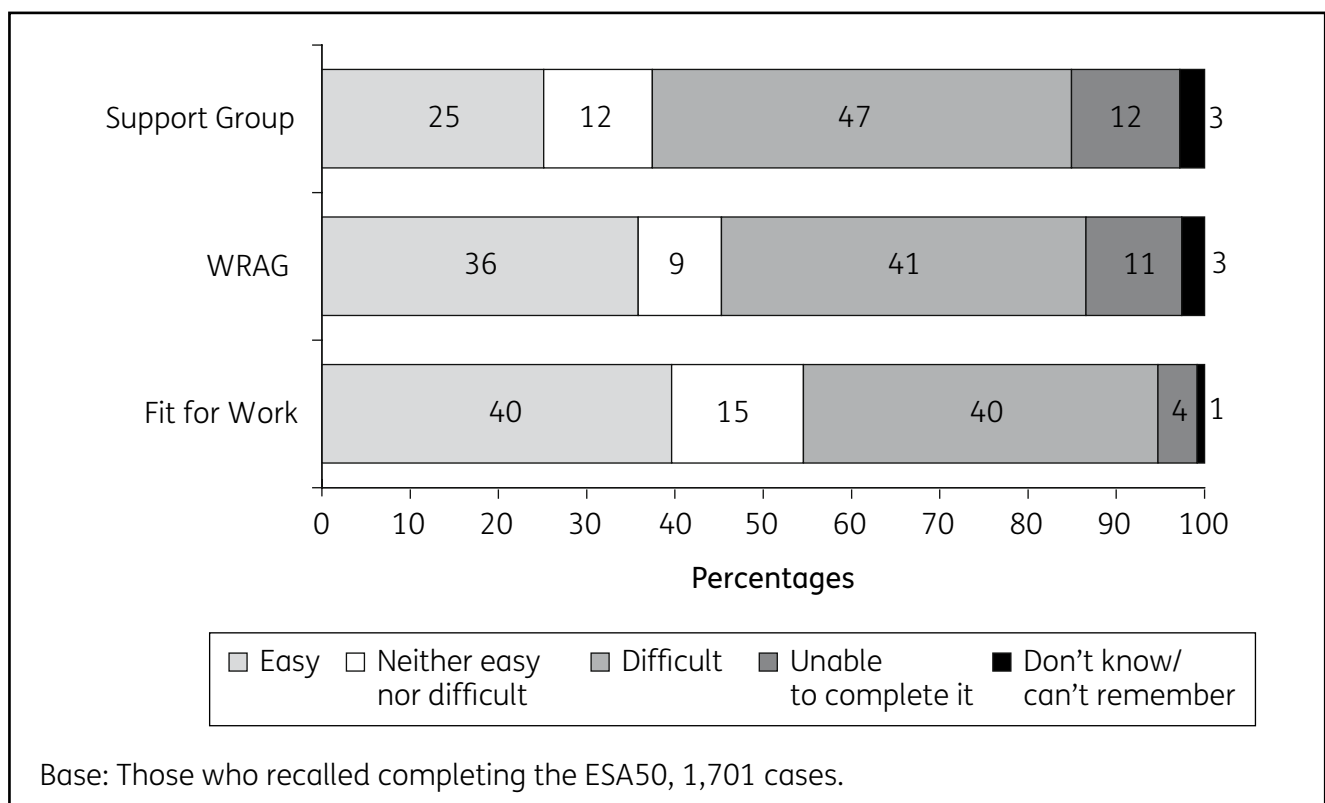
Satisfaction with the initial claim process was relatively good; three-quarters of respondents (75 per cent) said they did not have any trouble answering the questions they were asked, and four out of five (80 per cent) who spoke to someone to make their claim said that they felt their situation had been well understood. Respondents with literacy problems (36 per cent) and respondents in a disadvantaged group (24 per cent) were the most likely to report difficulties answering the questions asked.

Completing the ESA50 questionnaire

After making an initial claim, people who apply for ESA are asked to complete a questionnaire asking how their illness or disability affects their ability to complete everyday tasks. This is known as an ESA50 form.

Views of the ESA50 were mixed; 40 per cent of customers said they found it easy to complete, but just under half of people said they found it either difficult (39 per cent) or impossible (seven per cent).

Figure 1 How easy was it to complete the ESA50 form, by claim group



Nearly half the sample (48 per cent) said they received help completing the ESA50. Those most likely to receive help had literacy problems, including problems speaking English (73 per cent).

The most commonly-cited source of help was a friend or relative (73 per cent), and the other most frequently mentioned was Jobcentre Plus (15 per cent).

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

The WCA

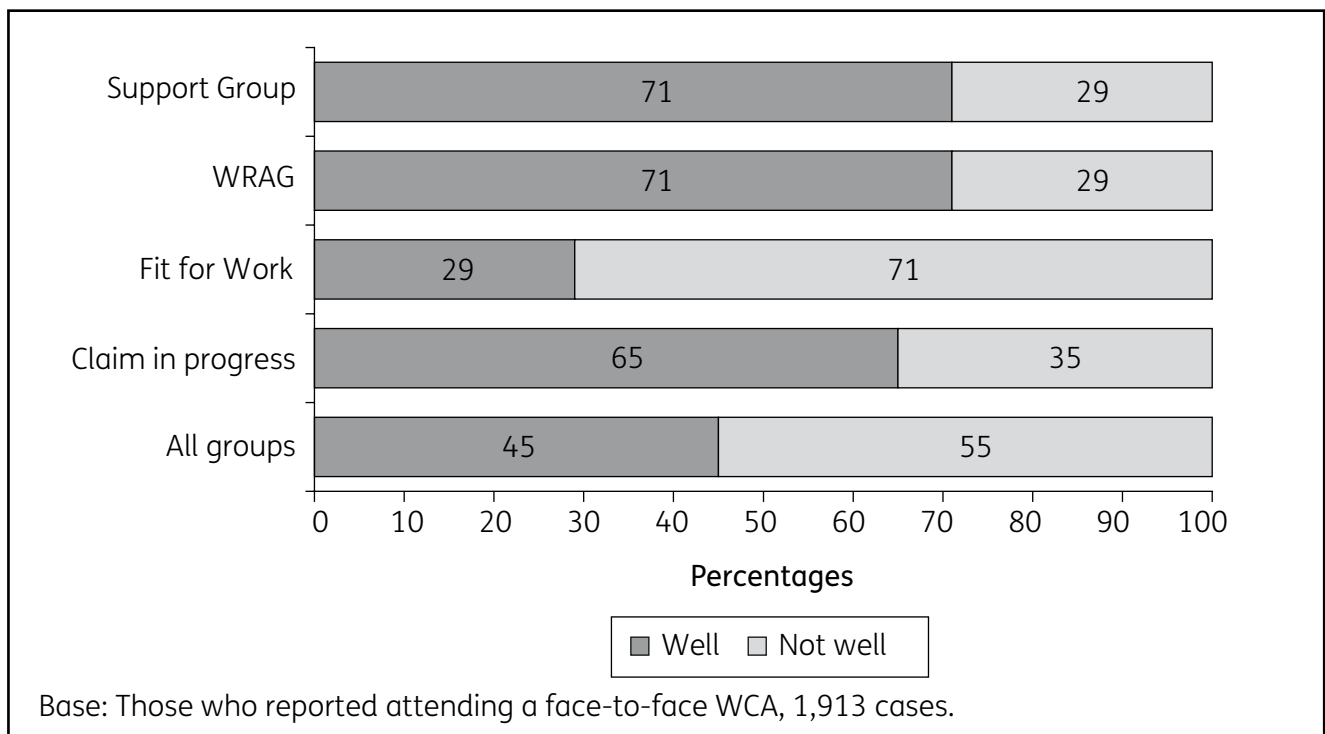
Most customers (59 per cent) who recalled attending a face-to-face WCA had done so in the first three months of their claim, which is broadly in line with the intended time period. A majority (62 per cent) had found it easy to travel to. Some groups (such as those with a physical health condition) found travel less easy than others.

Overall, just over half (54 per cent) said they took someone into the face-to-face WCA with them. In some groups (such as people aged under 24, people for whom English was not their first language, and people with literacy problems) the great majority (around 70 per cent, varying slightly by group) had been accompanied into the WCA.

Most WCAs (76 per cent) were reported to have lasted between 15 and 59 minutes, and most people (71 per cent) reported being seen by a doctor.

Respondents were asked whether they thought the HCP conducting the face-to-face WCA had understood their condition well. Views were mixed, and appear to be driven by claim outcome – 71 per cent of WRAG and SG customers thought their condition was well understood, compared to 29 per cent of FFW customers.

Figure 2 How well did customer feel that the HCP understood their condition?



People in the FFW Group who recalled receiving a report of the WCA generally felt it was not accurate; 87 per cent reported this. Those with mental health problems were more likely to feel that it was not accurate than those with a physical health condition, but there were no statistically significant differences by gender. There was a high appeal rate (60 per cent) among those who had been found FFW, but most of these appeals had not been decided at the time of the survey.

The WFHRA

People who had attended a WFHRA generally recalled discussion of the impact of their health condition on their daily life and ability to work (59 per cent recalled this). A third (35 per cent) recalled discussion of future hopes and plans about paid work.

Expectations of the WCA and WFHRA

There was a widespread lack of awareness about what the face-to-face WCA and WFHRA would involve among ESA customers who were still waiting to attend these; 62 per cent of those awaiting a WCA, and 86 per cent of those awaiting a WFHRA, did not know what they would involve.

Destinations of those whose claim had ended

The FFW Group

Only a relatively small proportion (13 per cent) of those who had been found FFW were back in employment by the time of the survey, and a sizeable proportion of claimants still identified themselves as being sick; 22 per cent reported that they were permanently off work due to sickness. A further 28 per cent of those found FFW were unemployed and looking for work. It is likely that most of this last group were claiming Jobseeker's Allowance (JSA), as a separate question shows that 26 per cent were claiming JSA.

Being found FFW appeared to have little bearing on an individual's own understanding of their health condition and its impact on their ability to work. When asked about barriers to work, a large proportion of the FFW Group, 46 per cent, identified their health as a main barrier, far higher than the next most cited barriers – lack of suitable jobs locally (12 per cent) and low confidence (11 per cent).

The claim closed and claim withdrawn group

This group is comprised of people whose ESA claim ended before they received a decision on their claim. Some people withdraw their claims, while claims may also be closed by Jobcentre Plus if customers do not respond to letters, or requests to attend a face-to-face WCA.

A significant proportion of this group had returned to work by their time of the survey – 41 per cent, over three times the rate for those in the FFW group. This suggests that spontaneous recovery was a key driver of ended claims. A further 30 per cent were unemployed at the time of the survey.

A much smaller number of this group identified themselves as being sick, and very few (three per cent) reported being permanently off work due to sickness. A sizeable minority of the claim withdrawn or closed group reported having no barriers to work. Perhaps surprisingly, given the small number who identified themselves as being sick, 27 per cent reported that they still had a health barrier to work.

Experiences of Work Focused Interviews

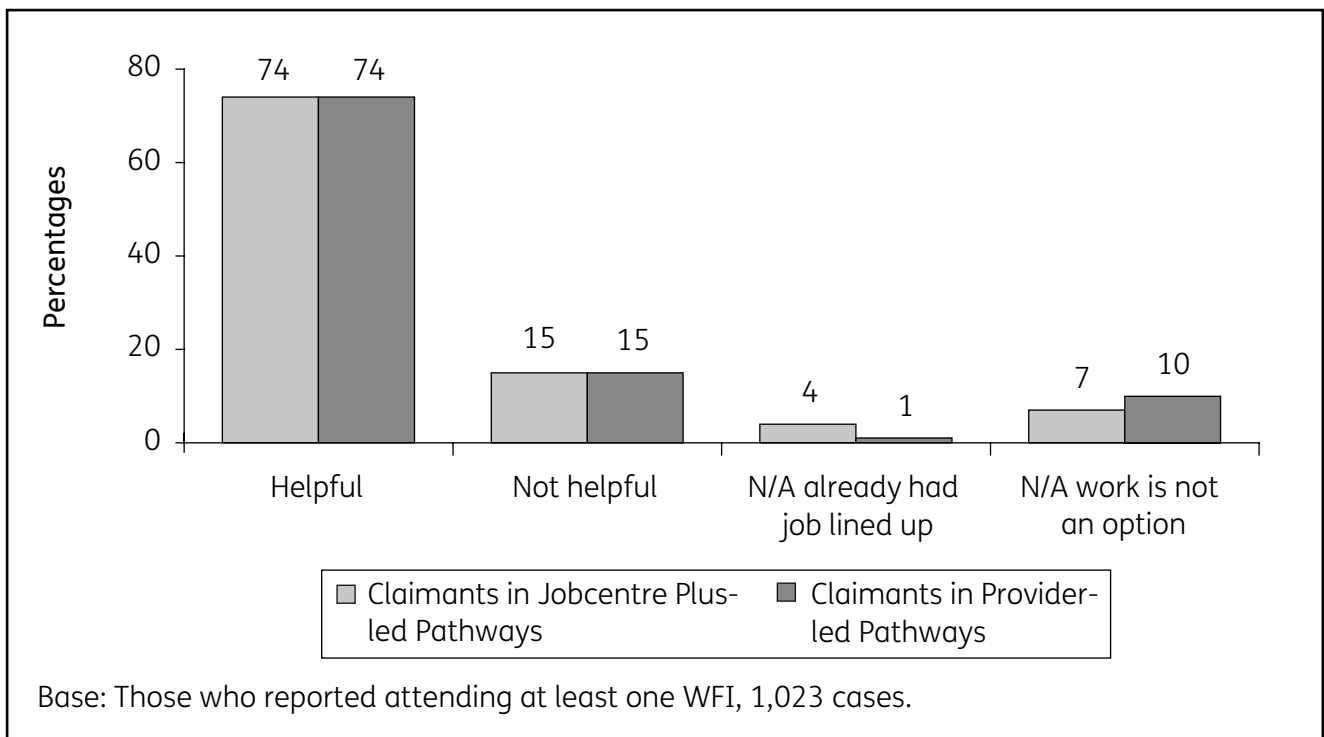
The vast majority (86 per cent) of those who had been asked to attend WFIs understood that attendance was mandatory. A majority (63 per cent) also identified the work focus of the meeting, and understood that the purpose was to help them move into employment. Most recalled discussing how their health affected work (61 per cent) and/or what type of work they wanted (49 per cent) in these meetings.

Thirty-nine per cent of those who had attended a WFI said they had agreed to undertake some activity between appointments, with the most common activity being looking for, or doing research into, jobs or training courses. The majority of claimants were positive about their WFI experiences (71 per cent said that they found them helpful in thinking about paid work), though this declined somewhat with age and was less pronounced among the SG.

Future employment plans of the Work-Related Activity Group

The majority of those who had attended WFIs had found them helpful in terms of thinking about paid work in the future, as Figure 3 shows, across both Provider-led and Jobcentre Plus Pathways areas.

Figure 3 How claimants who have had more than one WFI rated the meetings they had with a Personal Adviser in helping them to think about paid work in the future, by Jobcentre Plus and Provider-led Pathways



When asked to reflect on their future employment plans, a large proportion of the WRAG (41 per cent) said they were in the position of either needing help, rehabilitation or training before they could consider work, or that they hoped to work in the future but were not currently looking. Nine per cent said they were looking for work.

A significant proportion of this group (30 per cent) stated they were either permanently unable to work, or did not expect to work in the future. Analysis of this group using logistic regression highlighted that the key determinants of this outcome were whether the claimant’s health condition was deteriorating, and independently of this, their age, with those over 50 significantly more likely to fall into this category.

Overall conclusions

- Customers were relatively satisfied with the initial claim process for ESA, and their experiences of WFIs, although views of the WCA itself were mixed – many said they found completing the ESA50 questionnaire difficult and views of the HCP’s understanding of their condition in the face-to-face WCA were variable. However, overall views of the WCA appear driven by claim outcome, as most respondents knew the outcome of their WCA at the time they were surveyed.
- The survey findings suggest there is potential to improve customer understanding of ESA and the assessment process; initial awareness of the benefit was low, and large proportions of those awaiting a face-to-face WCA, or WFHRA, said they did not know what to expect at these.
- People making a claim for ESA shared broadly similar demographic and socio-economic characteristics, regardless of the outcome of their claim. The main health differences were between the SG and the other two groups, rather than between the WRAG and FFW groups. This suggests that the FFW Group might also potentially benefit from the types of support currently being provided to the WRAG; customers in the SG can volunteer to attend WFIs.
- The WCA clearly represents a major shift in the threshold for receiving benefit on the grounds of unfitness for work. These decisions have not been well accepted by those who are not entitled to ESA, with an appeal rate of 60 per cent among the FFW group, many of whom saw few future prospects of work. Although there are some differences between this group and the population of existing IB claimants, it is reasonable to anticipate a similarly high appeal rate among those who are found FFW when they are reassessed for ESA.
- Health was the most widely-cited barrier to work, and not only among the WRAG, as over half of those in the FFW group also saw this as a barrier. Low confidence and being in an older age group were also frequently mentioned. Lack of labour demand, both in terms of a shortage of jobs in the local area and limited availability of suitable hours of work, were each mentioned by a quarter of those in the WRAG and FFW groups. Many of these barriers co-exist, and addressing these multiple barriers to work will be important in helping these customers return to work, and is likely to be even more important for the existing IB customers due to be reassessed for ESA from next year.

1 Employment and Support Allowance and its evaluation

1.1 Introduction

This chapter briefly outlines the main features of Employment and Support Allowance (ESA) and describes the evaluation as a whole, before setting out the details of the survey which is the focus of this report.

1.2 The introduction of Employment and Support Allowance

ESA was introduced on 27 October 2008 for new customers to replace Incapacity Benefit (IB) and Income Support (IS) received on the grounds of incapacity (collectively known as incapacity benefits), as part of a broader set of reforms introduced to move from a passive to an active welfare system, and as a response to the welfare reform Green Paper, *A new deal for welfare: Empowering people to work* (Department for Work and Pensions, 2006). It is to be rolled out to existing incapacity benefits claimants nationally from early 2011.

The introduction of the ESA regime has involved a number of important changes compared to the previous IB regime, including:

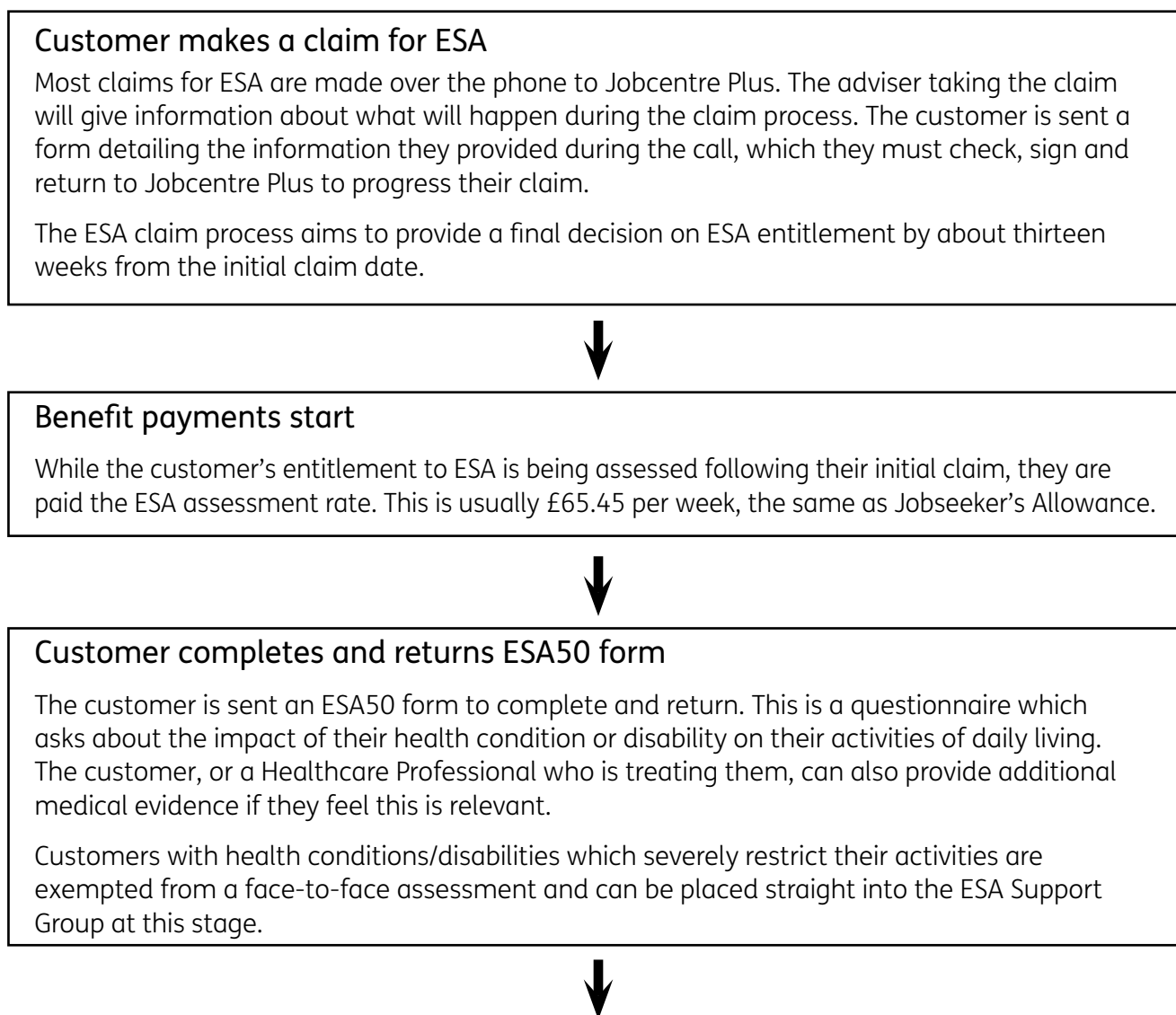
- Most customers are expected to be able to prepare for a return to work, with the majority of customers who are successful in their claim allocated to a **Work-Related Activity Group (WRAG)**, under which they receive £25.95 per week in addition to the basic allowance of £65.45 per week, providing they 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 in order to receive their full benefit entitlement, which is an additional £31.40 on top of the basic allowance, a total of £96.85 per week.
- A **Work Capability Assessment (WCA)** replaces the Personal Capability Assessment (PCA) which was used to determine eligibility for 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. Of all completed initial assessments (that is, excluding those still in progress or withdrawn before completing assessment, and before taking into account any appeals) to the end of May 2010, 66 per cent were found Fit for Work (FFW), 24 per cent were allocated to the WRAG and ten per cent to the SG.⁴
- 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 the Department for Work and Pensions (DWP), taking into account the result of the WCA conducted by an Atos Healthcare Professional (HCP). Because delays to the WCA, for whatever reason, can limit the effectiveness of the WFI, the second and subsequent WFIs can now be deferred pending the outcome of the WCA.

⁴ DWP Working Age Benefits Division (July 2010). *Employment and Support Allowance: Work Capability Assessment – Official Statistics*.

- A **Work-Focused Health-Related Assessment (WFHRA)** is carried out by an Atos HCP who may be a doctor, nurse or physiotherapist. This is intended to explore customers' views about moving into work, their perceptions about their disabling condition, and identify workplace interventions that facilitate engagement in work. This was originally carried out on the same day as the WCA (and thus included those who were found FFW, as well as those in the SG, who are not expected to engage in work-related activity). It was subsequently 'decoupled' from the WCA, so that only those allocated to the WRAG were invited to this assessment, and at a later date.⁵
- **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 £25.95. If they have not complied after another four weeks, they receive another sanction of the remaining 50 per cent of this addition.
- An independent review of the WCA is currently in progress. This is a statutory requirement, which was agreed when ESA was introduced.⁶

The diagram below outlines the claim process for Employment and Support Allowance:

Figure 1.1 The process for claiming Employment and Support Allowance



⁵ The WFHRA is currently suspended but this does not affect the findings of the survey, which was carried out before this decision.

⁶ <http://www.dwp.gov.uk/docs/work-cap-ass-call-for-evidence.pdf>



Most customers attend a face-to-face Work Capability Assessment

Most people making a claim will attend a face-to-face Work Capability Assessment with a Healthcare Professional (usually a doctor or nurse) at a Medical Examination Centre. This should happen by about the ninth week of the claim, and is designed to help Jobcentre Plus determine whether the customer is finally entitled to ESA, and what type of ESA payments they should receive.



Jobcentre Plus make a decision on ESA entitlement

Jobcentre Plus use the information from the Work Capability Assessment, and the ESA50 form, to help them make a decision about the customer's entitlement to ESA. This should happen at about the thirteenth week of the claim.

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



Outcome: entitled to ESA Support Group rate	Outcome: entitled to ESA Work-Related Activity Group rate	Outcome: not entitled to ESA
<p>Customers with the most severe health conditions or disabilities are placed in the Support Group.</p> <p>There is no requirement for these customers to undertake any Work-Related Activity, although they can volunteer for back-to-work support.</p> <p>People placed in this group receive a higher rate of benefit, usually £96.85 per week.</p>	<p>Those who are entitled to ESA, but are assessed as able to prepare for a return to work, are placed in this group. They usually receive £91.40 per week.</p> <p>They are required to attend a number of Work-Focused Interviews, where steps the customer can take to prepare to move towards work (such as training) are discussed.</p> <p>An adviser from Jobcentre Plus always conducts the first WFI. In some areas, Jobcentre Plus conduct the subsequent WFIs. In other areas, a Pathways to Work Provider organisation conduct subsequent WFIs in behalf of Jobcentre Plus.</p> <p>Until June 2010, customers in this group were also required to attend a Work-Focused Health-Related Assessment (WFHRA). This was conducted by a Healthcare Professional and was intended to explore customers' views about moving into work, their perceptions about their disabling condition, and identify workplace interventions that facilitate engagement in work.</p>	<p>Customers who are assessed as not entitled to ESA 'Fit for Work' can appeal this decision.</p> <p>These customers can choose to make a claim for Jobseeker's Allowance, if they wish.</p> <p>If they appeal, they continue to receive ESA payments at the assessment rate, until their appeal is decided.</p> <p>If a customer's appeal succeeds, they will move into the Support Group or Work-Related Activity Group, and receive the backdated extra payments that customers in these groups receive.</p>

1.3 The evaluation of Employment and Support Allowance

The evaluation of ESA has a mixed methods design. It includes three phases of qualitative research:

- an early implementation study with customers and staff;⁷
- an in-depth study of the WCA and WHFRA (Barnes *et al.*, forthcoming in the DWP research series);
- case study research with customers and staff in approximately six Jobcentre Plus districts, due to take place in late 2010/early 2011;
- a face-to-face survey of customers (which is the focus of this report);
- a telephone follow-up survey of the same customers six months later.

1.3.1 The scope of this report

This report presents first findings from a large representative face-to-face survey of 3,650 ESA customers, which was carried out between December 2009 and February 2010 by Ipsos MORI. The sample consisted of those who made a claim for ESA between April and June 2009, allowing a sufficient gap for the majority to have had a decision on the outcome of their claim by the time of the survey.

A second wave of the customer survey, being carried out by telephone, is in the field at the time of writing and due to be reported in the DWP research report series by spring 2011.

The questionnaire was designed by Institute for Employment Studies (IES) and DWP, in consultation with Ipsos MORI. Some questions were explicitly designed to ensure comparability with Kemp and Davidson's earlier survey of new claimants of IB, and therefore, used the original wording from that questionnaire⁸, whereas others related to the new ESA claim process. The key topics covered in the questionnaire were:

- health condition;
- employment and benefit history;
- initial claim experiences;
- assessment – the ESA50 questionnaire and face-to-face WCA;
- the WFHRA;
- attendance at WFIs;
- appeals;
- destinations of those leaving ESA (for example, work, other benefits).

For a copy of the questionnaire used, please see the technical report on the survey produced by Ipsos MORI, which will be published on the DWP research report series website⁹.

⁷ Barnes, H., Sissons, P., Aston, J., Dewson, S., Stevens, H., Williams, C. and Francis, R. (2010). *Employment and Support Allowance: Early implementation experiences of customers and staff*. DWP Research Report No. 631.

⁸ Kemp, P. and Davidson, J. (2007). *Routes onto Incapacity Benefit: Findings from a survey of recent claimants*. DWP Research Report No. 469.

⁹ <http://research.dwp.gov.uk/asd/asd5/rrs-index.asp>

Sampling strategy

As noted above, many of those who claim ESA are identified as ineligible, that is, they are found FFW. In addition, many people (37 per cent of those who claim) withdraw their claim before a decision has been made, or their claim is closed by Jobcentre Plus as they do not return the ESA50 questionnaire, or fail to attend a face-to-face WCA without good cause. In order to ensure that the sample included sufficient numbers of people in the WRAG and SGs, and to limit the size of the closed/withdrawn group to a size consistent with its analytical value, it was necessary to sample disproportionately from each group, at a point when the majority knew the outcome of their claim, and subsequently re-weight each group to its prevalence within ESA claimants as a whole. While the alternative of sampling at the start of the claim, was considered, because of the potential value of obtaining real-time, rather than retrospective views of processes, this was ruled out for two main reasons, one being the very large sample size that would be required, which would not have been cost-effective, and the other being that, owing to the length of the fieldwork period with large samples, information would still have been retrospective in many cases. For full details of survey design and sampling, please see the technical report, which will be published on the DWP website shortly¹⁰.

At the point of analysis, survey responses indicated that there was a significant amount of confusion among claimants about which claim group they were in. This was clear from comparisons with their status at the time the sample was drawn, as well as their responses to questions¹¹. As the level of discrepancies were so pronounced it was decided to use matched administrative data on ESA claims held by DWP in order to assign cases accurately. Respondents were asked at the time of the survey whether they would consent to data-linking their survey responses to current and future benefits information, and a total of 3,075 out of 3,650 individuals provided their consent for this. DWP administrative data records the date of the end of a claimant's assessment period, as well as the DWP Decision Maker's decision about claim outcome. The date of the survey and the date of the decision maker's decision was then used to establish the claim group for each individual on the date of the survey.¹² These groups were then adjusted so that any claimant who had successfully appealed a decision prior to the decision was reassigned. For those cases not consenting to data-linking, responses to the survey question about their current ESA status were used and in some cases were adjusted using questions on whether they had had a WCA and whether they reported that they were still claiming ESA.

Reporting conventions

Throughout the report, square brackets are used to indicate sample sizes less than 30. Cell sizes under one per cent are shown as [*]. Percentages are rounded up (0.5 or more) or down (0.4 or less) to the nearest whole number, so tables may not always sum to 100. Missing or refused data is excluded from calculations. All the findings discussed have been tested and are statistically significant at the 95 per cent level unless otherwise stated.

¹⁰ Ibid.

¹¹ This is also consistent with the findings of the ESA evaluation early implementation study.

¹² As this data field was not populated until October 2009 a number of cases did not have this information. These were assigned using the Decision Maker's decision and the date of their WCA medical, adjusted by the average difference between the medical and a decision.

2 The Employment and Support Allowance claimant population

2.1 Introduction

This chapter discusses the characteristics of those who **initially claimed** Employment and Support Allowance (ESA), regardless of whether they were subsequently assessed as ineligible, and relates their personal and household characteristics and routes onto benefit to their claim outcome group.

2.2 Personal characteristics

Table 2.1 shows the age breakdown of those claiming ESA; 29 per cent of those who made an initial claim were over 50, and those who were assessed as eligible for ESA were older on average – 41 per cent of those in the Support Group (SG) and 32 per cent of those in the Work-Related Activity Group (WRAG) were aged over 50, compared to 24 per cent among the closed or withdrawn group and 30 per cent among the Fit for Work (FFW) group. Almost a quarter of the SG were aged 55 or over. The remainder of the report concentrates on the FFW, WRAG and SGs, except for some analysis in Chapter 5 which focuses specifically on the closed and withdrawn claims.

Table 2.1 Age group, by claim status

	SG %	WRAG %	FFW %	Closed/ withdrawn %	In progress %	Total %
18-24	[11]	15	13	25	15	17
25-34	15	17	16	18	24	18
35-49	30	35	40	32	36	36
50-54	18	14	12	8	10	11
55 and over	23	18	18	16	15	18
Total	100	100	100	100	100	100
<i>Base</i>	(227)	(547)	(1,427)	(1,010)	(403)	(3,614)

Base: All ESA claimants.

16 The Employment and Support Allowance claimant population

Looking at the gender composition of those claiming ESA, it can be seen from Table 2.2 that almost two-thirds are men, with no significant variations across claim group.

Table 2.2 Gender, by claim group

	SG %	WRAG %	FFW %	Total %
Male	59	65	66	65
Female	41	35	34	35
Total	100	100	100	100
<i>Base</i>	<i>(227)</i>	<i>(548)</i>	<i>(1,431)</i>	<i>(2,206)</i>

Base: ESA claimants, excluding closed/withdrawn and in progress cases.

Table 2.3 looks at the breakdown of claim groups by ethnicity. Overall, 89 per cent of respondents are white, again with only small variations across claim groups. This is consistent with the UK as a whole; 92 per cent of the UK population was white at the 2001 census, with the Asian or Asian British and black or black British making up the two largest subgroups of the non-white population.¹³

Table 2.3 Ethnicity, by claim group

	SG %	WRAG %	FFW %	Total %
White	90	91	88	89
Mixed	[2]	[1]	[1]	1
Asian or Asian British	[3]	[5]	6	5
Black or black British	[3]	[3]	4	3
Chinese or other ethnic group	[2]	[*]	[1]	1
Total	100	100	100	100
<i>Base</i>	<i>(227)</i>	<i>(548)</i>	<i>(1,421)</i>	<i>(2,196)</i>

Base: ESA claimants, excluding closed/withdrawn and in progress cases.

As can be seen from Table 2.3, the base numbers for subgroups of non-white ethnic minorities are very small. It is, therefore, only possible to report findings by white/non-white ethnicity, and only for some issues.

¹³ <http://www.statistics.gov.uk/cci/nugget.asp?id=455>

Table 2.4 looks at respondents' qualification level; overall, over a third (36 per cent) have no qualifications. This is much higher than the rate for the UK population as a whole (11 per cent) and is only partly attributable to the older age profile of the ESA claimant population.

Table 2.4 Qualifications, by claim group

	SG %	WRAG %	FFW %	Total %
Academic qualifications only	29	24	27	27
Work qualifications only	21	19	20	20
Academic and work qualifications	17	18	17	17
No qualifications	34	39	36	36
Total	100	100	100	100
<i>Base</i>	<i>(227)</i>	<i>(548)</i>	<i>(1,431)</i>	<i>(2,206)</i>

Base: ESA claimants, excluding closed/withdrawn and in progress cases.

Table 2.5 shows qualifications by age group, and for those who had any academic qualification. Table 2.6 shows the level of their highest qualification, by age. It can be seen that the proportion of those with no qualification is highest among those in the older age groups, but that those in older age groups are also more likely to have degree-level qualification.¹⁴

Table 2.5 Qualifications, by age

	18-24 %	25-34 %	35-49 %	50-54 %	55+ %	Total %
Academic qualifications only	50	41	26	21	13	30
Work qualifications only	7	13	16	24	35	18
Academic and work qualifications	12	18	22	19	13	18
No qualifications	31	28	36	36	38	34
Total	100	100	100	100	100	100
<i>Base</i>	<i>(601)</i>	<i>(636)</i>	<i>(1,314)</i>	<i>(418)</i>	<i>(640)</i>	<i>(3,609)</i>

Base: ESA claimants, excluding closed/withdrawn and in progress cases.

¹⁴ <http://www.poverty.org.uk/59/index.shtml?3>

Table 2.6 Highest academic qualification, by age

	18-24 %	25-34 %	35-49 %	50-54 %	55+ %	Total %
Degree or equivalent	5	13	21	21	26	17
GCE A Level/Higher School Certificate	20	15	15	14	12	16
GCE O Level/GCSE/SCE Ordinary grades A to C or CSE grade 1/SCE Standard grade 1 to 2	38	39	35	36	33	36
GCE O Level/GCSE/SCE Ordinary grades D to E or CSE grade 2 to 5/SCE Standard grade 3 to 6	21	19	16	13	9	17
Other	11	12	12	[14]	[15]	12
None of these	[5]	[2]	[2]	[3]	[5]	3
Total	100	100	100	100	100	100
<i>Base</i>	(369)	(369)	(624)	(168)	(168)	(1,698)

Base: ESA claimants, excluding closed/withdrawn and in progress cases.

As Table 2.7 shows, almost a quarter (23 per cent) of ESA customers had self-reported literacy problems, which may have affected their experiences of the ESA claim process as well as their employability. Those found FFW were less likely to have literacy problems than those in the SG or WRAG.

Table 2.7 Literacy problems

	SG %	WRAG %	FFW %	Total %
Literacy problems ¹	29	27	21	23
No literacy problems	71	73	79	77
Total	100	100	100	100
<i>Base</i>	(227)	(547)	(1,430)	(2,204)

Base: ESA claimants, excluding closed/withdrawn and in progress cases.

¹ Answered yes to whether they had problems either reading or writing English, or dealing with forms or letters.

Table 2.8 shows the proportion of those claiming ESA who had self-reported numeracy problems (defined as difficulty dealing with everyday transactions such as paying bills or dealing with change in a shop), which was much smaller than the proportion with literacy problems.

Table 2.8 Numeracy problems

	SG %	WRAG %	FFW %	Total %
Numeracy problems	17	11	9	11
No numeracy problems	83	89	91	89
Total	100	100	100	100
<i>Base</i>	(227)	(545)	(1,431)	(2,203)

Base: ESA claimants, excluding closed/withdrawn and in progress cases.

A much smaller proportion (six per cent) had self-reported problems speaking English, as Table 2.9 shows. Again this may have implications for the ease with which respondents were able to claim, and for their employment prospects. Again, those found FFW were less likely to have problems speaking English.¹⁵

Table 2.9 Problems speaking English

	SG %	WRAG %	FFW %	Total %
Problems speaking English	[10]	7	4	6
No problems speaking English	89	93	96	94
Total	100	100	100	100
<i>Base</i>	(227)	(548)	(1,432)	(2,207)

Base: ESA claimants, excluding closed/withdrawn and in progress cases.

The survey also asked a range of questions to identify whether the respondent was in a group considered as disadvantaged in the labour market. This is broadly consistent with the former Public Service Agreement 16 ‘socially excluded adults’ target group and includes care leavers, people with moderate to severe learning disabilities, people in contact with secondary mental health services, ex-offenders under probation supervision, and those with spent or unspent criminal convictions. As Table 2.10 shows, 22 per cent of the ESA population were disadvantaged in at least one of these ways, with few differences across claim outcome groups.

¹⁵ This was statistically significant in both cases, that is, literacy and speaking English.

Table 2.10 Whether in a disadvantaged group

	SG %	WRAG %	FFW %	Total %
In one or more disadvantaged groups ¹	26	25	21	22
Ex-offenders	[9]	10	10	10
Mental health problems	15	12	10	11
Learning disability	[8]	7	4	5
Not in any of these groups	74	75	79	78
Total	100	100	100	100
<i>Base</i>	(228)	(548)	(1,431)	(2,207)

Base: ESA claimants, excluding closed/withdrawn and in progress cases.

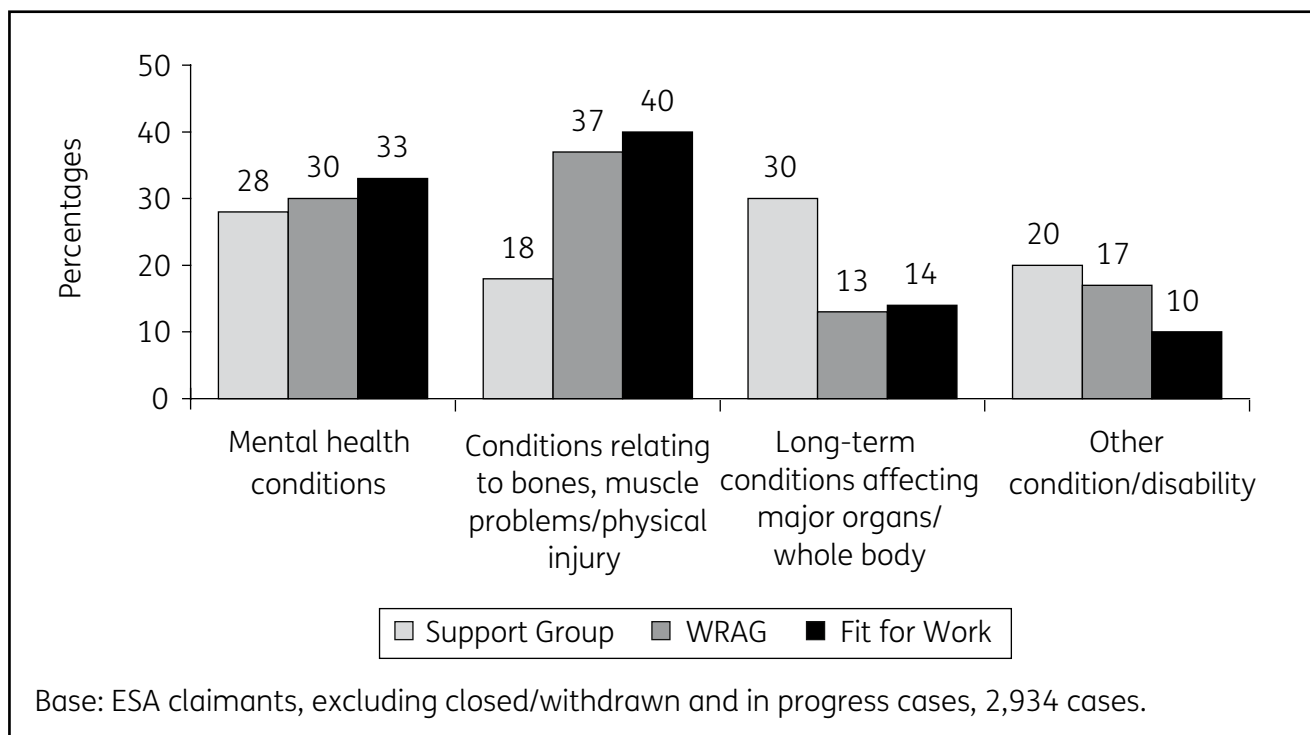
¹ Care leavers accounted for less than one per cent of the sample.

2.3 Health condition

Figure 2.1 shows the main reported health condition by claim group. Rates of mental health condition are broadly consistent across all three claim groups.

Those in the SG were much less likely than those in the WRAG and FFW groups to report a musculoskeletal condition or injury, but much more likely to report a long-term condition affecting major organs or the whole body (for instance this would include conditions such as cancer, diabetes or heart disease). Further information on which specific health conditions fall into the four broad categories shown in Figure 2.1 can be found in Appendix A.

Figure 2.1 Type of condition, by claim group¹⁶



¹⁶ See list of conditions at Appendix A.

We also looked at whether customers had a single health condition, as shown in Table 2.11; overall 31 per cent reported one health condition and 69 per cent reported having multiple health conditions. Perhaps surprisingly, this applied across all three claim groups. Looking at those who had a physical health condition, a third (34 per cent) also had a mental health condition, while of those who had a mental health condition, 29 per cent also had a physical health condition.

Table 2.11 Whether single or multiple health conditions reported

	SG %	WRAG %	FFW %	Total %
Single health condition	31	32	31	31
Multiple health condition	69	68	69	69
Total	100	100	100	100
<i>Base</i>	(217)	(533)	(1,241)	(1,991)

Base: ESA claimants, excluding closed/withdrawn and in progress cases.

Table 2.12 shows the number of health conditions by claim group; overall, one in five (19 per cent) reported five or more conditions and this rises to over a quarter (26 per cent) in the SG.

Table 2.12 Number of health conditions, by claim group

	SG %	WRAG %	FFW %	Total %
1	31	32	31	31
2	18	19	24	22
3	14	16	16	16
4	[12]	13	11	12
5+	26	20	17	19
Total	100	100	100	100
<i>Base</i>	(218)	(533)	(1,241)	(1,992)

Base: ESA claimants, excluding closed/withdrawn and in progress cases.

As Table 2.13 shows, the great majority of those interviewed (81 per cent) were currently receiving some form of treatment for their condition, and a substantial minority (38 per cent) were waiting for treatment at the time of the survey.

Table 2.13 Are you currently waiting for or receiving any treatment for your health condition(s)?

	Waiting for treatment %	Receiving treatment %
Yes	38	81
No	60	19
Don't know	2	0
Total	100	100
<i>Base</i>	<i>(2,914)</i>	<i>(2,919)</i>

Base: ESA claimants, excluding closed/withdrawn and in progress cases.

2.4 Household composition and circumstances

Table 2.14 shows the household composition of those who received a final decision on their claim. There were few differences between the three claim outcome groups in this respect. More of those in the SG and WRAG were couples without dependent children, as a result of the older age profile of this group.

Table 2.14 Household type, by claim outcome group

	SG %	WRAG %	FFW %	Total %
Lives alone	17	23	23	22
Lone parent with children under 19	19	17	16	17
Couple with children under 19	20	18	21	20
Couple with no children under 19	27	25	21	23
Single but not alone	17	18	19	18
Total	100	100	100	100
<i>Base</i>	<i>(226)</i>	<i>(547)</i>	<i>(1,431)</i>	<i>(2,204)</i>

Base: ESA claimants, excluding closed/withdrawn and in progress cases.

Looking at housing tenure (Table 2.15), the overall rate of owner-occupation (whether owned outright or with a mortgage) was 35 per cent, which is around half that of the population as a whole.¹⁷ The rate of owner-occupation, and the proportion of those owning outright, was highest among the SG, which again is consistent with their older age profile. All claim groups had a similar proportion of private renters, but more people in the WRAG and FFW groups were renting from a social landlord; 34 per cent and 36 per cent, respectively, compared to just over a quarter (26 per cent) of those in the SG.

¹⁷ <http://www.communities.gov.uk/housing/homeownership/>

Table 2.15 Housing tenure, by claim group

	SG %	WRAG %	FFW %	Total %
Owned with a mortgage	26	24	20	22
Owned outright	19	12	13	13
Rented from a local authority	11	16	22	19
Rented from housing association	15	18	14	15
Rented from private landlord	17	18	17	17
Some other arrangement	12	13	15	14
Total	100	100	100	100
<i>Base</i>	<i>(227)</i>	<i>(548)</i>	<i>(1,429)</i>	<i>(2,204)</i>

Base: ESA claimants, excluding closed/withdrawn and in progress cases.

Table 2.16 looks at the employment status of the respondent’s partner, if they had one. Around half were in paid work of some kind in the week prior to the survey, and again this was similar across all claim groups.

Table 2.16 Partner’s employment status in the week before survey, by claim group

	SG	WRAG	FFW	Total
Employed or self-employed	53	57	47	50
Sick in some way	[11]	[10]	[13]	12
Not working but actively seeking work	[9]	[5]	11	9
Other (includes caring for family members)	[28]	28	30	29
Total	100	100	100	100
<i>Base</i>	<i>(105)</i>	<i>(232)</i>	<i>(601)</i>	<i>(938)</i>

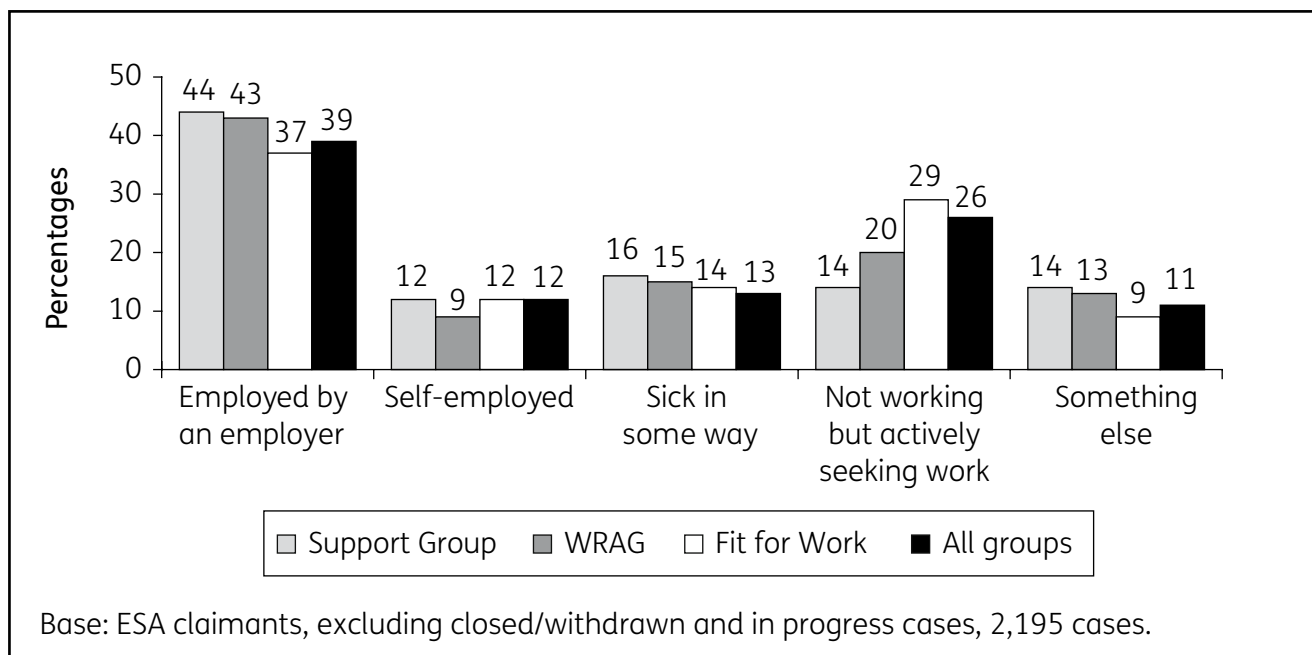
Base: ESA claimants with a partner, excluding closed/withdrawn and in progress cases.

2.5 Employment status before claiming Employment and Support Allowance

ESA customers were asked about their employment status immediately prior to claiming. As Figure 2.2 shows, around half of respondents were in work (whether as an employee or self-employed) immediately prior to claiming, and of the remainder, around 15 per cent were sick in some way.

There were few differences between the claim outcome groups with respect to their previous employment status, the main one being that those in the FFW group were more likely to have been unemployed and looking for work immediately prior to their ESA claim.

Figure 2.2 Employment position prior to claim, by claim outcome group



Looking at whether or not someone was likely to have been in work prior to claiming (Table 2.17), those more likely to have been in work tended to have a less disadvantaged profile, for instance owning their own home and not being in one of the former PSA16 groups recognised as disadvantaged.¹⁸

Table 2.17 Characteristics of those more likely to be in work prior to claim

More likely to be in work before claim:	Less likely to be in work before claim:
<ul style="list-style-type: none"> aged 50+ (66 per cent) physical health problem (56 per cent) not in a disadvantaged group (56 per cent) owner-occupiers (68 per cent) 	<ul style="list-style-type: none"> under 24 (34 per cent) lone parents (39 per cent) mental health problem (39 per cent) in a disadvantaged group (32 per cent) private renters (39 per cent)

Base: ESA claimants, excluding closed/withdrawn and in progress cases.

Respondents were also asked whether this was their first claim for a state sickness benefit; as Table 2.18 shows, over two-thirds of claimants said this was the case. People in the SG were more likely to say they were claiming for the first time; only around one in five of this group said that they had claimed a sickness benefit before.

¹⁸ These findings were all statistically significant at the 95 per cent level.

Table 2.18 Whether this was a first claim for a sickness benefit

	SG %	WRAG %	FFW %	Total %
First ever claim	78	71	68	71
Had previously claimed some kind of sickness benefit	22	29	32	29
Total	100	100	100	100
<i>Base</i>	<i>(569)</i>	<i>(1,046)</i>	<i>(1,181)</i>	<i>(2,796)</i>

Base: ESA claimants, excluding closed/withdrawn and in progress cases.

2.6 Conclusions

As one would expect, the population of those claiming ESA, as described in this chapter, is similar to that identified by Kemp and Davidson in their 2006 *Routes onto Incapacity Benefit* survey. Compared to the general population, people claiming ESA are:

- disproportionately male;
- older;
- more likely to live in social housing;
- more likely to be single or a lone parent.

The great majority of people claiming ESA said they were claiming a sickness benefit for the first time, and over half had been working immediately before their claim. However, a considerable proportion had labour market disadvantages, with over a third having no qualifications and more than one in five being in a group recognised as facing severe employment disadvantage.

There appear to be broad similarities in the demographic and economic profiles of the different ESA claim groups (the SG, WRAG, and those found FFW). However, compared to the UK population as a whole, ESA claimants were an economically disadvantaged group.

3 Making the Employment and Support Allowance claim

3.1 Introduction

This chapter looks at customers' experiences of making a claim for Employment and Support Allowance (ESA), including how the claim was made, how long it took, the ease of answering questions and completing the ESA50 form about their health condition, and how long they reported waiting before the benefit was paid.

3.2 Initial awareness of Employment and Support Allowance

All respondents were asked if someone had told them about ESA before they claimed, or whether they were already aware that it existed. Awareness was found to be low, with 17 per cent reporting that they had heard of the benefit prior to their claim, and over 80 per cent saying they were advised to claim ESA by someone else.

Older claimants were slightly more likely to have heard of ESA (25 per cent of those aged 55 or over) and men were more likely to have heard of the benefit than women (19 per cent and 14 per cent respectively). As Table 3.1 shows, awareness of ESA prior to claiming is associated with housing tenure, with those living in privately owned accommodation more likely to have heard of the benefit (21 per cent) than those in rented accommodation (14 per cent).

Table 3.1 Awareness of ESA prior to claim, by housing tenure

	Privately owned %	Rented %	Some other arrangement %	Total %
Someone told me about ESA	79	86	81	83
Already aware of ESA	21	14	19	17
Total	100	100	100	100
<i>Base</i>	<i>(1,100)</i>	<i>(1,595)</i>	<i>(468)</i>	<i>(3,163)</i>

Don't know/can't remember counted as missing.

Also, as shown in Table 3.2, claimants whose main health condition was physical were more likely to be aware of the existence of ESA (19 per cent) and so less likely to have been advised to claim by somebody else, than those whose main condition related to their mental health (14 per cent).

Table 3.2 Awareness of ESA prior to claim, by mental/physical health condition

	Mental health condition %	Physical health condition %	Total %
Someone told me about ESA	86	81	83
Already aware of ESA	14	19	17
Total	100	100	100
<i>Base</i>	<i>(902)</i>	<i>(1,605)</i>	<i>(2,507)</i>

Don't know/can't remember counted as missing.

Amongst those who had claimed some kind of sickness benefit in the past, awareness was relatively low (approximately one in four had heard of ESA), however, as Table 3.3 shows, those with a previous sickness benefit claim were more likely to have heard of ESA (26 per cent) than those claiming for the first time (14 per cent).

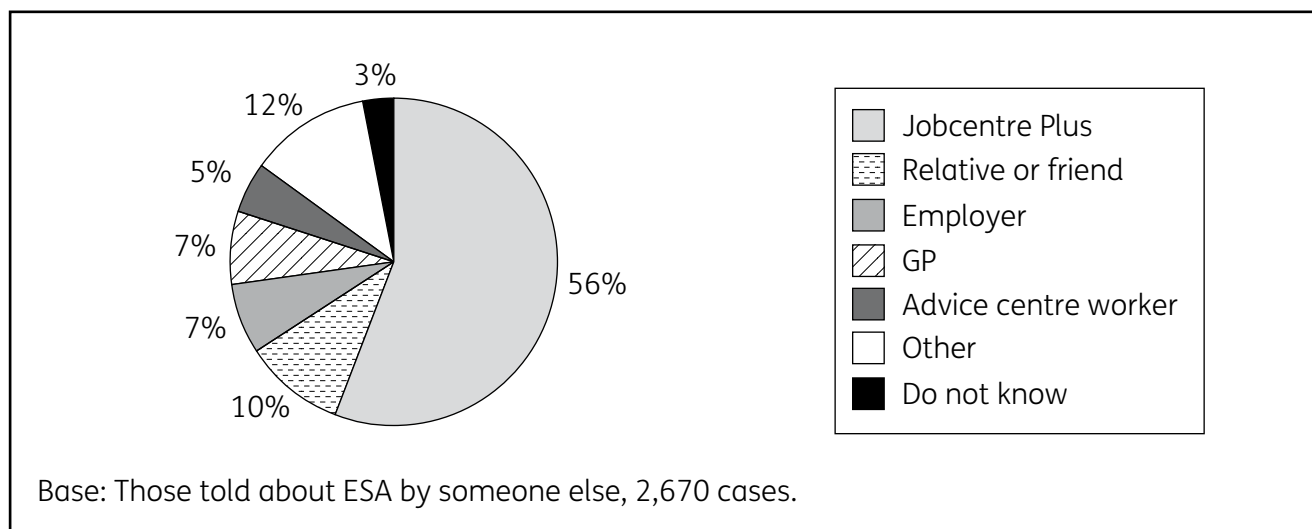
Table 3.3 Awareness of ESA prior to claim, by previous sickness benefit claim

	First ever claim %	Previously claimed some kind of sickness benefit %	Total %
Someone told me about ESA	86	74	83
Already aware of ESA	14	26	17
Total	100	100	100
<i>Base</i>	<i>(2,217)</i>	<i>(914)</i>	<i>(3,131)</i>

Don't know/can't remember counted as missing.

Claimants who said they had been told about ESA by someone were asked who the source of their information was. Figure 3.1 shows that most often these respondents reported that they had been made aware of the benefit by Jobcentre Plus (56 per cent mentioned this). The next most common source of information was a relative or friend (cited by ten per cent of respondents), closely followed by the respondent's employer (seven per cent) or General Practitioner (GP) (seven per cent).

Figure 3.1 Who told you about ESA?



Further analysis by claim outcome group revealed that fewer claimants in the Support Group (SG) (39 per cent) had been made aware of ESA by Jobcentre Plus than in the Work-Related Activity Group (WRAG) (58 per cent) or Fit for Work (FFW) group (59 per cent).

Table 3.4 Who advised you to claim ESA, by claim group

	SG %	WRAG %	FFW %	Total %
Jobcentre Plus	39	58	59	57
Other	61	42	41	43
Total	100	100	100	100
<i>Base</i>	<i>(169)</i>	<i>(397)</i>	<i>(1,082)</i>	<i>(1,648)</i>

Base: ESA claimants, excluding closed/withdrawn and in progress cases.

Again, there is an association between housing tenure and the source of information on ESA: just under half (49 per cent) of those in privately owned accommodation had heard about ESA via Jobcentre Plus, whereas nearly two-thirds (62 per cent) of those in rented accommodation had been made aware of the benefit by Jobcentre Plus (Table 3.5).

Table 3.5 Who advised you to claim ESA, by housing tenure

	Privately owned %	Rented %	Some other arrangement %	Total %
Jobcentre Plus	49	62	59	57
Other	51	38	41	43
Total	100	100	100	100
<i>Base</i>	<i>(889)</i>	<i>(1,399)</i>	<i>(387)</i>	<i>(2,675)</i>

Base: ESA claimants, excluding closed/withdrawn and in progress cases.

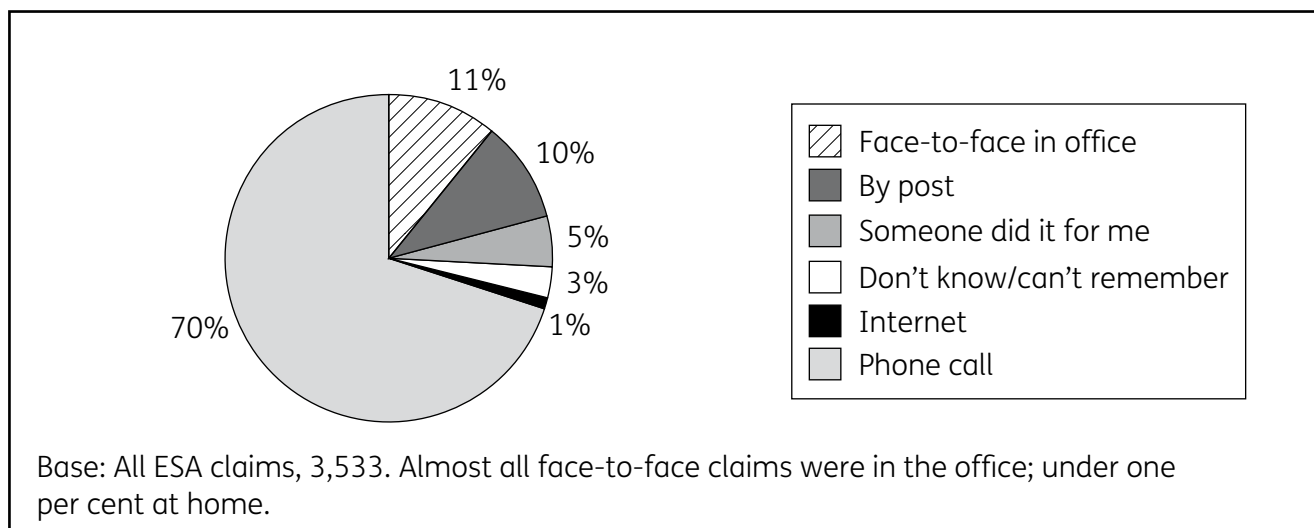
All respondents were also asked, without prompting, what they had known about ESA at the time they made their claim. Three per cent identified the work focus of the benefit, nearly a third (32 per cent) said they knew ESA was a sickness benefit, and well over half (58 per cent) said that they knew nothing about ESA.

3.3 Employment and Support Allowance claim process

3.3.1 Making the claim

Most respondents had made their ESA claim by phone (70 per cent). Similar numbers had claimed by post or face-to-face in a Jobcentre Plus office (ten per cent and 11 per cent respectively). Five per cent of claims were made by proxy (that is, by a relative or friend acting on their behalf) and a minority (one per cent) were made via the internet.

Figure 3.2 Mode of claiming ESA



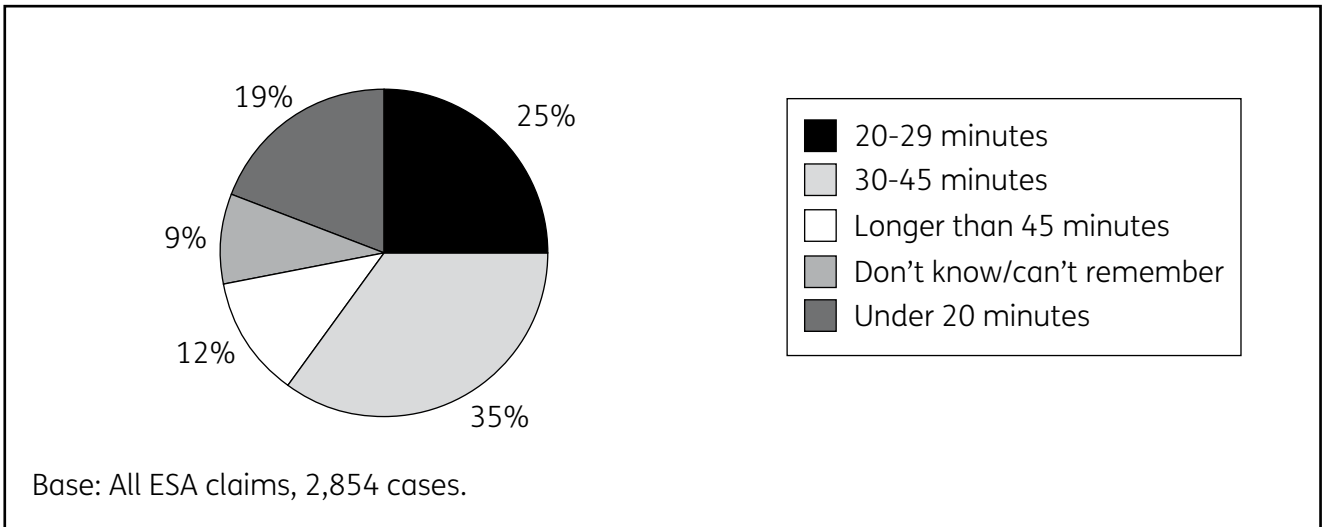
Claiming face-to-face in a Jobcentre Plus office was most common amongst those with literacy and numeracy problems (19 per cent claimed this way¹⁹), those with problems speaking English (18 per cent²⁰), those in a disadvantaged group (16 per cent) and those living alone (15 per cent). Younger people were the least likely to make their claim in person (seven per cent of 18 to 24 year olds).

Over a third of the claims (35 per cent) took the advised 30 to 45 minutes to register. About one in five claims (19 per cent) were registered in under 20 minutes, and only approximately one in ten (12 per cent) lasted longer than 45 minutes.

¹⁹ Sample unsuitable for significance testing due to size/parameters.

²⁰ Ibid.

Figure 3.3 How long did the phone call/office interview/home visit last?



3.3.2 Ease of claiming

Three-quarters (75 per cent) of respondents said they did not have trouble answering the questions they were asked during the claim process and 80 per cent said that they felt their situation was well understood by the person they spoke to (whether the claim was made by phone or in person).

Figure 3.4 Ease of answering questions

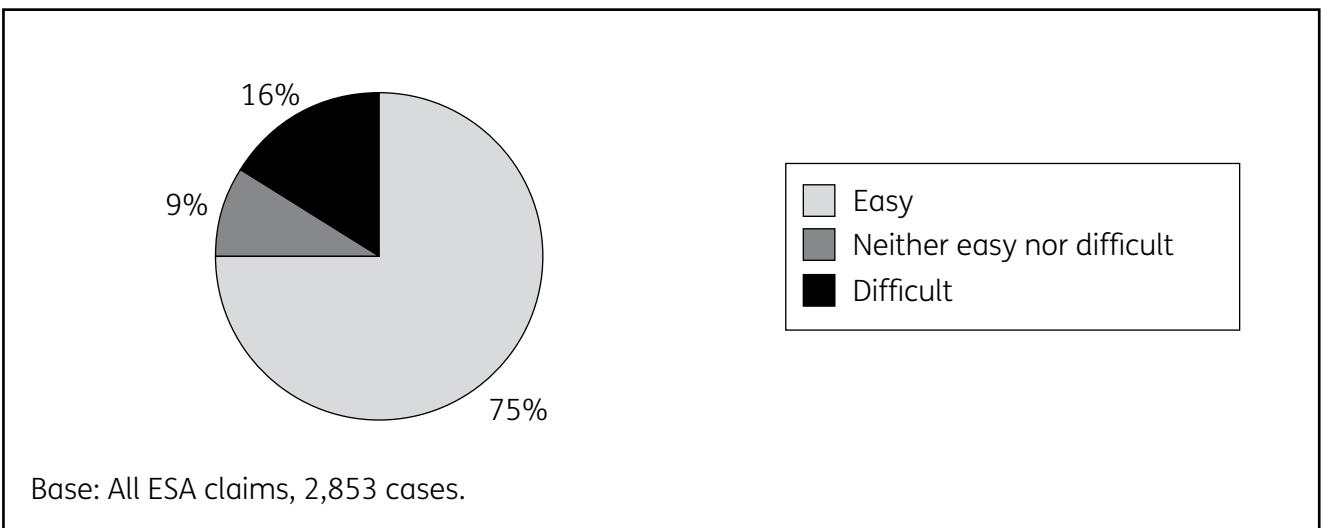
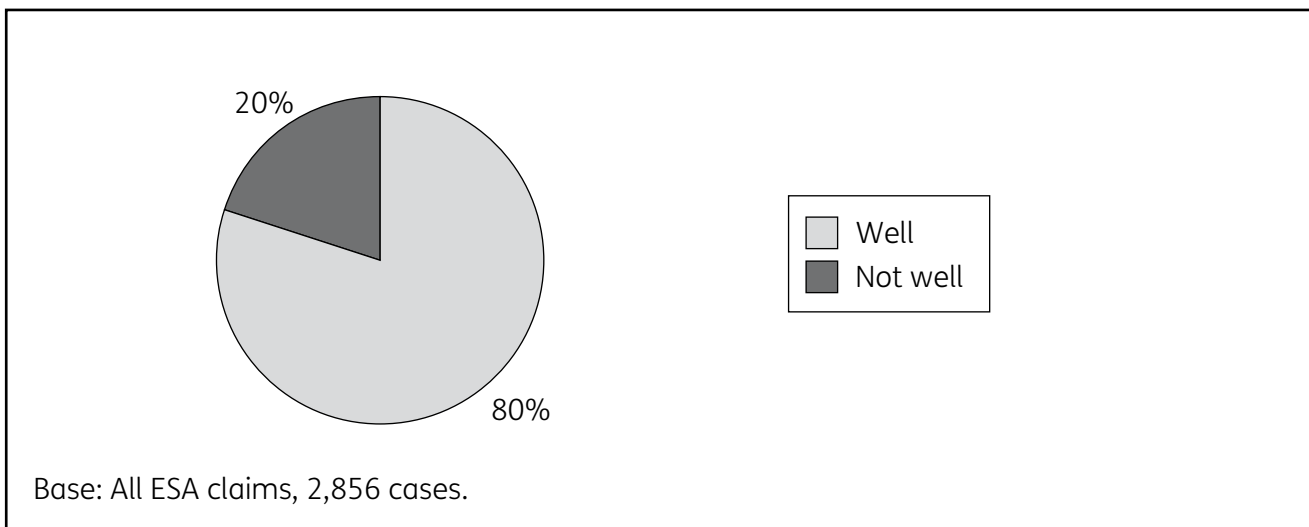


Figure 3.5 How well did they understand your situation?



However, 16 per cent of the sample said that they did find answering the questions difficult. Those most likely to struggle were respondents with literacy and numeracy problems (36 per cent²¹), problems speaking English (31 per cent²²), and respondents in a disadvantaged group (24 per cent).

Table 3.6 Ease of answering questions, by literacy and numeracy problems

	Literacy and numeracy problems		Total %
	Yes %	No %	
Easy	56	75	75
Neither easy or difficult	[8]	9	9
Difficult	[35]	16	16
Total	100	100	100
<i>Base</i>	<i>(62)</i>	<i>(2,727)</i>	<i>(2,789)</i>

Base: All ESA claims.

²¹ Sample unsuitable for significance testing due to size/parameters.

²² Ibid.

Table 3.7 Ease of answering questions, by difficulty speaking English

	Problems speaking English %	No problems speaking English %	Total %
Easy	55	75	75
Neither easy or difficult	[13]	9	9
Difficult	[31]	16	16
Total	100	100	100
<i>Base</i>	(83)	(2,703)	(2,788) ¹

Base: All ESA claims.

¹ Includes two ‘refused’ cases, which were counted as missing data.

Table 3.8 Ease of answering questions, by whether in any disadvantaged group

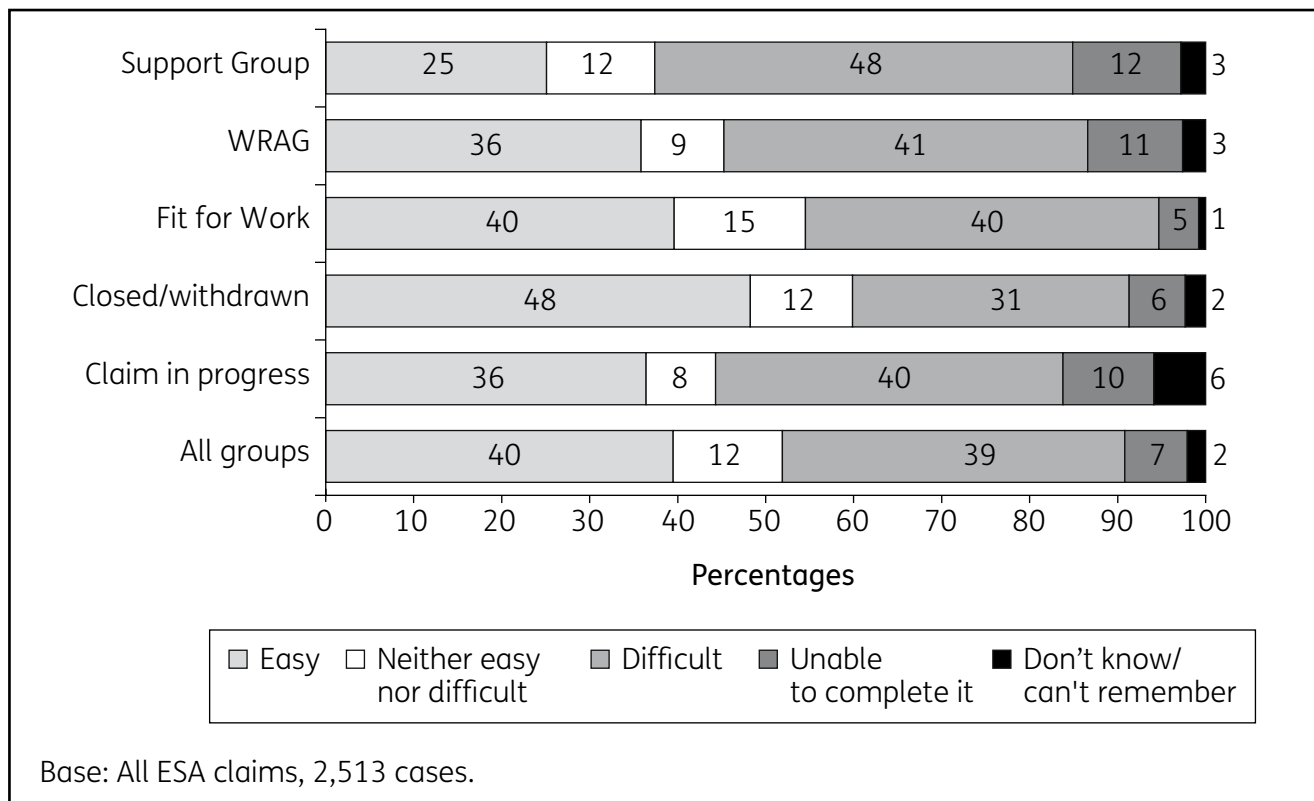
	In one or more disadvantaged group %	Not in any disadvantaged group %	Total %
Easy	66	77	75
Neither easy or difficult	10	9	9
Difficult	24	14	16
Total	100	100	100
<i>Base</i>	(553)	(2,235)	(2,788)

Base: All ESA claims.

3.3.3 Completing the ESA50

Sixty-nine per cent of the sample recalled filling in the ESA50 form. Amongst these, approximately two out of five (39 per cent) said they found completing the form difficult and seven per cent were unable to complete it. Ease of completion seems to be associated with both the severity and type of health condition. Analysis by claim group shows that 60 per cent of the SG found the form either difficult (48 per cent) or impossible (12 per cent) to complete without help, compared to 52 per cent of the WRAG group (41 per cent and 11 per cent respectively) and 45 per cent of the FFW group (40 per cent and five per cent respectively).

Figure 3.6 How easy was it to complete the ESA50 form, by claim group



Those whose main condition affected their mental health were more likely to find the ESA50 difficult to complete, compared to those whose primary condition was a physical health complaint. In total 57 per cent of those with mental health conditions either found the form difficult (47 per cent) or impossible to complete (ten per cent) without help. This is compared to 43 per cent of those with physical health conditions (37 per cent and six per cent respectively).

Table 3.9 How easy was it to complete the ESA50 form, by mental/physical health condition

	Mental health condition %	Physical health condition %	Total %
Easy	31	41	38
Neither easy nor difficult	8	13	12
Difficult	47	37	41
Unable to complete it	10	6	8
Do not know/can't remember	[3]	[2]	2
Total	100	100	100
<i>Base</i>	<i>(715)</i>	<i>(1,351)</i>	<i>(2,066)</i>

Base: All who remembered completing ESA50.

Table 3.10 looks at health condition; those with ‘other’ conditions were the most likely to say that they had found completing the ESA50 difficult.

Table 3.10 How easy was it to complete the ESA50 form, by nature of health condition

	Mental health condition %	Injury or musculo-skeletal problem %	Long-term conditions affecting whole body/major organs %	Other condition or disability %	Total %
Easy	33	43	43	28	38
Neither easy nor difficult	8	14	14	11	12
Difficult	47	37	36	44	41
Unable to complete it	9	6	3	15	8
Do not know/can't remember	3	1	4	2	2
Total	100	100	100	100	100
<i>Base</i>	<i>(658)</i>	<i>(786)</i>	<i>(356)</i>	<i>(263)</i>	<i>(2,114)</i>

Base: All who remembered completing ESA50.

The figures for respondents with a mental health condition in this table differ slightly to those in Table 3.9 as Table 3.9 reassigns some ‘Other condition or disability’ to either physical or mental health conditions, where this was possible to determine.

Nearly half of the sample (48 per cent) said they received help completing the ESA50 form. People most likely to receive help were those who have problems speaking English (77 per cent) or literacy problems (73 per cent). Younger respondents aged 18 to 24 were also more likely to receive help (62 per cent), as well as those in a disadvantaged group (61 per cent) or people with ‘other’ health conditions (62 per cent) or mental health conditions (57 per cent). Analysis by claim group reveals that those found FFW were less likely to have received help completing the ESA50 form (45 per cent) than those in the support group (61 per cent) or WRAG (62 per cent); those in the claim closed/withdrawn groups were least likely to have received help (36 per cent).

Respondents who said that they had received help completing the ESA50 form were asked to list everyone who had helped them. Nearly three quarters (73 per cent) said that a friend or relative had offered assistance. The next most common source of help was Jobcentre Plus (15 per cent). Those with partners were most likely to have received help from a friend or relative²³ (80 per cent, compared to 67 per cent of those without a partner). Single parents, or people living alone were more likely to use ‘official’ sources of help, such as Jobcentre Plus (23 per cent) or Citizens Advice Bureaux (nine per cent), compared to those who have partners or are single, but not living alone (11 per cent and five per cent respectively). Younger respondents aged 18 to 24 were least likely to ask Jobcentre Plus for help (six per cent compared to 18 per cent of those aged 25 or over).

²³ Which could include their partner.

Figure 3.7 Did anyone help you complete the ESA50 form?

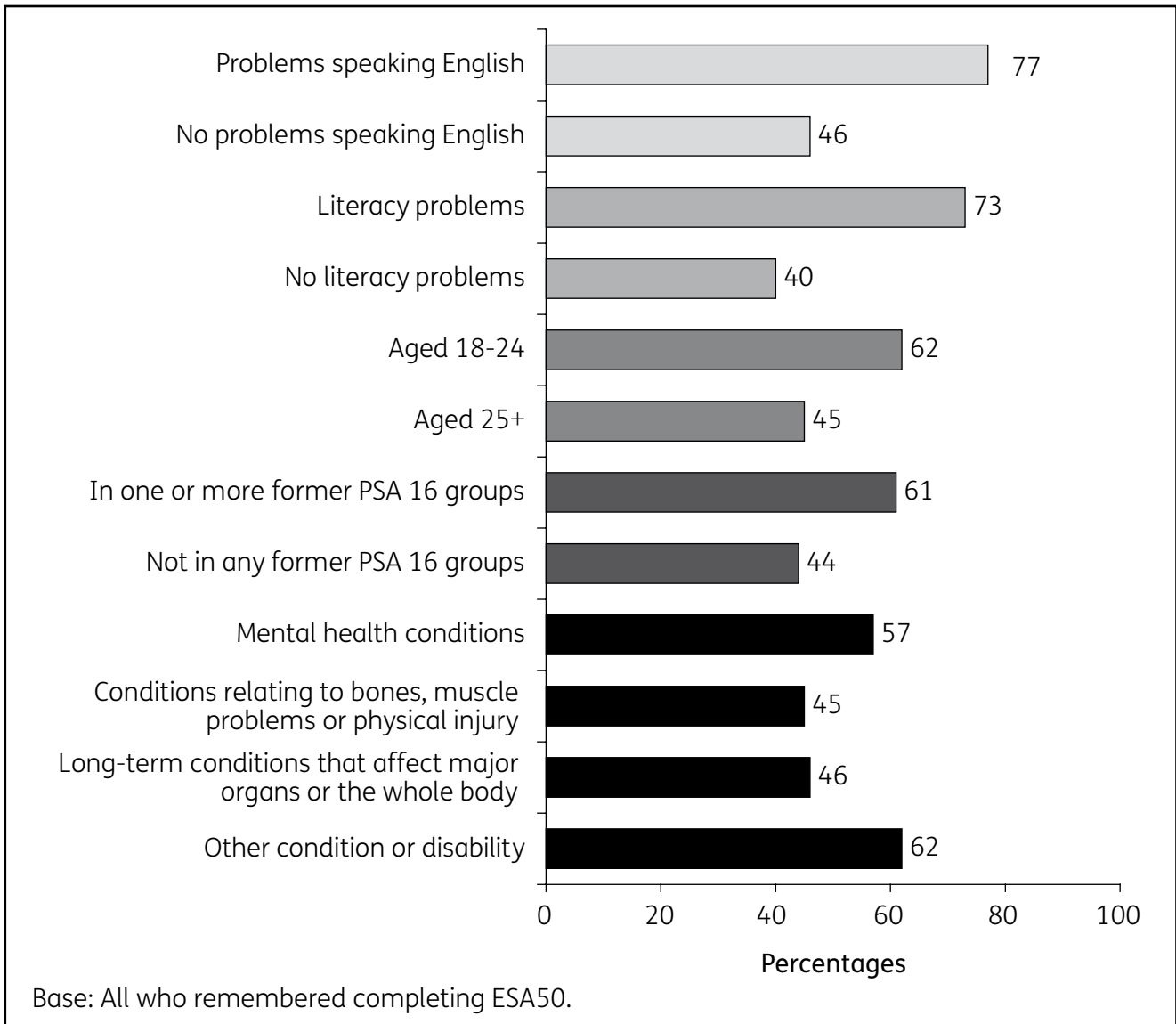
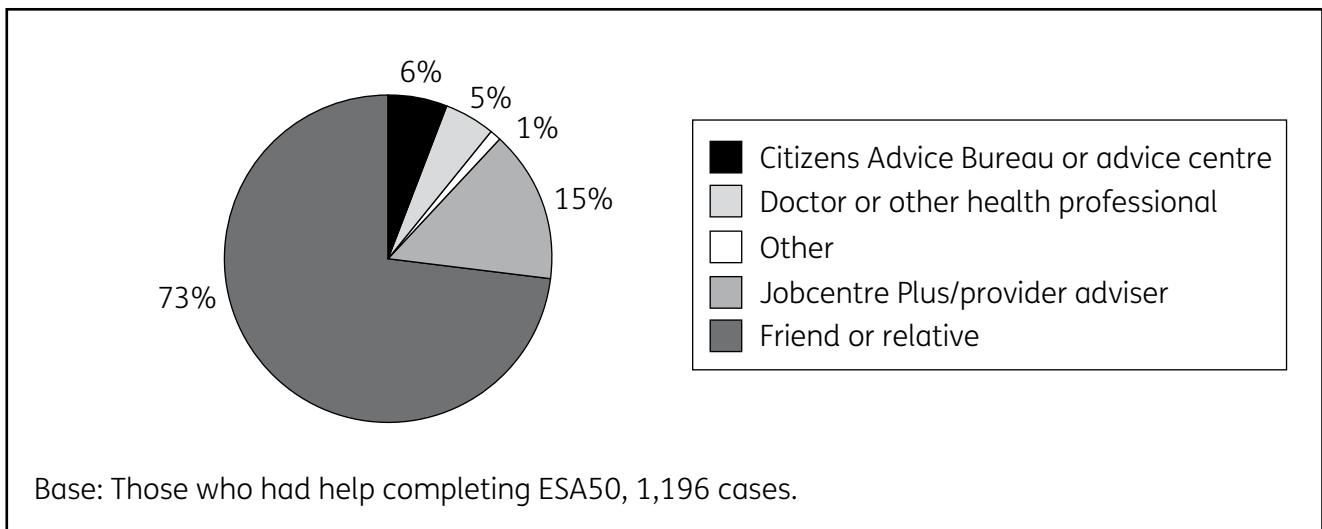


Figure 3.8 Who helped you complete ESA50?



Over half of the sample (54 per cent) said that they received their first ESA payment within one month of registering their claim, and 87 per cent received payment within three months.

3.4 Conclusions

This chapter has shown that awareness of ESA prior to claiming was low. Most respondents were advised to claim ESA by someone else, most frequently by Jobcentre Plus. At the time of claiming nearly a third of the sample were aware that ESA was a sickness benefit, but well over half said that they knew nothing about ESA at all.

Satisfaction with the initial claim process seemed to be fairly high; three-quarters of respondents did not report any difficulties answering the initial questions and most felt that their situation had been well understood by the person they spoke with. However, the same cannot be said for the ESA50 questionnaire. Almost half the sample reporting that they found the form either difficult, or impossible to complete, and that they sought help in order to complete it. Those in the SG had the most difficulties, followed by those in the WRAG and then FFW groups. More people with a mental health condition as a primary health condition said they found the form difficult to complete than those with physical health conditions. Respondents who were found FFW were less likely to have received help completing the ESA50 than those in the WRAG or SG.

4 The assessment process: The Work Capability Assessment and Work-Focused Health-Related Assessment

4.1 Introduction

This chapter discusses the face-to-face Work Capability Assessment (WCA), which provides the basis for a decision as to whether someone is entitled to Employment and Support Allowance (ESA), and their allocation to a particular claim group²⁴, and the Work-Focused Health-Related Assessment (WFHRA), which is intended to explore customer attitudes and views towards work. It explores customer experiences and views of these processes and their outcomes.

4.2 The face-to-face Work Capability Assessment

At the time they were interviewed, 89 per cent of ESA customers said they had attended a face-to-face WCA, as Table 4.1 shows. Among the Support Group (SG), where only 54 per cent had attended a WCA, 12 per cent recalled being told that they did not need to have a WCA, but 17 per cent simply referred to not receiving an appointment, suggesting that they may not have fully understood the process, and might still have been expecting to be called in at the time of the survey.

Table 4.1 Has the customer had a WCA?

	SG %	Work-Related Activity Group (WRAG) %	Fit for Work (FFW) %	Total %
Yes, face-to-face	54	93	94	89
Had a decision, but no face-to-face	[6]	[1]	1	2
No, but I have an appointment for one	[4]	[2]	[*]	1
I've been told I don't have to have this	12	[1]	1	2
No, and I have not received an appointment for one	17	[2]	2	4
Don't know/can't remember	[6]	[2]	1	2
Total	100	100	100	100
<i>Base</i>	<i>(227)</i>	<i>(547)</i>	<i>(1,431)</i>	<i>(2,205)</i>

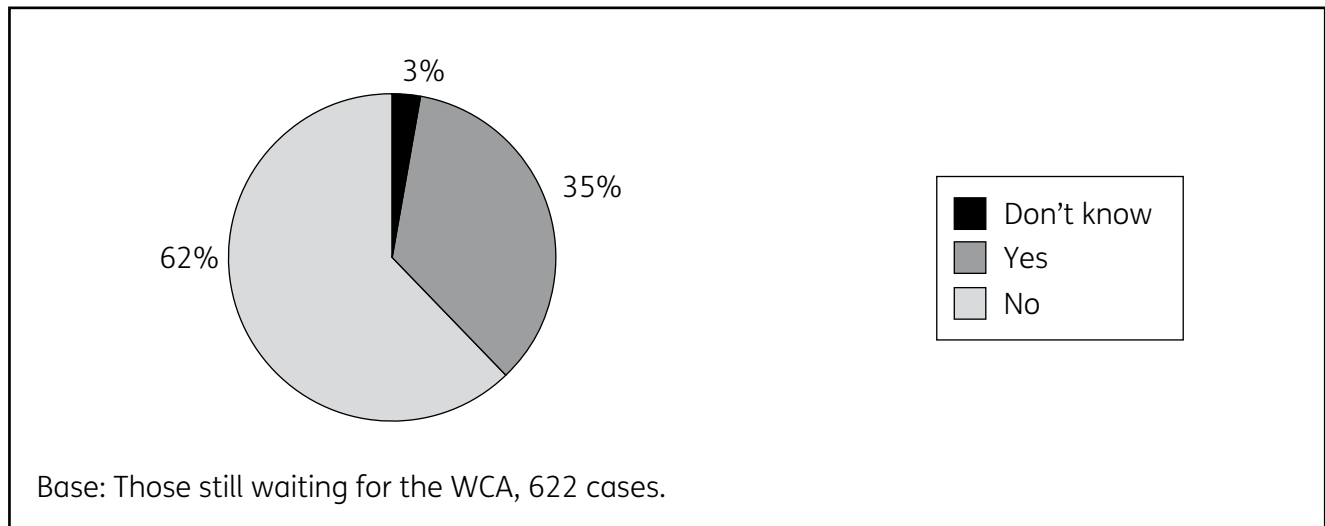
Base: ESA claimants, excluding closed/withdrawn and in progress cases.

²⁴ Those who are terminally ill and those with certain severe conditions are assessed on the basis of documentary evidence, and not required to attend a WCA.

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As Figure 4.1 shows, only just over a third (35 per cent) of those who had not yet had their WCA knew what this would involve.

Figure 4.1 Did those still waiting for a face-to-face WCA know what to expect?



As Table 4.2 shows, at the time of the survey, 59 per cent of customers recalled having their WCA within three months, which is broadly the intended time period. Most of the remainder had this within six months of making their claim for ESA.

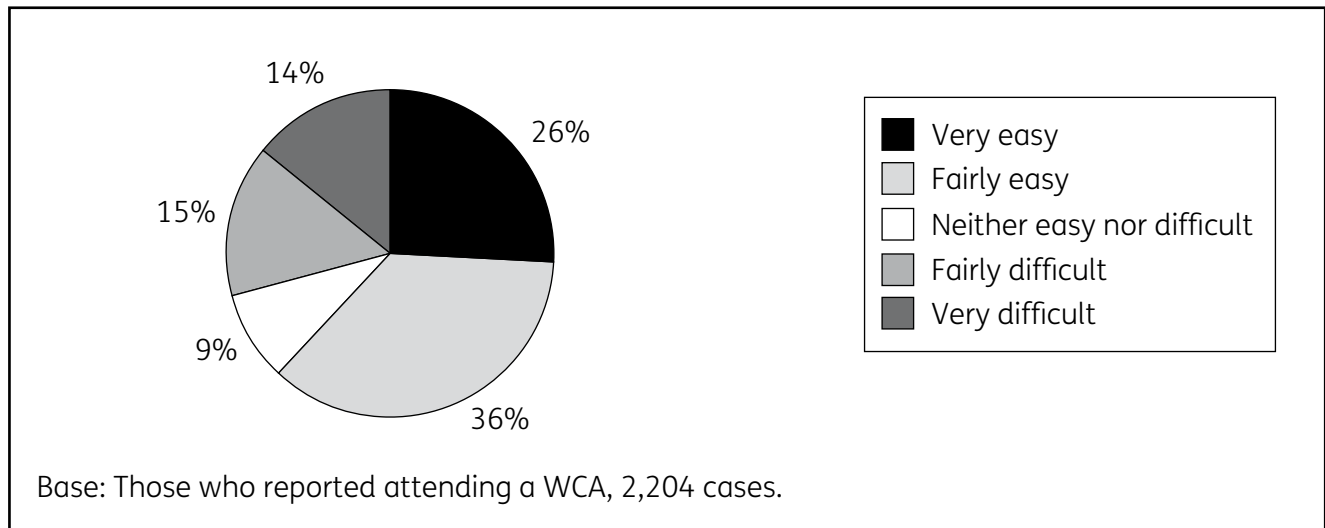
Table 4.2 How long did customers wait for a face-to-face WCA?

	SG %	WRAG %	FFW %	Total %
Less than one month	16	22	18	18
One month but less than three months	41	41	40	41
Three months but less than six months	22	23	32	29
More than six months	[11]	[3]	3	4
Don't know	[11]	12	7	8
Total	100	100	100	100
<i>Base</i>	<i>(123)</i>	<i>(506)</i>	<i>(1,337)</i>	<i>(1,966)</i>

Base: Those who reported attending a WCA.

As Figure 4.2 shows, most people found it straightforward to travel to the WCA, with 62 per cent reporting that this was fairly or very easy.

Figure 4.2 How easy was it to get to the WCA?



Health condition, as one might expect, was the main factor influencing how easy it was to get to the WCA. As Table 4.3 shows, those whose main condition related to their physical health were more likely to report difficulties travelling to the WCA (33 per cent), than those whose primary condition affected their mental health (27 per cent). Lone parents also reported more problems, as Table 4.4 shows – 36 per cent said it had been difficult for them to travel to the WCA.

Table 4.3 How easy was it for customers to travel to the WCA, by health condition

	Mental health condition %	Physical health condition %	Total %
Easy	64	59	61
Neither easy nor difficult	9	8	9
Difficult	27	33	31
Total	100	100	100
<i>Base</i>	<i>(730)</i>	<i>(1,229)</i>	<i>(1,959)</i>

Base: Those who reported attending a WCA.

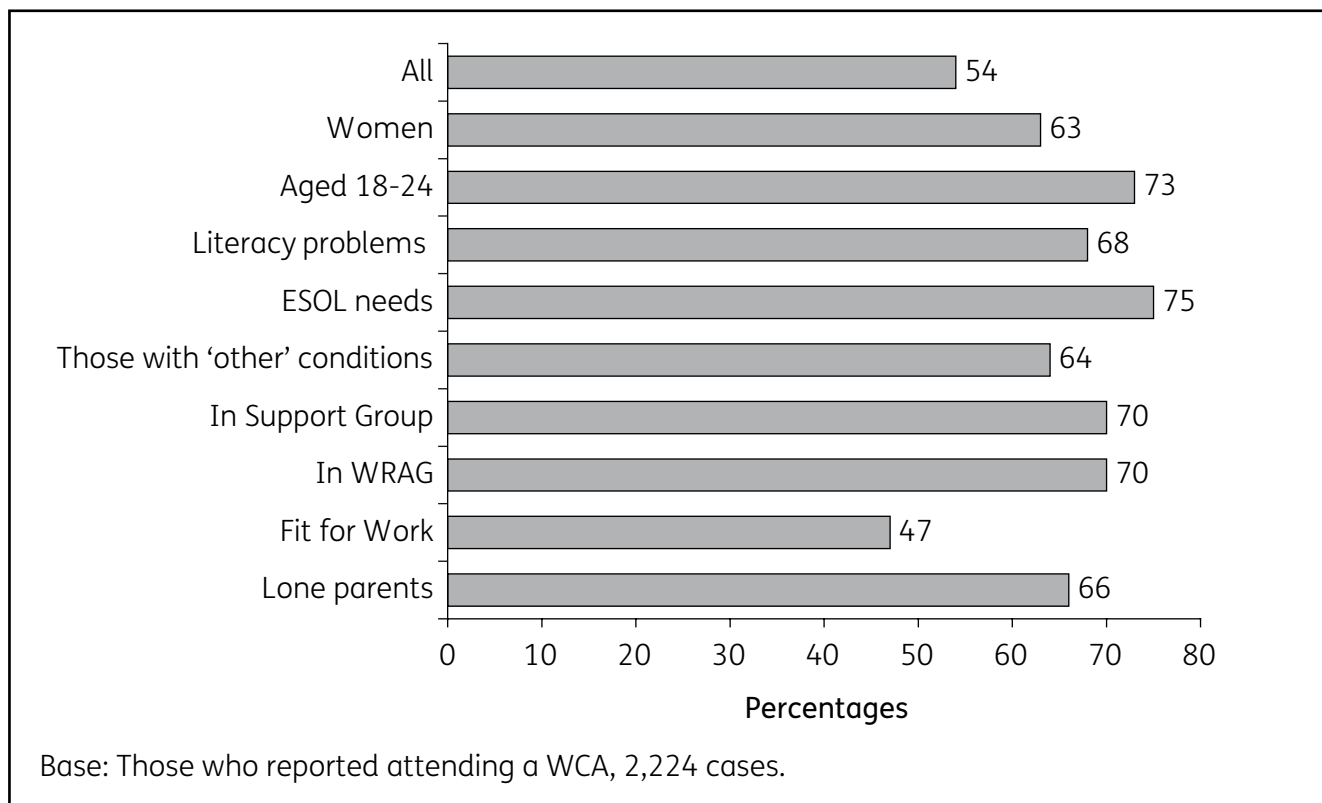
Table 4.4 How easy was it for customers to travel to the WCA, by household type

	Lives alone %	Lone parent with children under 19 %	Couple with children under 19 %	Couple no children under 19 %	Single but not alone %	Total %
Easy	63	56	66	65	62	62
Neither easy nor difficult	10	8	[5]	8	10	8
Difficult	28	36	30	26	28	29
Total	100	100	100	100	100	100
<i>Base</i>	<i>(502)</i>	<i>(379)</i>	<i>(440)</i>	<i>(471)</i>	<i>(422)</i>	<i>(2,214)</i>

Base: Those who reported attending a WCA.

As Figure 4.3 shows, overall, just over half of those who had attended a WCA took someone with them on the day. However, there were large variations between groups, by age group, household composition, and claim outcome group. Those with literacy or language needs, or with 'other' health conditions, were also more likely to be accompanied.

Figure 4.3 Did you take someone with you to the WCA?



As Table 4.5 shows, the vast majority of WCAs took between 15 and 59 minutes, with only around one in five falling outside this range. Those in the FFW group were more likely to have had a shorter WCA compared to those in the WRAG and SG. The WRAG were most likely to report a WCA of mid length (15-59 minutes), while the SG were the most likely to have had a longer WCA (lasting an hour or more).

Table 4.5 Experiences of the WCA, by claim group

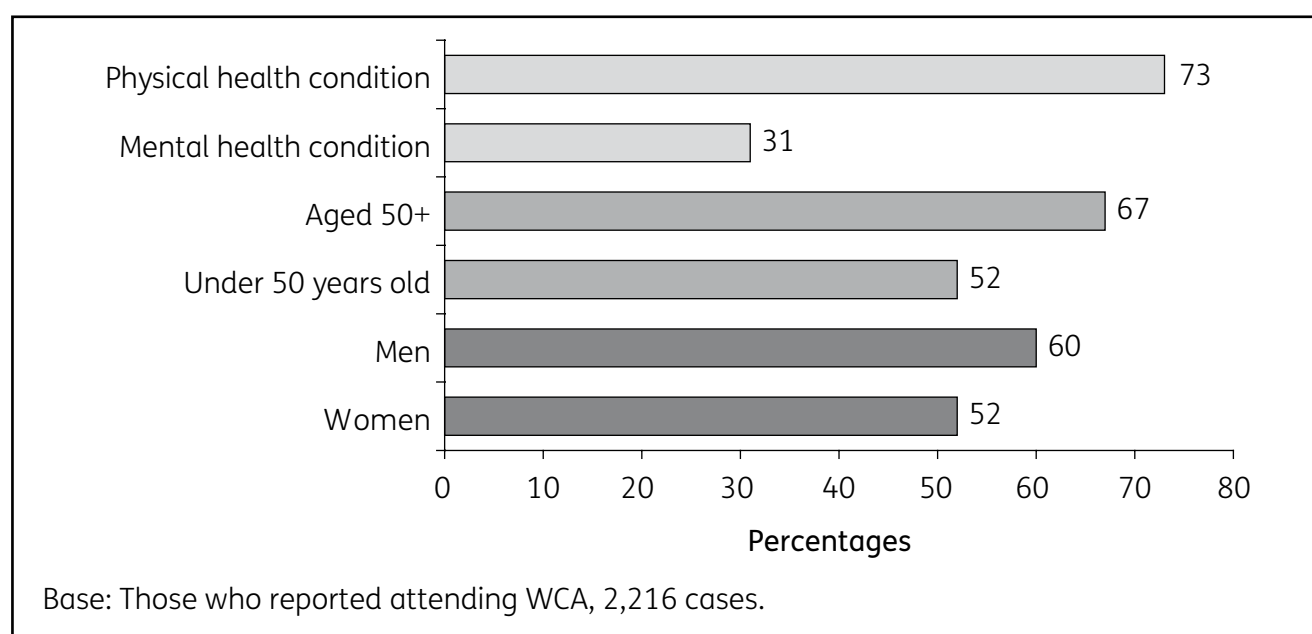
	SG %	WRAG %	FFW %	Total %
How long did the WCA last?				
Less than 15 minutes	12	5	16	13
15-59 minutes	66	80	76	76
One hour or more	16	12	6	8
Which Healthcare Professional (HCP) was seen?				
Doctor	84	75	68	71
Nurse	8	11	19	16
Both	1	5	2	3
Was there a physical examination?				
Yes	45	60	56	56
No	52	40	43	43
<i>Base</i>	<i>(123)</i>	<i>(507)</i>	<i>(1,337)</i>	<i>(1,967)</i>

Base: Those who reported attending a WCA, excluding claim closed/withdrawn and in progress cases. Don't know and can't remember excluded.

Some groups were more likely to have a physical examination, as Figure 4.4 shows:

- physical health condition (73 per cent) compared to mental health condition (31 per cent);
- aged over 50 (67 per cent) – compared with those under 50 (52 per cent);
- men (60 per cent) – compared with women (52 per cent).

Figure 4.4 Was there a physical examination?

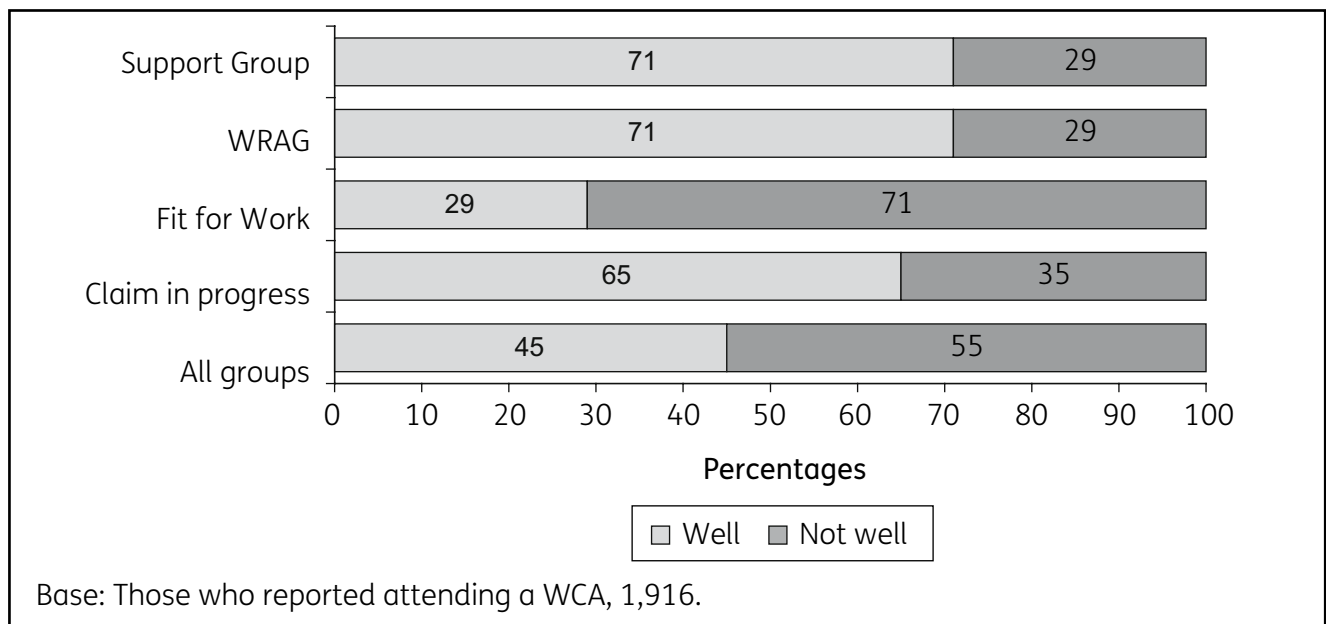


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However, there were no statistically significant differences between claim groups.

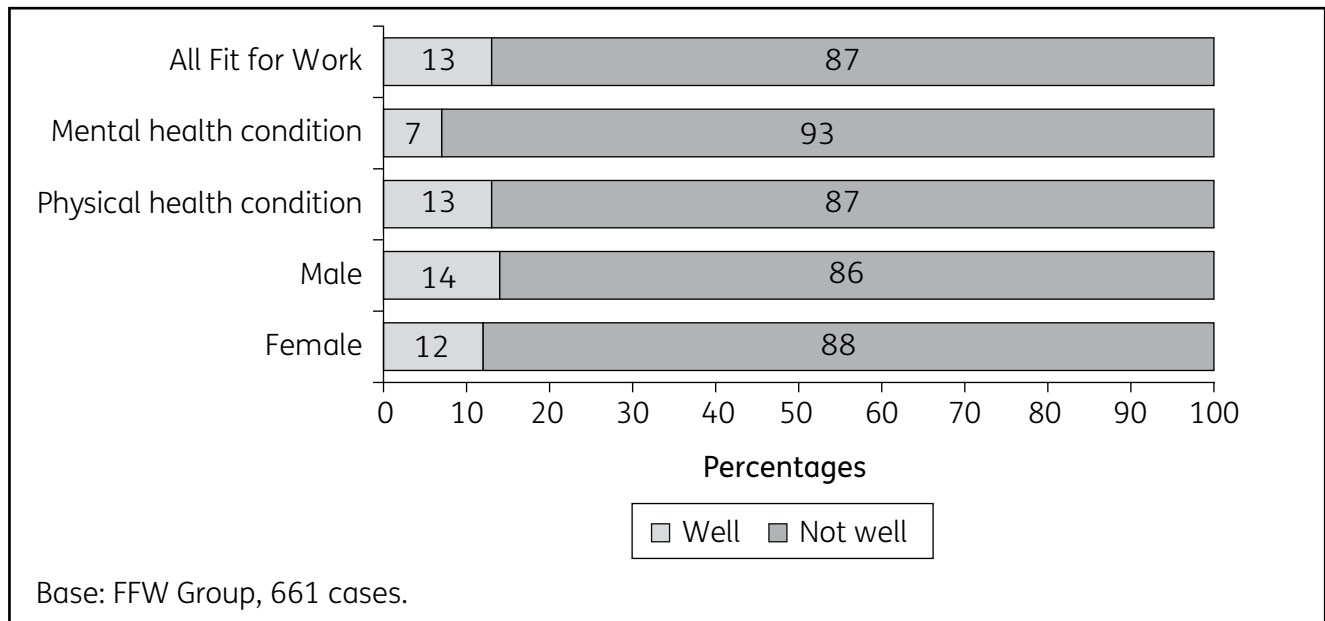
Figure 4.5 showed how well the customer felt that the HCP understood their condition. The level of satisfaction with HCP understanding was clearly driven by claim outcome; although other factors (age, health condition and gender) were explored, none of these showed differences.

Figure 4.5 How well did customer feel that the HCP understood their condition?



As Figure 4.6 shows, people in the FFW Group generally felt that the report of the WCA was not accurate. Those with mental health problems were more likely to feel that it was not accurate than those with a physical health condition, but there were no statistically significant differences by gender.

Figure 4.6 How well did FFW customers feel that the WCA report reflected their condition?



4.3 The WFHRA

Of those who had attended a WCA, 33 per cent had also attended a WFHRA. For most, this was on a different day, as Table 4.6 shows.

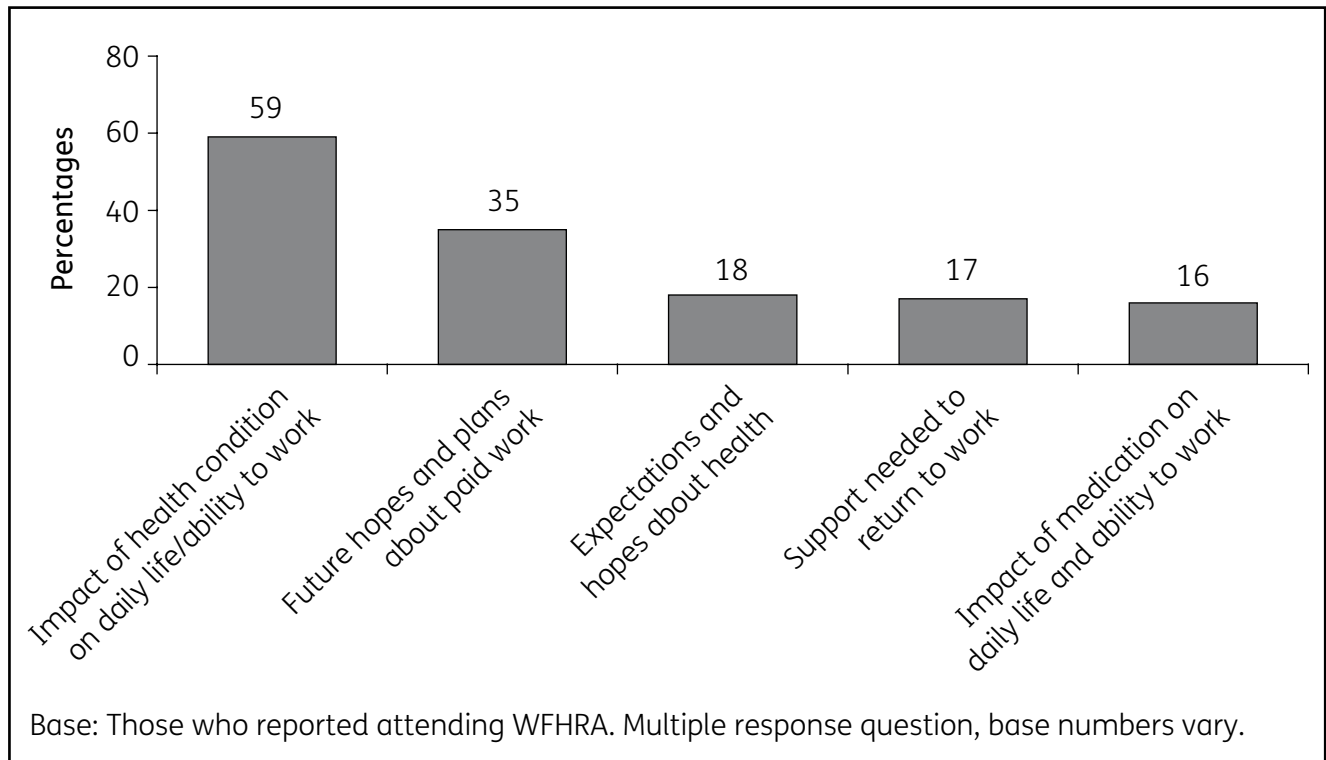
Table 4.6 Had customers who had a WCA also had a WFHRA?

	SG %	WRAG %	FFW %	Total %
Yes, on the same day	[9]	[8]	6	7
Yes, on a different day	[15]	48	18	26
No, still waiting	[7]	[7]	5	6
No, not heard about this	42	26	56	47
Don't know/can't remember	[27]	12	16	15
Total	100	100	100	100
<i>Base</i>	<i>(123)</i>	<i>(506)</i>	<i>(1,339)</i>	<i>(1,968)</i>

Base: Those who reported attending a WCA, excluding closed/withdrawn and in progress cases.

Figure 4.7 shows what customers recalled discussing in the WFHRA, and demonstrates that the main issues recalled were the impact of their health on the ability to work (mentioned in 59 per cent of cases), and their future hopes and plans regarding paid employment (35 per cent of cases), showing that the work focus of the WFHRA was something that had registered with customers.

Figure 4.7 What was discussed in the WFHRA?



Of those who were still waiting for a WFHRA at the time of the survey, very few knew what to expect; only five per cent said that they knew what this would involve.

4.4 Appeals

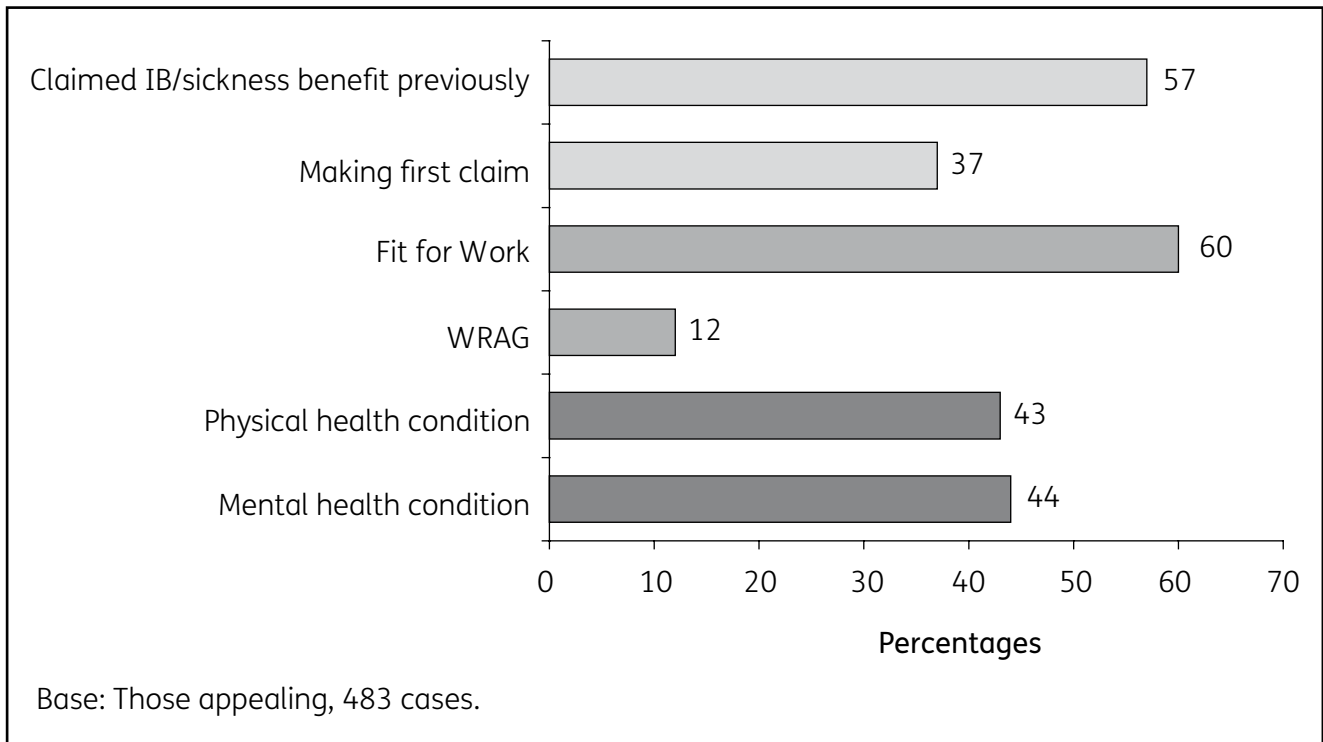
Overall, 41 per cent of WRAG/FFW customers in the survey had appealed. Appealing was more common amongst:

- people who had claimed Incapacity Benefit (IB)/sickness benefit before (57 per cent, compared with 37 per cent for those making a first claim);
- those found FFW²⁵ (60 per cent of the FFW group appealed, compared to 12 per cent of WRAG).

Those with physical health conditions (43 per cent) and mental health conditions (44 per cent) were equally likely to appeal.

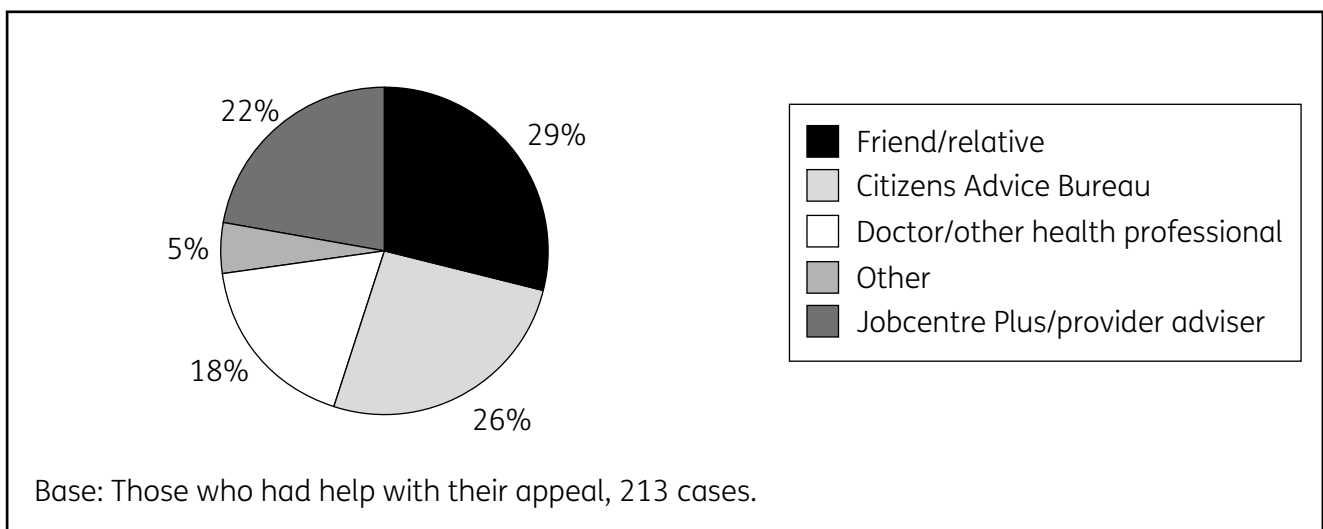
²⁵ Those in the WRAG can also appeal, if they feel they should have been placed in the SG, but fewer do so.

Figure 4.8 Characteristics associated with appealing



Forty-three per cent of appeal customers had help with their appeal. Figure 4.9 shows who had provided this.

Figure 4.9 Who helped customers with their appeal?



Thirty-two per cent of customers who had received a decision on their appeal had had their original ESA decision overturned. But most decisions had been upheld on appeal (64 per cent of decided cases). These figures are consistent with the official statistics on appeals.²⁶

²⁶ DWP Working Age Benefits Division (July 2010). *Employment and Support Allowance: Work Capability Assessment – Official Statistics*.

Most (79 per cent) of those who had appealed were still awaiting the outcome. Findings of the wave 2 survey, currently in the field, will provide more detail on the reasons for appealing and the characteristics of successful appellants, as it follows up respondents from the wave 1 survey.

4.5 Conclusions

Most customers who recalled attending a face-to-face WCA had done so within the intended time period, about three months. The majority had found it easy to travel to the WCA. Others (for example, those with a physical health problem, and lone parents) found travel less easy. In some groups (for example, people aged under 24, with English for Speakers of Other Languages (ESOL) needs or literacy problems) the great majority had been accompanied to the WCA.

This chapter has shown that there was a widespread lack of awareness about the WCA and WFHRA among ESA customers still waiting to attend these. For the majority of customers, who had attended a WCA, their impression of the HCP's understanding and the accuracy of the WCA report appeared to be driven mainly by the decision on their claim, with much lower ratings for accuracy and understanding among the FFW group than the WRAG and SG. However, a minority of those in the WRAG or SG expressed dissatisfaction with the HCP's perceived understanding of their condition in the WCA, despite eventually being found eligible for ESA and placed in the SG or WRAG.

There is a high appeal rate among those in the FFW group, but most of these appeals had not been decided at the time of the survey. Of those appealing, under half were receiving help to do so. Sources of help included relatives and friends and Citizens Advice Bureaux, Jobcentre Plus and health professionals.

5 Destinations of the Fit for Work and claims withdrawn/closed groups

5.1 Introduction

This chapter presents the survey findings on the destinations of those claimants who were found Fit for Work (FFW), and those who had either withdrawn their claim or had had it closed by Jobcentre Plus for non-response to the ESA50 medical questionnaire, or non-attendance at a face-to-face Work Capability Assessment (WCA), without good cause. The chapter describes how only a relatively small proportion of the FFW group were in employment at the time of the survey, almost half reported they were off work due to sickness, either temporarily or permanently, and more than one quarter were unemployed. The claim withdrawn or closed group were significantly more likely to be in employment and much less likely to report that they were sick. There was however a significant proportion of the group who reported being unemployed.

5.2 The Fit for Work Group

5.2.1 Destinations of those no longer claiming Employment and Support Allowance

Table 5.1 presents the employment situation of the FFW group in the week prior to which they were surveyed. A relatively small proportion of the group, 13 per cent, were back in employment. Of this number just over half had returned to the same employer they were working for prior to their claim, the remainder had found work with another employer.

Almost half of the FFW group still identified themselves as being sick or disabled – 27 per cent reported they were temporarily sick (this number was broadly evenly split between those who had a job to return to and those who did not); while 22 per cent viewed themselves as being permanently off work due to sickness. A further 28 per cent of the FFW group reported that they were unemployed and looking for work. For those respondents who had agreed to data-linking, the matching of their survey responses to administrative data held on their benefits and employment history, 26 per cent of the FFW group were identified as claiming Jobseeker's Allowance (JSA) at the time of the survey.²⁷ The survey responses identified that four per cent of the whole FFW group had a partner who was unemployed.

There was relatively little difference between the age groups in the proportion who were in employment at the time of the survey. The exception to this was the 18 to 24 group, who were much less likely to have gone into employment. This finding is consistent with what we might expect given that the unemployment rate for young people significantly exceeds that for the broader working age population, and that this differential increased during the recession; at the time of the survey the unemployment rate for 18-24 year olds stood at 18 per cent, compared to eight per cent for the working age population as a whole.²⁸

²⁷ This figure was calculated using the 1,253 FFW cases where the respondent had agreed to data linking.

²⁸ Labour Force Survey, Quarter 3 2009.

The proportion of the respondents who reported they were permanently sick increased significantly among the oldest cohort of respondents, those aged 55 and over. Conversely, the proportion reporting they were unemployed declined with age, from in excess of 30 per cent of 18 to 24 and 25 to 34 year olds, down to 17 per cent of those aged 55 or over. Those aged 55 or over were also more likely to report ‘other’ (12 per cent), a group which largely consists of those who classed themselves as retired.

Table 5.1 Employment situation in the week before the survey by age, FFW Group

	18-24 %	25-34 %	35-49 %	50-54 %	55 and over %	Total %
In employment or self-employment	[5]	[14]	14	[14]	14	13
Temporarily unable to work due to sickness*	[23]	28	27	33	26	27
Permanently sick**	[21]	[18]	22	23	29	22
Unemployed and looking for work (including on Government training schemes)	38	31	30	25	17	28
Looking after children or the home, or a carer	[5]	[3]	[4]	[4]	[2]	4
Other	[9]	[6]	[3]	[2]	12	6
Total	100	100	100	100	100	100
<i>Base</i>	<i>(180)</i>	<i>(231)</i>	<i>(575)</i>	<i>(169)</i>	<i>(259)</i>	<i>(1,420)</i>

Base: FFW group. ‘Other’ includes retired, in training or education, not in work for some other reason.

* Includes those appealing the FFW decision (43 per cent, N=168) and those on JSA (11 per cent, N=39). The latter only includes those cases which had agreed to data linking.

** Includes those appealing the FFW decision (47 per cent, N=150) and those on JSA (three per cent, N=13). The latter includes only those cases which had agreed to data linking.’

There was relatively little difference in the proportion of women and men who had been found FFW who had subsequently gone into employment. However, men were significantly more likely to report that they were unemployed – almost one in three men (31 per cent) said they were unemployed, compared to closer to one in five women (21 per cent). This difference was largely accounted for by women being more likely to report they were currently looking after children, the home or caring for someone as their main activity, eight per cent of cases.

It was noticeable that those in a disadvantaged group²⁹ who had been found FFW were much less likely to be in employment; only five per cent were in work (compared to 15 per cent of respondents not in this group). They were also more likely to identify themselves as being permanently off work due to sickness³⁰, with 35 per cent reporting this being the case (compared to 19 per cent of ‘non disadvantaged’ group respondents).

²⁹ As defined in Chapter 2.

³⁰ A proportion of each of these groups were appealing and still receiving ESA payments, or claiming JSA, see Table 5.1.

Table 5.2 Employment situation in the week before the survey, by gender, FFW Group

	Female %	Male %	Total %
In employment or self-employment	14	12	13
Temporarily sick*	28	27	27
Permanently sick*	21	23	22
Unemployed and looking for work (including on Government training schemes)	22	32	28
Looking after children or the home, or a carer	9	[1]	4
Other	7	5	6
Total	100	100	100
<i>Base</i>	(938)	(487)	(1,425)

Base: FFW group.

* Includes appeal cases and people claiming JSA. See Table 5.1.

Table 5.3 Employment situation in the week before the survey of those in a disadvantaged group, FFW Group

	In one or more PSA16 groups %	Not in any PSA16 groups %	Total %
In employment or self-employed	[5]	15	13
Temporarily unable to work due to sickness*	23	28	27
Permanently off work due to sickness or disability*	35	19	22
Unemployed and looking for work – including those on Government training scheme	29	28	28
Looking after children or the home or care giving	[4]	4	4
Other	[5]	6	6
Total	100	100	100
<i>Base</i>	(297)	(1,132)	(1,429)

Base: FFW group.

* Includes appeal cases and people claiming JSA. See Table 5.1.

Just under a fifth of the FFW group (19 per cent) reported that at the time of the survey they did not have a health problem, disability or illness which limits daily activities or work activities. Of this group, 30 per cent were in employment, while in excess of half reported being unemployed (Table 5.4). By comparison, only nine per cent of those who reported having a health problem, disability or illness which limits daily activities were in employment and 23 per cent unemployed.

Table 5.4 Employment situation in the week before the survey, by health problem, disability or illness which limits daily activities or work activities, FFW group

	Has a limiting health problem %	No limiting health problem %
In employment or self-employment	9	30
Temporarily sick	32	[6]
Permanently sick	27	[3]
Unemployed and looking for work (including on Government training schemes)	23	52
Looking after children or the home, or a carer	4	[4]
Other	6	[5]
Total	100	100
<i>Base</i>	<i>(1,158)</i>	<i>(267)</i>

Base: FFW group.

* Includes appeal cases and people claiming JSA. See Table 5.1.

The factors which increased the likelihood of FFW claimants being either in employment or unemployed at the time of survey, compared to remaining economically inactive, were explored using logistic regression (see Appendix B for full details of this analysis). Logistic regression allows us to show the individual effect of a range of independent variables on an outcome variable.

Table 5.5 shows the results of the analysis, presenting the factors associated with an increased likelihood of being either employed or unemployed at the time of survey, relative to the reference category of those who were economically inactive. The strongest influencing factor for those who had returned to employment was not having a health problem, disability or illness which limits daily activities or work activities. This indicates that simply getting better was the best predictor of a return to work. In addition, the economic position prior to the claim had a strong influence, with being in employment immediately prior to the claim significantly increasing the likelihood of being in employment at the time of the survey. A consistent employment history and not being in a disadvantaged group were also positively related to being in work, as was being aged between 25 and 49.

For those who were unemployed and actively seeking work, not having a health problem, disability or illness which limits daily activities or work activities was again the strongest predictor. The situation before claiming was also important; being unemployed immediately before the Employment and Support Allowance (ESA) claim was strongly associated with being unemployed at the time of the survey. Being male and not living with a partner were also significant factors.

Table 5.5 Factors associated with influencing FFW group claimants' employment status the week prior to the survey

In employment:	Unemployed:
<ul style="list-style-type: none"> • No health problem, disability or illness which limits daily activities or what work can do • Was employed or off sick from a job immediately prior to claim • Consistent employment history • Not in a disadvantaged group • Aged 25-49 	<ul style="list-style-type: none"> • No health problem, disability or illness which limits daily activities or what work can do • Was unemployed immediately prior to claim • Male • Not living with a partner

Note: The reference category is those who are inactive. All factors significant at the 95 per cent level.

5.2.2 Future plans of the FFW group

In addition to asking about their situation the week before the survey, respondents were also asked about their current employment situation and future plans. There are several differences which can be observed between the responses to these questions (see Table 5.6).

- The number who reported being unemployed and looking for work was lower for the question asking about 'current situation and future plans' than for the question about the individual's employment situation in the week prior to the survey'. This difference is accounted for by a number of people who reported being unemployed in the previous week but who subsequently answered in the future plans question that either they had actually stopped looking for work as their health had deteriorated, or that they felt they needed help, rehabilitation or training before they could consider working.
- The proportion reporting being permanently unable to work/not expecting to work in the future was somewhat smaller for the question on 'current situation and future plans' than for the question which asked about the claimant's employment situation in the week before the survey. This difference is largely due to a number of those answering they were permanently off work in the former question responding either that they hoped to have a job in the future, or that they would need rehabilitation or training before they could consider working, to the latter question.

Table 5.6 Overlap in responses to questions on current situation and future plans, FFW group

Which best describes situation the week before the survey	Which best describes employment situation and future plans				
	Unemployed and looking for work %	Stopped looking for work as health has deteriorated %	Would need help rehabilitation or training before could consider working %	Permanently unable to work/not expecting to work in the future %	Hope to have a job in the future but not currently looking %
Unemployed and looking for work	70	6	8	[*]	5
Permanently unable to work due to sickness	[*]	11	20	43	19

Base: FFW group.

Table 5.7 presents details of the responses to the question on future plans. Around a quarter of the FFW group (23 per cent) were actively looking for work at the time of the survey. A further 18 per cent reported being permanently off work – with 11 per cent reporting they were they were permanently unable to work due to their health condition, and eight per cent that they did not expect to work again. There was also a large proportion of the FFW group which fell into a group which was not currently looking for work, but had not discounted the possibly of returning to work in the future – 15 per cent of this group stated that they hoped to have a job in the future but were not actively looking at the present time, a further 13 per cent reported need some form of help, rehabilitation or training before they could return to work.

Of the linked data cases, ie those respondents who agreed that their survey responses could be matched with administrative benefit and employment records held by the Department for Work and Pensions (DWP), 70 per cent of those who stated that they were currently looking for work were claiming JSA. For those answering that they would need help, rehabilitation or training before they could consider working, the proportion was 22 per cent, and for those who hoped to have a job in the future but were not currently looking this fell to ten per cent. There was only a handful of cases where those who stated that they were permanently unable to work were claiming JSA.

Table 5.7 Employment situation and future plans, FFW group

	Cases %
I am looking for work, but have not found a suitable job	23
I hope to do a job in the future, but have not started looking yet	15
I would need help, rehabilitation or training before I could consider working	13
I am currently working and I intend to stay in the same job	11
I am permanently unable to work because of my health condition or disability	11
I was looking for work, but stopped because my health has deteriorated	9
I do not expect to work in the future	7
I am currently working and I intend to get a different job	3
I have a job to go back to	3
I have been offered a job and am waiting to start	[2]
I was looking for work, but stopped because I can't find one	[2]
Don't know	[2]
I am currently working but expect to retire soon	[*]
Other	[*]
I am in/going into education/training	[*]
I am looking after someone	[*]
Total	100.0

Base: FFW group. Weighted base 1,431.

Table 5.8 looks at the attitudes towards paid work among the FFW group and shows that a relatively strong degree of commitment to paid work was reported. The vast majority (83 per cent) agreed that having a job is the best way for them to be an independent person, the majority also agreed that it was 'important to hang onto a job even if you don't really like it' (68 per cent), while 62 per cent also stated that they would be prepared to take any job they could do. Just over half (53 per cent) of the group agreed that being in work was good for their health, while a quarter (27 per cent) disagreed with the statement.

Table 5.8 Attitudes towards paid work, FFW group

	Cases %
I am prepared to take any job I can do	
Agree strongly	32
Agree slightly	30
Neither agree nor disagree	13
Disagree slightly	14
Disagree strongly	11
Being in work helps my health	
Agree strongly	25
Agree slightly	28
Neither agree nor disagree	20
Disagree slightly	15
Disagree strongly	12
Once you've got a job, it's very important to hang on to it, even if you don't really like it	
Agree strongly	35
Agree slightly	33
Neither agree nor disagree	12
Disagree slightly	12
Disagree strongly	8
Having a job is the best way for me to be an independent person	
Agree strongly	57
Agree slightly	26
Neither agree nor disagree	10
Disagree slightly	4
Disagree strongly	3
A person must have a job to feel a full member of society	
Agree strongly	33
Agree slightly	27
Neither agree nor disagree	16
Disagree slightly	15
Disagree strongly	9

Base: FFW group. Neither agree nor disagree includes 'Don't know'.

Table 5.9, Table 5.10, Table 5.11 and Table 5.12 present a set of amalgamated responses to the question on future plans by a number of different characteristics. As with the previous tables, Table 5.9 shows that age has an impact on whether FFW claimants viewed themselves as permanently out of work, but that this was observable primarily among those in the oldest cohort, those 55 years and over, where in excess of one-third reported being permanently out of work. Overall, men were more likely to be either in work or were actively seeking work (44 per cent compared to 38 per cent of women), with women more likely to answer they did not expect to work immediately but did expect to work again in the future.³¹

³¹ These differences were not statistically significant.

There were also some differences in whether FFW claimants felt they would work again by qualifications, with 23 per cent of those with no qualifications feeling they would not work again compared to 15 per cent of those with academic qualifications (Table 5.10). Those with literacy problems were significantly more likely to state they did not expect to work again, and those with English language problems were almost twice as likely to view themselves as permanently out of work (Table 5.11 and Table 5.12).

Table 5.9 Level of attachment to the labour market, by age group, FFW group

	18-24 %	25-34 %	35-49 %	50-54 %	55 and over %	Total %
Either has job or looking	45	41	43	46	35	42
Doesn't expect to work immediately, but hopes to/would consider work in the future	48	47	40	39	27	40
Doesn't expect to work again	[7]	[12]	16	15	37	18
Total	100	100	100	100	100	100
<i>Base</i>	(181)	(230)	(560)	(171)	(251)	(1,399) ¹

Base: FFW group.

¹ Includes six people under 18 excluded from the reporting of the FFW group.

Table 5.10 Labour market attachment by qualifications, FFW group

	Academic qualifications only %	Work qualifications only %	Academic and work qualifications %	No qualifications %	Total %
Either has job or looking	41	48	52	35	42
Doesn't expect to work immediately but likely in the future	44	33	37	42	40
Doesn't expect to work again	15	19	[11]	23	18
Total	100	100	100	100	100
<i>Base</i>	(386)	(273)	(240)	(503)	(1,402)

Base: FFW group.

Table 5.11 Labour market attachment by literacy problems, FFW group

	Problems reading English	No problems reading English	Total
Either has job or looking	26	45	42
Doesn't expect to work immediately but likely in the future	45	39	40
Doesn't expect to work again	29	16	18
Total	100	100	100
<i>Base</i>	(233)	(1,171)	(1,404)

Base: FFW group.

Table 5.12 Labour market attachment by English language problems, FFW group

	Problems speaking English %	No problems speaking English %	Total %
Either has job or looking	[18]	43	42
Doesn't expect to work immediately but likely in the future	[49]	40	40
Doesn't expect to work again	[33]	17	18
Total	100	100	100
<i>Base</i>	(57)	(1,345)	(1,402)

Base: FFW group.

5.2.3 Barriers to work

Survey respondents were also asked about their barriers to work. A large proportion, some 57 per cent, of the FFW group felt that their health condition made it less likely that they would get a job. The next most frequently identified barrier was confidence, which almost a third (32 per cent) of respondents felt was a barrier for them. Relatively large numbers (31 per cent) also identified barriers around the availability of suitable jobs locally. Around a quarter of cases (23 per cent) felt that the hours they might work because of their health condition would make finding work difficult. A sizeable minority (17 per cent) also identified their age as being as a problem, while relatively small numbers identified caring responsibilities or financial barriers to work.

Table 5.13 Barriers to work, FFW group

	All barriers %
Difficulties due to my health/disability	57
My confidence is low at the moment	32
There are few suitable job opportunities in the local area	31
The hours I can work are limited due to my health condition/disability	23
Do not have the right skills or experience	21
People's attitude towards my health condition/disability	18
Employers are unlikely to offer me a job because of my age	17
Not being offered jobs when applying for them	15
Difficulties with the journey to work	15
Do not feel motivated or interested in working	10
No answer	8
I have personal or family troubles that need to be sorted out	8
I am unlikely to get a job that I would want to do	8
I may not be better off in work than I am on benefits	7
Looking after someone who is sick/elderly/has a disability	[5]
Having the information I need to look for work	[2]

Base: FFW group. Respondents could give more than one answer.

Respondents were then asked to consider only their main barriers to work. For those in the FFW group health barriers were again by some distance the most frequently identified barrier, cited in 46 per cent of cases. Less frequent responses included a lack of suitable job opportunities locally (12 per cent) and low confidence (11 per cent).

Table 5.14 Main barriers to work for all claim groups

	FFW %	SG %	WRAG %	Total %
Difficulties due to my health/disability	46	69	64	53
There are few suitable job opportunities in the local area	12	[5]	10	11
My confidence is low at the moment	11	[12]	12	11
The hours I can work are limited due to my health condition/disability	9	[7]	[7]	8
People's attitude towards my health condition/disability	8	12	10	9
Don't have the right skills or experience	8	[11]	5	7
Employers are unlikely to offer me a job because of my age	6	[2]	4	5
I have personal or family troubles that need to be sorted out	5	[3]	[4]	5
Difficulties with the journey to work	[5]	[2]	[2]	4
Not being offered jobs when applying for them	[4]	[2]	[1]	3
Don't feel motivated or interested in working	[4]	[1]	[3]	3
Looking after someone (that is, a child or an adult) who is sick/elderly/has a disability	[3]	[*]	[2]	2
I am unlikely to get a job that I would want to do	[2]	[*]	[1]	[1]
Don't know	[2]	[*]	[1]	[1]
I may not be better off in work than I am on benefits	[1]	[2]	[1]	[1]
Having the information I need to look for work	[*]	[*]	[*]	[*]
No answer	[*]	[*]	[*]	[*]
Not stated	[*]	[*]	[*]	[*]

Base: ESA claimants, excluding closed/withdrawn and in progress cases. Respondents could give more than one answer.

The main barriers to work which were cited by the FFW group showed relatively little difference across the age bands of those surveyed. The only significant difference was that those aged 55 and over were much more likely to cite their age (22 per cent reported this to be a main barrier). Men among the FFW group were more likely to report lack of local job opportunities as being a main barrier (cited by 15 per cent of men, compared to just six per cent of women), while women more frequently reported being only able to work limited hours due to their condition, and low confidence, as being more significant barriers.

Table 5.15 Main barriers to work by gender, FFW group

	Male %	Female %
Difficulties due to my health/disability	46	46
There are few suitable job opportunities in the local area	15	[6]
My confidence is low at the moment	9	15
Peoples attitude towards my health condition/disability	8	[7]
Do not have the right skills or experience	8	8
Employers are unlikely to offer me a job because of my age	8	[3]
The hours I can work are limited due to my health condition/disability	7	13
Difficulties with the journey to work	[5]	[4]
I have personal or family troubles that need to be sorted out	[4]	[7]
Not being offered jobs when applying for them	[4]	[2]
Do not feel motivated or interested in working	[3]	[5]
Looking after someone who is sick/elderly/has a disability	[2]	[4]
I may not be better off in work than I am on benefits	[1]	[2]
I am unlikely to get a job that I would want to do	[1]	[3]
Having the information I need to look for work	[*]	[*]

Base: FFW group. Respondents could give more than one answer.

Table 5.16 Main barriers to work by age, FFW group

	18-24 %	25-34 %	35-49 %	50-54 %	55 and over %
Difficulties due to my health/disability	51	46	46	34	51
There are few suitable job opportunities in the local area	[11]	[7]	15	[13]	[9]
Do not have the right skills or experience	[9]	[9]	[7]	[7]	[6]
Peoples attitude towards my health condition/disability	[6]	[7]	[8]	[13]	[4]
Not being offered jobs when applying for them	[6]	[4]	[4]	[2]	[1]
The hours I can work are limited due to my health condition/disability	[5]	[8]	[9]	[11]	[10]
My confidence is low at the moment	[5]	[7]	13	[12]	[11]
I have personal or family troubles that need to be sorted out	[5]	[7]	[5]	[2]	[4]
I am unlikely to get a job that I would want to do	[5]	[*]	[2]	[1]	[2]
Do not feel motivated or interested in working	[5]	[8]	[3]	[2]	[2]
Difficulties with the journey to work	[3]	[8]	[5]	[6]	[3]
Not stated	[3]	[1]	[2]	[1]	[1]
I may not be better off in work than I am on benefits	[1]	[1]	[2]	[2]	[*]
Employers are unlikely to offer me a job because of my age	[*]	[*]	[3]	[10]	22
Looking after someone who is sick/elderly/has a disability	[*]	[1]	[5]	[4]	[2]
Having the information I need to look for work	[*]	[*]	[*]	[1]	*

Base: FFW group. Respondents could give more than one answer.

5.3 The claim withdrawn or closed group

5.3.1 Destinations

The employment situation for those in the claim withdrawn or closed group in the week before they were interviewed is shown in Table 5.17. People in the claim withdrawn or closed group were considerably more likely to be in employment than the those who had been found FFW. Forty-one per cent were in employment by the time of the survey, more than half of whom had returned to the same employer for which they had worked prior to their claim. There were also, however, a significant number who were unemployed and looking for work, some 30 per cent. A minority (nine per cent) identified themselves as being temporarily unable to work due to sickness, and only a small number of cases identified themselves as not working because they were permanently sick. A further eight per cent were looking after children or the home or were carers.

The employment rate was lower for the younger cohorts, particularly the 18 to 24 group, who were more likely to be unemployed (almost half reported being unemployed). Those aged 55 and over were more likely to report their situation as 'other'; again this was primarily those who classed themselves as retired.

Men in the claim withdrawn or closed group were slightly more likely to be back in employment than women³², although they were also significantly more likely than women to report being unemployed in the week before the survey (36 and 21 per cent respectively). Women on the other hand were much more likely to report looking after children, home or caring (17 per cent).

Those in a disadvantaged group who had withdrawn their claim or had it closed were less likely to be employment; only 18 per cent were working the week before the survey (compared to 44 per cent of those not in a disadvantaged group) (Table 5.19).

Table 5.17 Employment situation in the week before the survey by gender, claim withdrawn or closed group

	Male %	Female %	Total %
In employment or self-employed	43	38	41
Temporarily unable to work due to sickness	[7]	12	9
Permanently off work due to sickness or disability	[3]	[4]	3
Unemployed and looking for work – including those on Government training scheme	36	21	30
Looking after children or the home or care giving	[2]	17	8
Other	[9]	[9]	9
Total	100	100	100
<i>Base</i>	<i>(607)</i>	<i>(410)</i>	<i>(1,017)</i>

Base: Claims closed/withdrawn.

³² This difference was not statistically significant.

Table 5.18 Employment situation in the week before the survey by age, claim withdrawn or closed group

	18-24 %	25-34 %	35-49 %	50-54 %	55 and over %	Total %
In employment or self-employment	[21]	[34]	51	[51]	57	41
Temporarily unable to work due to sickness	[10]	[7]	[10]	[5]	[7]	9
Permanently sick	[0]	[7]	[3]	[0]	[7]	3
Unemployed and looking for work (including on Government training schemes)	49	[32]	25	[36]	[9]	30
Looking after children or the home or a carer	[14]	[10]	[8]	[0]	[1]	8
Other	[7]	[10]	[4]	[8]	[19]	9
Total	100	100	100	100	100	100
<i>Base</i>	(251)	(184)	(324)	(80)	(165)	(1,011) ¹

Base: Claims closed/withdrawn.

¹ Including seven people aged under 18.

Table 5.19 Employment situation in the week before the survey of those in a disadvantaged group, claim withdrawn or closed group

	In one or more former PSA16 groups %	Not in any former PSA16 groups %	Total %
In employment or self-employed	[18]	44	41
Temporarily unable to work due to sickness	[18]	8	9
Permanently off work due to sickness or disability	[5]	[3]	3
Unemployed and looking for work – including those on Government training scheme	[38]	29	30
Looking after children or the home or care giving	[6]	9	8
Other	[15]	8	9
Total	100	100	100
<i>Base</i>	(126)	(892)	(1,018)

Base: Claims closed/withdrawn.

5.3.2 Future plans

Table 5.20 shows the future plans of those in the claim withdrawn or closed group. The majority of those who had returned to work intended to stay in the same job. Around a quarter were actively looking for work and nine per cent wanted a job in the future but had yet to begin looking. Men were more likely than women to be actively seeking work (14 per cent and nine per cent respectively). In total 20 per cent of the claim withdrawn or closed cases were claiming JSA at the time of the survey.³³

³³ Figure based on 824 linked data cases.

Although relatively few of those who withdrew their claim or had their claim closed had identified themselves as being permanently sick, a number did report that they did not expect to work again in the future. This figure largely reflects the number of people, primarily in the aged 55 and over group, who considered themselves retired.

Table 5.20 Gender – claim withdrawn or closed group

	Male %	Female %	Total %
I am currently working and I intend to stay in the same job	35	34	35
I am looking for work, but have not found a suitable job	30	21	26
I hope to do a job in the future, but have not started looking yet	[6]	14	9
I do not expect to work in the future	[6]	[10]	[7]
I am currently working and I intend to get a different job	[6]	[4]	[6]
I would need help, rehabilitation or training before I could consider working	[3]	[6]	[4]
I was looking for work, but stopped because my health has deteriorated	[3]	[2]	[3]
I have been offered a job and am waiting to start	[3]	[1]	[2]
I am permanently unable to work because of my health condition or disability	[2]	[1]	[2]
I am currently working but expect to retire soon	[2]	[*]	[1]
I have a job to go back to	[1]	[2]	[1]
I was looking for work, but stopped because I can't find one	[1]	[1]	[1]
I am in/going into education/training	[*]	[2]	[1]
I am looking to become self-employed	[1]	[1]	[1]
Don't know	[1]	[2]	[1]
I am looking after someone	[*]	[1]	[*]
Other	[*]	[1]	[*]
Total	100	103	100

Base: Claims closed/withdrawn. Weighted base = 1,019.

Not all totals sum to 100 due to rounding.

5.3.3 Barriers to work

When asked about all their barriers to work a relatively large proportion of the claim withdrawn or closed group did not cite any (30 per cent). A significant number, however, (26 per cent) still reported that they faced difficulties due to their health, and a quarter felt there were few suitable opportunities for them in their local area. In addition to this, low confidence and not having the relevant skills and/or experience were relatively frequently-cited barriers to employment (15 and 15 per cent respectively).

When respondents were asked to think about just their most serious barrier to work, health was the most often cited barrier, mentioned in around a quarter (27 per cent) of cases, while a lack of suitable jobs locally was reported in about a fifth (21 per cent).

Table 5.21 All barriers to work, claim withdrawn or closed group

	All barriers %
None identified	30
Difficulties due to my health/disability	26
There are few suitable job opportunities in the local area	25
Do not have the right skills or experience	15
My confidence is low at the moment	15
Not being offered jobs when applying for them	15
Employers are unlikely to offer me a job because of my age	10
Difficulties with the journey to work	10
Peoples attitude towards my health condition/disability	9
The hours I can work are limited due to my health condition/disability	8
Do not feel motivated or interested in working	7
Looking after someone who is sick/elderly/has a disability	7
I am unlikely to get a job that I would want to do	7
I have personal or family troubles that need to be sorted out	6
I may not be better off in work than I am on benefits	5
Having the information I need to look for work	2

Base: Claims closed/withdrawn. Respondents could give more than one answer

Table 5.22 Main barriers to work, claim withdrawn or closed group

	Main barriers %
Difficulties due to my health/disability	27
There are few suitable job opportunities in the local area	21
Do not have the right skills or experience	[11]
My confidence is low at the moment	[11]
Not being offered jobs when applying for them	[10]
Employers are unlikely to offer me a job because of my age	[6]
Peoples attitude towards my health condition/disability	[6]
Do not feel motivated or interested in working	[5]
The hours I can work are limited due to my health condition/disability	[4]
I have personal or family troubles that need to be sorted out	[4]
Looking after someone who is sick/elderly/has a disability	[3]
I am unlikely to get a job that I would want to do	[3]
Difficulties with the journey to work	[3]
I may not be better off in work than I am on benefits	[2]
Having the information I need to look for work	[2]

Base: Claims closed/withdrawn. Respondents could give more than one answer.

5.4 Conclusions

The survey findings show that only a relatively small proportion of the group found FFW were back in employment by the time of the survey. They also show that a sizeable proportion of claimants still identified themselves as being sick. In particular, it is noteworthy that 22 per cent reported that at the time of the survey they were permanently off work due to sickness. Those among the FFW group who were more likely to report themselves as permanently off work were those aged over 55, those with no qualifications, and those with literacy and/or English language problems. A further 28 per cent of those found FFW were unemployed and looking for work. It is likely that most of this particular group were claiming JSA, as analysis of linked DWP administrative data shows that 26 per cent of the FFW group were claiming JSA at the time of the survey.

Around one-fifth of the FFW group reported that they did not have a health problem, disability or illness which limited their daily activities or work activities at the time of the survey. This group were significantly more likely to be either in employment, or unemployed, than those who did report having a limiting health condition, who were more likely to be economically inactive. This relationship was also investigated using regression analysis, which found that not having a long-term limiting condition was the strongest predictor of being in employment or being unemployed, relative to being inactive. This suggests that simply getting better is the best predictor of an individual starting work or beginning jobseeking. It was also notable however that almost a quarter of those who said they did have a health problem, disability or illness which limited daily activities or work activities, also reported being unemployed, indicating that, although jobseeking, their health remained a problem.

When asked about barriers to work, a large proportion of the FFW group (46 per cent) identified their health as a main barrier, far higher than the next most cited barriers of lack of suitable jobs locally (12 per cent) or low confidence (11 per cent). The findings indicate that being found FFW had little bearing on an individual's own understanding of their health conditions and the extent to which it impacts on their employability. As a result, it also had little relationship with whether they were looking for work or not.

Of the claim withdrawn or closed group a significant proportion (41 per cent) had returned to work by the time of survey. A further 30 per cent remained unemployed and looking for work. A much smaller number of this group identified themselves as being sick, and very few reported being permanently sick. A sizeable minority of the claim withdrawn or closed group reported having no barriers to work. Given the small number of the claim withdrawn or closed group who identified themselves as sick, a significant number (27 per cent) reported still having a health barrier to work.

Overall, the findings for the claim closed or withdrawn group suggest that spontaneous recovery was an important driver of their claims ending.

6 Work Focused Interviews and the Work-Related Activity Group

6.1 Introduction

This chapter presents the survey findings on claimants' experiences of Work Focused Interviews (WFIs) as well as of the future employment plans and barriers to work among the Work-Related Activity Group (WRAG). The survey showed that the majority of claimants understood the reasons for attending WFIs were to help them move back into work. Almost 40 per cent of claimants had agreed to undertake some work-related activity between appointments. In general claimants who had attended at least one WFI viewed the WFIs as helpful in helping them think about moving into work, though claimants in the Support Group (SG) and those aged 55 and over were somewhat less likely to find them helpful.

Around one-fifth of the WRAG were either looking for work or were in some form of employment. The majority of the group fell into a category where they did not expect to work immediately but they hoped to, or would consider, work in the future. It was notable, however, that almost one-third (31 per cent) of the WRAG did not expect to work again. The most important determinants of whether WRAG claimants considered themselves permanently off work were whether their condition was improving or deteriorating, and their age.

6.2 Work Focused Interviews

Around half of the survey respondents reported that they had attended at least one WFI as part of their claim.³⁴ The vast majority of those who had attended a WFI (86 per cent) reported their belief that attendance at the WFI was mandatory. Of those who understood that there was a sanction for failing to attend, the majority thought their benefits could be stopped (39 per cent), with a much smaller number thinking their benefits could be reduced (five per cent)³⁵. Only a small number of survey respondents (8 per cent) reported that they had actually had their benefit reduced as a result of non-attendance.

Those who had attended a WFI were asked what they thought the purpose of the meeting was (see Table 6.1). The majority (63 per cent) identified the work focus of the meeting and reported that they understood the WFI was to help them get a job. Smaller numbers answered that they felt the

³⁴ At the time of the survey, customers had their first WFI around week nine of their Employment and Support Allowance (ESA) claim, unless they were severely or terminally ill. Customers found Fit for Work (FFW) or placed in the SG were meant to have a decision on their claim before they were asked to attend a second WFI, but this did not always happen, meaning they attended two or more WFIs while awaiting a decision. The ESA system has now been changed so customers awaiting a decision on their claim only attend one WFI; subsequent WFIs can be deferred.

³⁵ In fact the sanction consists of a deduction of 50 per cent of the work-related addition, followed by a further 50 per cent if this sanction is not effective, see Chapter 1.

idea of the WFI was either to find out more about their circumstances, find out more about their condition, or to try and get them off, or to cut, their benefits. Those in the SG were somewhat less likely to feel the reason for attendance at a WFI was to help them get a job than the WRAG or FFW groups; they were also slightly less likely to view the aim of the appointment as being to try and get them off, or to cut, benefits.

Table 6.1 Understanding of reasons for attending the WFIs

	SG %	WRAG %	FFW %	Total %
To help me get a job	48	60	65	63
To find out more about my circumstances	30	24	20	22
To find out more about my condition	19	24	22	21
To try and get me off/cut benefits	[15]	21	21	20
<i>Base</i>	(61)	(296)	(682)	(1,039)

Base: Those who had attended at least one WFI. Respondents could give more than one answer.

Survey respondents were subsequently asked about what they had discussed in their WFIs. The majority (61 per cent) had talked with their Personal Adviser about how their health affected their work. A large number had also discussed the type of work they wanted (49 per cent), training/work experience or Permitted Work³⁶ (24 per cent), and/or how they could apply for jobs (23 per cent). Discussion of the type of work wanted was less significant in WFIs attended by SG claimants (26 per cent of this group discussed this) than in those attended by those in the WRAG or FFW groups (46 and 41 per cent respectively).

As shown in Table 6.3 there was relatively little variation by health condition as to what claimants discussed with their employment advisors at WFIs, although those with mental health problems were somewhat more likely to discuss help managing their condition, and less likely to discuss how their health affected work.³⁷

Table 6.2 What claimants discussed at their WFIs

	SG %	WRAG %	FFW %	Total %
Health and how it affects work	75	68	61	61
The type of work wanted (including job type and hours)	[26]	46	51	49
Money entitled to when working	[7]	[8]	16	13
Training/work experience/Permitted Work	[21]	23	24	24
How might apply for jobs	[14]	15	27	23
Help managing health condition	[11]	16	12	13
Helping to build confidence about working	[5]	9	14	12
Services available from other organisations to help find work	[4]	10	11	10
<i>Base</i>	(55)	(303)	(667)	(1,024)

Base: Those who had attended at least one WFI. Respondents could give more than one answer.

³⁶ People claiming ESA are allowed to work up to 16 hours a week and/or earn up to £93 per week, to encourage them to 'try out' work. This is known as Permitted Work.

³⁷ These differences were not statistically significant.

Table 6.3 What claimants discussed at their WFIs by main condition – mental/physical

	Mental health condition %	Physical health condition %
Health and how it affects work	59	66
The type of work wanted (including job type and hours)	50	47
Money entitled to when working	12	13
Training/work experience/permitted work	23	25
How might apply for jobs	25	21
Help managing health condition	18	12
Helping to build confidence about working	14	9
Services available from other organisations to help find work	11	9
<i>Base</i>	(470)	(734)

Base: Those who had attended at least one WFI. Respondents could give more than one answer.

The survey also asked claimants what activity, if any, they had agreed to undertake in the period between their mandatory WFIs. Some 39 per cent of claimants had agreed to undertake some activity; of this group 66 per cent had completed all their agreed actions by the next WFI, and 16 per cent had completed some. There were several groups who were noticeably less likely to agree to undertake activity between WFIs, this included those with literacy problems (problems reading, writing and/or speaking English).

Table 6.4 Agreed to undertake activity between WFIs

	Literacy problems %	No literacy problems %	Total %
Yes	32	41	39
No	58	48	50
No, because we didn't plan a follow up meeting	10	11	11
Total	100	100	100
<i>Base</i>	(343)	(1,219)	(1,562)

Base: Those who had attended at least one WFI.

Of those who had agreed actions at the WFI, the largest number (43 per cent) had agreed to look for/do research into jobs. Such activities potentially encompass quite a broad spectrum of tasks from focused job search to more exploratory activities looking at possible future job options. A smaller number had agreed to apply for specific jobs (17 per cent), while a significant number had agreed to look for or begin some form of training (27 per cent).

Table 6.5 What agreed to do at WFI?

	Percentages
Look for/do research into job	43
Look for/do training course	27
Apply for specific job(s)	17
Fill in/submit forms	13
Enrol/attend Condition Management Programme/other health treatment	11
Get/look through information on work-related services	10
Register for New Deal for Disabled people job broker	[4]
Bring/write/update CV	5

Base: Those who had agreed to undertake activity between WFIs. Respondents could give more than one answer.

Table 6.6 provides details of how useful claimants had found their WFIs, the table refers to claimants' overall experience for all who had received at least one WFI. The majority of claimants surveyed (71 per cent) reported that they had found their meetings with their Personal Adviser helpful in helping them think about paid work in the future. However, the extent to which claimants reported finding them helpful tended to decline with age (see Table 6.7), with 76 per cent of 25 to 34 year olds reporting finding the WFIs helpful, compared to 61 per cent of those aged 55 and over. The patterns of experiences were highly consistent across men and women with the same proportions reporting finding the WFIs helpful (Table 6.8).

The proportion of people reporting finding WFIs helpful was also relatively consistent across the WRAG and FFW groups, although those in the SG were less likely to feel that the appointments were helpful (56 per cent), because more of them reported that work was not an option (Table 6.6). Perhaps unsurprisingly those who did not expect to work again in the future reported finding the meetings less useful, although it is worth noting that even among this group more than half (57 per cent) did state they had found the meetings helpful.

Table 6.6 How the claimants rated the meeting(s) they had with a Personal Adviser in helping them to think about paid work in the future, by claim group

	SG %	WRAG %	FFW %	Total %
Helpful	56	70	72	71
Not helpful	[19]	20	15	17
N/A already had job lined up	[3]	[1]	[3]	3
N/A work is not an option	[16]	[8]	8	8
Do not know	[6]	[1]	[2]	2
Total	100	100	100	100
<i>Base</i>	(65)	(334)	(746)	(1,145)

Base: Those who had attended at least one WFI.

Table 6.7 How the claimants rated the meeting(s) they had with a Personal Adviser in helping them to think about paid work in the future, by age

	18-24 %	25-34 %	35-49 %	50-54 %	55 and over %	Total %
Helpful	77	76	70	69	61	71
Not helpful	19	12	14	16	22	16
N/A already had job lined up	[2]	[1]	[5]	[5]	[5]	4
N/A work is not an option	[1]	[9]	10	[8]	[10]	8
Do not know	[1]	[2]	[2]	[2]	[3]	2
Total	100	100	100	100	100	100
<i>Base</i>	(235)	(299)	(595)	(227)	(200)	(1,559) ¹

Base: Those who had attended at least one WFI.

¹ Includes some under 18s not included in age cell counts.

Table 6.8 How the claimants rated the meeting(s) they had with a Personal Adviser in helping them to think about paid work in the future, by gender

	Male %	Female %	Total %
Helpful	71	71	71
Not helpful	17	15	16
N/A already had job lined up	3	[4]	4
N/A work is not an option	7	9	8
Do not know	2	[2]	2
Total	100	100	100
<i>Base</i>	(973)	(590)	(1,563)

Base: Those who had attended at least one WFI.

Table 6.9 How the claimants rated the meeting(s) they had with a Personal Adviser in helping them to think about paid work in the future, by future work plans

	Either has job or looking %	Doesn't expect to work immediately but likely in the future %	Doesn't expect to work again %	Total %
Helpful	77	74	57	72
Not helpful	13	18	19	16
N/A already had job lined up	8	[1]	[1]	3
N/A work is not an option	[1]	7	21	7
Do not know	[2]	[1]	[2]	[2]
Total	100	100	100	100
<i>Base</i>	<i>(535)</i>	<i>(691)</i>	<i>(382)</i>	<i>(1,608)</i>

Base: Those who had attended at least one WFI.

Around 21 per cent of the survey respondents who had attended more than one WFI had attended a Pathways to Work provider for their second and subsequent appointments. Of these, the majority (62 per cent) reported not having a preference about which organisation (that is, Jobcentre Plus or the Pathways provider) they attended for their WFIs, while 33 per cent said they preferred changing organisation and six per cent that they preferred seeing an adviser at Jobcentre Plus. There was very little difference in how those claimants who had attended two or more WFIs viewed their usefulness in helping them think about paid work between Jobcentre Plus and Pathways-led areas (see Table 6.11). In Provider-led areas claimants were more likely to have agreed to undertake some actions between meetings, with 54 per cent agreeing to undertake some actions, compared to 40 per cent in Jobcentre Plus-led areas.

Table 6.10 How claimants in provider-led Pathways areas felt about changing organisation

	Percentages
Preferred seeing an adviser in a different organisation	33
Would have preferred to see someone at Jobcentre Plus	[6]
No preference	62
Total	100
<i>Base</i>	<i>(214)</i>

Base: Those attending WFIs in Provider-led Pathways areas.

Table 6.11 How claimants who have had more than one WFI rated the meetings they had with a Personal Adviser in helping them to think about paid work in the future, by Jobcentre Plus and Provider-led Pathways

	Claimants in Jobcentre Plus led Pathways %	Claimants in Provider-led Pathways %	Total %
Helpful	74	74	74
Not helpful	15	15	15
N/A already had job lined up	4	[1]	3
N/A work is not an option	7	10	8
Do not know	[1]	[*]	[1]
Total	100	100	100
<i>Base</i>	<i>(213)</i>	<i>(810)</i>	<i>(1,023)</i>

Base: Those who had attended at least two WFIs.

6.3 The Work-Related Activity Group

6.3.1 Future employment plans

The WRAG claimants surveyed were also asked their views on their current and future employment prospects, and the results highlight the continuum of employment aspirations among the group. A relatively small number of the WRAG reported being back in work (and around half of these said that this was Permitted Work).³⁸ A relatively small proportion also reported that either they had a job to go back to or they were actively seeking work. A significant proportion of the respondents answered that they hoped to do a job in the future but had not started looking yet (20 per cent) or that they needed help, rehabilitation or training before they could consider working (21 per cent). A significant minority of the WRAG deemed work less likely and they responded either that they were either permanently unable to work because of their health condition (18 per cent) or that they did not expect to work again in the future (12 per cent).

³⁸ It is not clear what accounts for the small number of cases who report they are in work but that this is not Permitted Work. It may simply be that they are not aware of the term Permitted Work; another possibility is that they may be in informal employment.

Table 6.12 Employment situation and future plans

	Percentages
I would need help, rehabilitation or training before I could consider working	21
I hope to do a job in the future, but have not started looking yet	20
I am permanently unable to work because of my health condition or disability	18
I do not expect to work in the future	12
I am looking for work, but have not found a suitable job	9
I was looking for work, but stopped because my health has deteriorated	8
I am currently working and I intend to stay in the same job	[4]
I have a job to go back to	[4]
Don't know	[3]
I am currently working and I intend to get a different job	[1]
I am currently working but expect to retire soon	[1]
I was looking for work, but stopped because I can't find one	[1]
I have been offered a job and am waiting to start	[*]
I am in/going into education/training	[*]
I am looking after someone	[*]
I am looking to become self-employed	[*]
Other	[*]
Total	100

Base: WRAG. Weighted base = 548.

Table 6.13, Table 6.14, Table 6.15 and Table 6.16 present a set of amalgamated responses to the question on future plans. There is a clear trend for the proportion stating they do not expect to work again to increase by age, this rises to over half among the over 55s. Women were also more likely to report not expecting to work again than men (38 per cent compared to 27 per cent). Those with no qualifications were also more likely to report they did not expect to work again, around 40 per cent of those with no qualifications stated they did not expect to work again, compared to 21 per cent of those with some academic qualifications. Looking at health condition, those with mental health conditions were least likely to report not expecting to work again, 22 per cent.

Table 6.13 Future plans, by age

	18-24	25-34	35-49	50-54	55 and over	Total
	%	%	%	%	%	%
Either has a job or looking	[19]	[14]	20	18	19	18
Doesn't expect to work immediately, but hopes to/would consider work in the future	63	68	52	43	28	51
Doesn't expect to work again in the future	[19]	[18]	28	38	53	31
Total	100	100	100	100	100	100
<i>Base</i>	(80)	(85)	(189)	(76)	(95)	(525)

Base: WRAG.

Table 6.14 Future plans, by gender

	Male %	Female %	Total %
Either has a job or looking	18	19	19
Doesn't expect to work immediately, but hopes to/would consider work in the future	55	43	51
Doesn't expect to work again in the future	27	38	31
Total	100	100	100
<i>Base</i>	<i>(341)</i>	<i>(189)</i>	<i>(530)</i>

Base: WRAG.

Table 6.15 Labour market attachment, by qualifications

	Academic qualifications only %	Work qualifications only %	Academic and work qualifications %	No qualifications %	Total %
Either has job or looking	25	21	20	12	19
Doesn't expect to work immediately but likely in the future	54	47	58	48	51
Doesn't expect to work again	21	32	23	40	31
Total	100	100	100	100	100
<i>Base</i>	<i>(130)</i>	<i>(105)</i>	<i>(92)</i>	<i>(204)</i>	<i>(531)</i>

Base: WRAG.

Table 6.16 Labour market attachment, by health condition

	Mental health conditions %	Conditions relating to bones, muscle problems or physical injury %	Long-term conditions that affect major organs or the whole body %	Other condition or disability %	Do not know or prefer not to say %	Total %
Either has job or looking	16	20	[17]	[9]	[20]	17
Doesn't expect to work immediately but likely in the future	62	45	40	58	[50]	52
Doesn't expect to work again	22	35	43	33	[30]	32
Total	100	100	100	100	100	100
<i>Base</i>	<i>(157)</i>	<i>(194)</i>	<i>(65)</i>	<i>(90)</i>	<i>(10)</i>	<i>(516)</i>

Base: WRAG.

The characteristics of WRAG claimants who responded that they did not expect to work again were further explored using logistic regression (see Appendix B for full details of this analysis). The analysis is based on a binary dependent variable constructed from the survey responses on whether an individual reported that they did not expect to work again³⁹, as opposed to those who were in work, looking for work or who said they would hoped to, or would consider, work in the future.

The strongest predictor of whether a claimant didn't expect to work again was whether their health was improving or deteriorating. Those who viewed their condition as improving were much less likely to report not expecting to work again. By contrast, those whose conditions were getting worse were more likely not to expect to work again.

In addition age was important; being aged 50 or over had an effect independent of health in increasing the likelihood of a claimant reporting they did not expect to work again. Employment situation prior to the claim also had an influence. Those who reported being permanently sick prior to their claim were more likely to report they did not expect to work again. Those in the 'other' group (which includes those who were looking after the family or home, had caring responsibilities, or were in education or training) were also more likely to say they were not expecting to work again.

Other variables which were tested and which were found not to have a statistically significant impact on reporting permanent detachment from the labour market included type of health condition,⁴⁰ number of health conditions, whether individuals had been employed or out of work for the majority of their working lives, and their household type and household employment situation.

Table 6.17 Factors associated with increasing the likelihood of WRAG claimants to define themselves as not expecting to work again

-
- Aged 50 or over
 - Deteriorating condition
 - Was permanently sick immediately prior to their claim
 - Was 'other' inactive immediately prior to their claim
-

Note: The reference category is those who are working or who think they will, or hope to, work in the future. All factors are significant at 95 per cent level.

6.3.2 Barriers to work

When asked to think about all their barriers to work (Table 6.18), unsurprisingly, health-related difficulties were cited in the vast majority of cases (82 per cent). A large number, in excess of one-third, also highlighted low confidence as a barrier. Other health-related barriers, including the number of hours they could work, and other people's attitudes towards claimants' conditions, were also reported in around a quarter of cases. Issues around the suitability of jobs available in the local area, as well as respondents' own skills, were also quite widely reported.

When claimants were asked to identify their main barriers to work, again health was identified in the majority of cases (64 per cent). Low confidence was reported by 12 per cent of claimants, and around one in ten reported lack of jobs locally as one of the most serious barriers to work. Those who reported they didn't expect to work again were particularly likely to cite health as a main

³⁹ Those who reported being either permanently unable to work because of their health condition or disability or who said they did not expect to work again in the future.

⁴⁰ When modelled the only group which had a statistically significant difference was those with long-term conditions that affect major organs or the whole body.

barrier, some 80 per cent of this group reported this to be the case, compared to 45 per cent of those who were working or actively seeking work (see Table 6.19). The main barriers to work cited by the WRAG were consistent across men and women.

Table 6.18 Barriers to work

	All barriers %	Main barriers %
Difficulties due to my health/disability	82	64
My confidence is low at the moment	37	12
The hours I can work are limited due to my health condition/disability	27	7
Peoples attitude towards my health condition/disability	25	10
There are few suitable job opportunities in the local area	24	10
Do not have the right skills or experience	20	5
Difficulties with the journey to work	19	[2]
Employers are unlikely to offer me a job because of my age	13	[4]
Not being offered jobs when applying for them	11	[1]
I am unlikely to get a job that I would want to do	9	[1]
Do not feel motivated or interested in working	9	[3]
I may not be better off in work than I am on benefits	7	[1]
I have personal or family troubles that need to be sorted out	7	[4]
Looking after someone who is sick/elderly/has a disability	[3]	[1]
Having the information I need to look for work	[2]	[*]

Base: WRAG. Respondents could give more than one answer.

Table 6.19 Main barriers to work, by labour market attachment

	Either has job or looking %	Doesn't expect to work immediately but likely in the future %	Doesn't expect to work again %
Difficulties due to my health/disability	45	61	80
My confidence is low at the moment	[14]	13	[12]
There are few suitable job opportunities in the local area	[23]	[9]	[6]
People's attitude towards my health condition/disability	[7]	13	[6]
The hours I can work are limited due to my health condition/disability	[10]	6	[10]
Don't have the right skills or experience	[8]	[5]	[2]
Employers are unlikely to offer me a job because of my age	[5]	[4]	[3]
I have personal or family troubles that need to be sorted out	[2]	[5]	[3]
Don't feel motivated or interested in working	[2]	[4]	[1]
Looking after someone (that is, a child or an adult) who is sick/elderly/has a disability	[*]	[2]	[1]
Difficulties with the journey to work	[6]	[2]	[1]
I may not be better off in work than I am on benefits	[*]	[1]	[*]
Not being offered jobs when applying for them	[4]	[1]	[*]
I am unlikely to get a job that I would want to do	[1]	[1]	[1]
Don't know	[1]	[2]	[0]
Having the information I need to look for work	[1]	[*]	[*]

Base: WRAG.

Table 6.20 provides details of the responses of WRAG claimants to questions about their feeling towards paid work. The vast majority of claimants (80 per cent) agreed with the proposition that having a job is the best way to be an independent person, a significant majority (65 per cent) also agreed that it is important to hang on to a job even if you dislike it. Answers were more mixed for the other questions, around half (51 per cent) stated they were prepared to take any job they could do, while less than half (42 per cent) agreed that being in work helped their health.

Table 6.20 Attitudes towards paid work

	Cases %
I am prepared to take any job I can do	
Agree strongly	25
Agree slightly	26
Neither agree nor disagree	19
Disagree slightly	14
Disagree strongly	16
Being in work helps my health	
Agree strongly	17
Agree slightly	25
Neither agree nor disagree	22
Disagree slightly	17
Disagree strongly	19
Once you've got a job, it's very important to hang on to it, even if you don't really like it	
Agree strongly	33
Agree slightly	332
Neither agree nor disagree	17
Disagree slightly	10
Disagree strongly	8
Having a job is the best way for me to be an independent person	
Agree strongly	51
Agree slightly	29
Neither agree nor disagree	12
Disagree slightly	7
Disagree strongly	2
A person must have a job to feel a full member of society	
Agree strongly	29
Agree slightly	29
Neither agree nor disagree	18
Disagree slightly	14
Disagree strongly	10

Base: WRAG. Neither agree nor disagree includes 'Don't know'.

6.4 Conclusions

The vast majority of WRAG claimants surveyed understood that attendance at WFIs was mandatory. A majority also identified the work focus of the meeting, and understood that the purpose was to help them move into employment. The majority of claimants recalled discussing how their health affected work, and/or what type of work they wanted, in WFIs.

Thirty-nine per cent of WRAG claimants had agreed to undertake some work-related activity between WFI appointments, with the most common activity being agreeing to either look for, or do research into, jobs or training courses. The majority of claimants were positive about their WFI experiences and found them helpful in thinking about paid work, though this declined somewhat with age and was less pronounced among the SG.

In terms of distance from the labour market, there was a large range within the WRAG. When asked to reflect on their future plans, a large proportion of this group (41 per cent) said they were in the position of either needing help, rehabilitation or training before they could consider work, or that they hoped to work in the future but were not currently looking. There was also a significant minority of the WRAG (30 per cent) who stated they were either permanently unable to work, or did not expect to work in the future. Analysis of this group using logistic regression highlighted that the key determinants of this outcome were whether the claimants' condition was deteriorating, and their age, with those over 50 significantly more likely to fall into this category.

Unsurprisingly, the majority of the WRAG identified their health condition as a barrier to work. Low confidence was also mentioned as a barrier in more than a third of this group. However, nine per cent of the WRAG were actively looking for work.

7 Conclusions and policy implications

This chapter draws together the key findings from the report, and identifies some emerging issues for future policy in this area.

7.1 Characteristics of those claiming Employment and Support Allowance

The population of people making a new claim for Employment and Support Allowance (ESA) was similar to those making a new claim for Incapacity Benefit (IB) in previous quantitative research⁴¹. Around half of those claiming had been in work immediately before claiming, and there is strong evidence of labour market disadvantage, in the form of low skills and qualifications, being in a group recognised as disadvantaged⁴², or lack of recent work experience, for a large minority.

There were perhaps fewer differences than one might expect between the Support Group (SG), Fit for Work (FFW) Group, and Work-Related Activity Group (WRAG). They shared similar demographic and socio-economic characteristics, although compared to the population as a whole, people making a claim for ESA are an economically disadvantaged group.

The main health differences were between the SG and the other two groups, rather than between the WRAG and FFW groups. SG customers were much less likely than those in the WRAG and FFW Group to report a musculoskeletal condition or injury, but much more likely to report a long-term condition affecting major organs or the whole body (this category includes conditions such as cancer, diabetes, or heart disease). This suggests that those in the FFW group might also potentially benefit from the types of support currently provided being to the WRAG; customers in the SG can already volunteer for the support provided through Work Focused Interviews (WFIs).

7.2 The Employment and Support Allowance claim process

In terms of the ESA claim process, there are parts of the process which appeared to pose few problems; as intended, most claims are made by phone, and this initial claim process appeared to be straightforward for the majority of people, despite low awareness of the system prior to claiming. There are other parts of the process which seemed to generate some problems for many customers, principally the ESA50 questionnaire, which almost half the sample found difficult or impossible to complete without help. The findings suggest that some groups (those with literacy or English language problems, claimants aged 18-24, and people with mental health conditions) may benefit from additional information and/or support at various stages of the claim process.

⁴¹ Kemp, P. and Davidson, J. (2008). *Routes onto Incapacity Benefit: Findings from a survey of recent claimants*. DWP Research Report No. 516.

⁴² This is broadly consistent with the former PSA16 'socially excluded adults' target group and includes care leavers, people with moderate to severe learning disabilities, people in contact with secondary mental health services, ex-offenders under probation supervision, and those with spent or unspent criminal convictions.

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

The Work Capability Assessment (WCA) clearly represents a major shift in the threshold for receiving benefit on the grounds of unfitness for work, compared to the Personal Capability Assessment (PCA) which was used to determine eligibility for IB. These decisions have not been well accepted by those who are not entitled to ESA, with an appeal rate of 60 per cent among the FFW group. Although there are some differences between this group and the population of existing IB claimants, it is reasonable to anticipate a similarly high appeal rate among those found FFW, when this group are reassessed for ESA.

Equally, the survey findings provide little evidence that being found FFW has an effect on how the individual views the impact of their health on their ability to work, with around half still identifying themselves as temporarily or permanently unable to work due to sickness. Moreover, once they have entered the FFW group, access to support which addresses their health-related barriers to work may be more limited and not available until a later stage, for instance if they have claimed Jobseeker's Allowance (JSA). This is an area which could be addressed via the Work Programme⁴³ which is being developed to help people who are out of work based on their individual needs, rather than the benefit they are claiming.

Those in the WRAG were generally content with the outcome of their ESA claim, and felt that the Healthcare Professional (HCP) understood their condition well in the face-to-face WCA, but a large minority (close to a third) reported being permanently unable to work due to sickness, which raises issues about their potential levels of engagement with WFIs; a moderate proportion of this group (39 per cent) said they had undertaken some work-related activity between WFIs.

The survey provides limited detail on the Work-Focused Health-Related Assessment (WFHRA), beyond attendance and a brief indication of what was discussed. Department for Work and Pensions (DWP) has commissioned qualitative research which will provide additional information on both staff and customer views of the WFHRA. This will be published in the DWP Research Report series later in 2010.

7.4 Destinations of ended Employment and Support Allowance claims

In terms of destinations, a relatively small proportion of the FFW and WRAG groups had returned to work by the time of the survey, and some of those who had claimed JSA may make repeat claims to ESA; more detail on longer-term destinations (and the outcome of appeals) will be provided by wave 2 of the survey. A relatively high proportion (41 per cent) of those whose ESA claim had ended before they received a decision – because they withdrew their claim, or their claim was closed by Jobcentre Plus for non-response to letters or an invitation to attend a face-to-face WCA – had returned to work by the time of the survey. This was over three times higher than the proportion of the group found FFW who had returned to work, 13 per cent, and suggests that the claim closed or withdrawn group includes a significant number of people who have returned to work as their health condition has improved or resolved in the short-term.

⁴³ <http://www.dwp.gov.uk/supplying-dwp/what-we-buy/welfare-to-work-services/work-programme/>

7.5 Work Focused Interviews and future work plans for the Work-Related Activity Group

Those in the WRAG were generally positive about their experiences of WFIs, and customers understood that the aim was to support them towards a return to work, but many (around 40 per cent) saw themselves as quite far from work, needing rehabilitation or training before they would be able to work again. Taken together with those who saw themselves as permanently unable to work, this means that under a third of those in the WRAG saw themselves working again in the short-term. There was some evidence of engagement in work-related activity as a result of the WFIs, with 39 per cent agreeing to do one or more work-related tasks between WFIs. Wave two of this survey, which follows up the original respondents six months later, will explore the impact of WFIs, in terms of changed attitudes to working, in more detail. Findings will be published in the DWP Research Report series.

7.6 Barriers to work

Health was the most widely-cited barrier to work, and not only among the WRAG, as over half of those in the FFW group also saw this as a barrier. Low confidence and being in an older age group were also frequently mentioned as barriers. Lack of labour demand, both in terms of a shortage of jobs in the local area and limited availability of suitable hours of work, were also seen as important barriers, each being mentioned by a quarter of those in the WRAG and FFW groups. Many of these barriers co-exist, and addressing these multiple barriers to work will be important in helping these customers return to work, and is likely to be even more important for the existing IB customers due to be reassessed for ESA from next year.

Appendix A

Health conditions

Mental health conditions (32%)

- A. Stress or anxiety (9%)
- B. Depression (18%)
- C. Fatigue or problems with concentration or memory (2%)
- D. Other mental health conditions (3%)

Conditions related to bones, muscle problems or physical injury (37%)

- E. Problems with your arms or hands (4%)
- F. Problems with your legs or feet (11%)
- G. Problems with your neck, shoulders or back (13%)
- H. Pain or discomfort (4%)
- I. Any other condition related to bone or muscle problems or physical injury (5%)

Long-term conditions that affect major organs or the whole body (16%)

- J. Problems with your bowel, stomach, liver, kidneys or digestion including Crohn's disease (4%)
- K. Chest or breathing problems including asthma (4%)
- L. Heart problems or blood pressure including angina (5%)
- M. Skin conditions or allergies (0%)
- N. Cancer (3%)
- O. Other long-term condition (please specify) (0%)

Other condition or disability (15%)

- P. Difficulty in seeing (1%)
- Q. Difficulty in hearing (0%)
- R. Dizziness or balance problems (1%)
- S. Diabetes (1%)
- T. Problems due to alcohol (1%)
- U. Problems due to illegal use of drugs (1%)
- V. Epilepsy (2%)
- W. Learning difficulties including dyslexia (1%)
- X. Aspergers syndrome or autism (1%)
- Y. Progressive illness not covered above (1%)
- Z. Other health problem or disability (please specify) (3%)

(N.B. Percentages are number of respondents reporting each condition as their MAIN health condition)

Appendix B

Logistic regression

Logistic regression is used to predict the outcome of a dependent variable using a range of independent variables. It allows us to disentangle the individual effect of the independent variables by testing each factor while holding the others in the model constant. The independent variables which have been chosen are those which the bivariate analysis suggest are likely to be relevant factors influencing outcomes.

The key statistic reported here is the odds ratio coefficient [Exp(B)] which expresses the direction and strength of an individual factors association with the dependent variable. An odds ratio above one indicates an increased likelihood, below one a reduced likelihood. The odds ratio is expressed relative to a base case or reference category, which is indicated by brackets.

Two regression models are presented in this analysis:

- factors influencing whether the Fit for Work (FFW) group were back in employment or were unemployed at the time of the survey;
- factors influencing the likelihood of Work-Related Activity Group (WRAG) claimants reporting they did not expect to work again.

The significance values for each association are provided in the tables; a value of less than 0.05 indicates the relationship is statistically at the 95 per cent confidence level, a value of less than 0.01 indicates significance at the 99 per cent level.

Factors influencing the employment status of the Fit for Work group

Table B.1 shows the predictors of the employment status of the FFW group at the time of the survey. The dependent variable is whether an individual reports that they were back in employment, unemployed, or economically inactive. The economically inactive group includes those who reported they were sick (either temporarily or permanently), those looking after the family or home, those with other caring responsibilities and those who said they had retired. The economically inactive group is the reference category. The model, therefore, shows the importance of different explanatory variables in determining whether individuals are more or less likely to be employed or unemployed relative to the reference category (the economically inactive).

The upper half of the table shows a set of key explanatory variables of whether an individual in the FFW Group was likely to be employed at the time of the survey. Those who had returned to employment were much less likely to report having a health problem, disability or illness which limited their daily activities or work activities at the time of the survey; this was the strongest predictor. They were also considerably more likely to have been in work immediately prior to their claim. In contrast, those who stated they were permanently sick prior to their claim, and those reporting an 'other' employment status (including those looking after family or the home, caring, or in education or training), were much less likely to have gone into employment. Overall work history also made a difference, with those who had been mostly in work during their adult lives being more likely to have returned to employment. Looking at age, a return to work was more likely among those aged between 25 and 49. Being in a disadvantaged group reduced the likelihood of returning to employment. There was no statistically significant difference by gender, or by whether the claimant was living with a partner.

Those who reported being unemployed at the time of the survey were also less likely to report having a health problem, disability or illness which limited their daily activities or work activities, and again this was the strongest predictor. Similarly economic position prior to the claim was an important predictor, with those unemployed at the time of the survey also more likely to have been unemployed prior to their claim. Being male, and not living with a partner, also raised the likelihood of being unemployed. Work history, being in a disadvantaged group, and age, did not have a statistically significant effect.

Overall therefore the strongest predictor of those who had returned to employment, or were unemployed and looking for work, was not having a health problem, disability or illness which limited their daily activities or work activities. It seems, therefore, that getting better was the factor most likely to trigger a return to work or job seeking. The figures also show that economic position prior to the claim predicts strongly, with those who were previously employed more likely to have returned to work, and those who were unemployed to have returned to job seeking.

Table B.1 Factors associated with the employment status of the FFW group

	Odds ratio	Sig.
Employed		
Whether has health problem which affects daily activities or work activities		
Has health problem, disability or illness which limits daily activities or the work can do	.080	.000
(No health problem, disability or illness which limits daily activities or the work can do)	1.000	.
Situation immediately before claim		
Other	.189	.004
Unemployed		
Temporarily sick with no job	.348	.015
Permanently sick	.097	.001
(Working or with job but off sick)	1.000	.
Gender		
Male	.849	.465
(Female)	1.000	.
Household situation		
Not living with partner	.736	.171
(Living with partner)	1.000	.
Work history		
Mostly in work	2.616	.009
(Mostly out of work)	1.000	.
Disadvantaged group		
In one or more disadvantaged groups	.414	.026
(Not in a disadvantaged group)	1.000	.

Continued

Table B.1 Continued

	Odds ratio	Sig.
Age		
55+	1.675	.329
50-54	1.854	.273
35-49	2.841	.032
25-34	3.109	.028
(18-24)	1.000	.
Unemployed		
Whether has health problem which affects daily activities		
Has a health problem, disability or illness which limits daily activities or the work can do	.110	.000
(No health problem, disability or illness which limits daily activities or the work can do)	1.000	.
Situation immediately before claim		
Other	.669	.265
Unemployed	4.250	.000
Temporarily sick with no job	1.298	.584
Permanently sick	.665	.331
(Working or with job but off sick)	1.000	.
Gender		
Male	1.596	.042
(Female)	1.000	.
Household situation		
Not living with partner	1.888	.002
(Living with partner)	1.000	.
Work history		
Mostly in work	.777	.309
(Mostly out of work)	1.000	.
Disadvantaged group		
In one or more disadvantaged groups	.647	.087
(Not in a disadvantaged group)	1.000	.
Age		
55+	.884	.734
50-54	1.002	.995
35-49	1.498	.192
25-34	1.473	.305
(18-24)	1.000	.

n = 1171. F = 11.82, P<.001. R² .33 (Cox and Snell), .39 (Nagelkerke).

Factors influencing expectations of work amongst the Work-Related Activity Group

The analysis for the WRAG is based on a dependent binary variable comparing those who reported they were not expecting to work again, with the reference category which comprised those who were in work, looking for work, or who hoped to return to work in the future.

A range of independent variables were entered to assess their impact on the likelihood of a person reporting that they did not expect to work again. The factors which were assessed as potentially impacting include whether their health condition was improving or deteriorating, their age, and their employment situation prior to their claim.

- A key predictor of a claimant reporting that they did not expect to work again was **whether their health was improving or deteriorating**. Those who viewed their condition as improving were much less likely to report that they did not expect to work again. By contrast, those whose conditions were getting worse were more likely to not expect to work again.
- Age was also important, **being aged 50 or over** significantly increased the likelihood of a claimant reporting that they did not expect to work again.
- Employment situation prior to the claim also had an impact. Those who reported they were permanently sick prior to their claim were more likely to report that they did not expect to work again. Those in the 'other' group, which includes those who were looking after the family or home, had caring responsibilities, or were in education or training, were also more likely to say they did not expect to work again.

Other variables which were not found to have an independent statistically significant impact on the propensity to report permanent detachment from the labour market included type of health condition, number of health conditions, whether individuals had been employed or out of work for the majority of their working age lives, and what the household employment situation was.

Table B.2 Factors associated with not expecting to work again amongst WRAG claimants

	Odds ratio	Sig.
How condition is currently		
Getting better	.088	.000
Fluctuating	.595	.125
Getting worse	2.515	.002
(Staying the same)	1.000	.
Age		
55+	6.359	.000
50-54	3.340	.014
35-49	1.921	.118
25-34	1.145	.819
(18-24)	1.000	.
Situation immediately before claim		
Other	2.459	.037
Unemployed	.528	.054
Temporarily sick with no job	.270	.029
Permanently sick	3.747	.005
(Working or with job but off sick)	1.000	.
Gender		
Male	.677	.124
(Female)	1.000	.
Qualifications		
No qualifications	1.526	.103
(Some qualifications)	1.000	.

n = 1003. F = 7.38, P<.001. R² .25 (Cox and Snell), .35 (Nagelkerke).

This report presents first findings from a large representative face-to-face survey of 3,650 Employment and Support Allowance (ESA) customers, who made a claim for ESA between April and June 2009. It aims to explore customer experiences of claiming ESA, covering the initial claim process, assessment (ESA50, Work Capability Assessment and Work-Focused Health-Related Assessment) and the outcome of the benefit claim, and their responses to these. It also provides information on destinations, for those leaving benefit. The survey was carried out between December 2009 and February 2010 by Ipsos MORI. A repeat survey with the same population was carried out by telephone six months later, and will be published in early 2011.

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