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The 2015 ESA trials: A synthesis of qualitative research with Work Coaches

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Executive Summary

This report presents the synthesised findings from qualitative interviews with Work Coaches involved in the delivery of three trials that formed part of a package of support for Employment and Support Allowance (ESA) claimants:

- Voluntary Early Intervention (VEI) - aimed to provide an average of six hours support from Work Coaches to claimants on a voluntary basis prior to a Work Capability Assessment¹ (WCA). VEI had two variants in addition to the core model: access to Occupational Health Advice (OHA) for the Work Coach and; in the Back Pain variant, access to manual, physical and psychological therapies for claimants with back pain problems.
- Claimant Commitment (CC) - tested, at all stages of the ESA claim and on a voluntary basis, the use of the CC form and principles prior to the mandatory roll-out of CC to equivalent claimants on Universal Credit.
- More Intensive Support (MIS) - tested mandatory additional support for those ESA claimants who had completed the Work Programme (WP) and had not achieved a successful outcome.

¹ ESA is intended for people who have limited capability for work (who are placed in the work related activity group), and those who are unable to work (who are placed in the support group). The Work Capability Assessment (WCA) determines whether the claimant falls into one of these groups, or is fit for work. Those who are found to be fit for work may be eligible for Jobseeker's Allowance, which is the benefit paid to those who are actively seeking work.

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List of Abbreviations

AP	Action Plan
BPP	Back Pain Pilot
CBT	Cognitive Behavioural Therapy
CC	Claimant Commitment
DWP	Department for Work and Pensions
ESA	Employment and Support Allowance
JCP	Jobcentre Plus
JSA	Jobseeker's Allowance
MIS	More Intensive Support
NICE	National Institute for Health and Care Excellence
OHA	Occupational Health Advice
PP	Personalisation Pathfinder
RCT	Randomised Controlled Trial
UC	Universal Credit
VEI	Voluntary Early Intervention
WCA	Work Capability Assessment
WP	Work Programme
WRA	Work Related Activity
WRAG	Work Related Activity Group

Authors

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Summary

The Employment and Support Allowance (ESA) trials discussed in this report formed part of a package of support for ESA claimants and were launched in spring 2015. This report presents a synthesis of the qualitative interviews with Work Coaches involved in delivering three trials: Voluntary Early Intervention, Claimant Commitment and More Intensive Support.

Background

In response to the Work and Pensions Select Committee report on the Work Capability Assessment (WCA) and the Disability and Health Employment Strategy, the Government announced a package of measures, re-iterated in the December 2014 Autumn Statement, to increase health and employment support for sick and disabled claimants. The aims of the measures were to:

- enhance the Employment and Support Allowance (ESA) process;
- learn about what support and approaches work best for this claimant group;
- provide evidence to support the cultural transformation required when DWP opens up Universal Credit (UC) to new claimants with health conditions.

Four trials were proposed to meet the above commitments: Voluntary Early Intervention (VEI); Claimant Commitment (CC) for ESA claimants; More Intensive Support (MIS) and the Personalisation Pathfinder (PP). Several strands of research were undertaken to evaluate the measures. The fourth trial, PP, is out of the scope of this report, having been evaluated separately. This report synthesises the findings from research carried out by DWP researchers into the experience of staff who were involved in the delivery of the CC, the VEI (and its variants) or MIS trials.

Voluntary Early Intervention (VEI) Core: Under VEI Core, claimants could receive up to six hours of additional Work Coach support prior to the Work Capability Assessment² (WCA). At the time of the trial's development there was no formal strategy within the ESA delivery model for engaging claimants before the WCA. Therefore, a key aim of VEI Core was to provide work-related support, on a voluntary basis, early in the claim. This was to test if this helped prevent claimants from becoming detached from the labour market, and from falling into long-term benefit dependency. In addition, it was anticipated that VEI Core would reduce claimant anxiety about the ESA claims process and accelerate return to work, if appropriate.

² ESA is intended for people who have limited capability for work (who are placed in the work related activity group), and those who are unable to work (who are placed in the support group). The Work Capability Assessment (WCA) determines whether the claimant falls into one of these groups, or is fit for work. Those who are found to be fit for work may be eligible for Jobseeker's Allowance, which is the benefit paid to those who are actively seeking work.

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Work Coaches had a time bank of 360 minutes per claimant that they were encouraged to use flexibly, to meet claimants' needs by offering individually tailored support. VEI had two variants in addition to the core model: in one variant access to Occupational Health Advice (OHA) for the Work Coach and; in the Back Pain Pilot (BPP) variant, access to manual, physical and psychological therapies for claimants with back pain problems.

Claimant Commitment (CC): The CC forms part of the new provision under Universal Credit (UC) and is a condition of UC benefit entitlement. Prior to the CC trial, the CC had not been used with ESA claimants. The trial therefore sought to understand the implications of this change within the ESA benefit prior to the expansion of UC to include sick and disabled claimants, who would have previously claimed ESA. The key focus of the CC was claimants' capability to carry out Work Related Activity (WRA), progress toward the labour market and eventually return to work despite their health condition. It was envisaged that the CC would change claimants' mind-sets from one of being ill to one of capability, and would encourage claimants to take ownership for their commitments and develop self-efficacy.

The CC trial was voluntary and tested the use of the CC form at several stages in ESA claims: before the WCA; after the WCA where a person was put into the Work Related Activity Group (WRAG) but not required to join the Work Programme (WP); and after the WP where a person was in the WRAG but had not achieved a positive outcome on the WP.

The trial design specified that the CC would consist of an initial Work Coach interview to set up the CC and then on-going support from a Work Coach that would average overall, six hours per claimant above existing provision.

More Intensive Support (MIS): MIS increased the level of mandatory support to ESA claimants in the WRAG who had completed the WP but had not achieved a positive outcome. Work Coaches were allocated 264 minutes over a six month period to work with claimants returning from the WP. The actual amount of time spent with each claimant was at the discretion of both the Work Coach and the claimant. It was envisaged that the additional time Work Coaches had with claimants would help to build trust and confidence in the relationship. MIS aimed to build on claimants' experiences while on the WP. Work Coaches would use the additional time allowance flexibly to support claimants' needs and help them move closer to the labour market. A range of support could be offered.

MIS was tested using a Randomised Controlled Trial (RCT) approach. People in scope of the trial were randomly allocated to either MIS (the treatment group) or to business as usual (the control group). Under business as usual arrangements, claimants in the RCT control group received 88 minutes of Work Coach time.

Methods

The evaluation of these trials comprised both qualitative and quantitative elements. Quantitative impact assessments were carried out internally for both VEI and MIS. DWP social researchers carried out interviews with Work Coaches. External contractors carried out interviews with claimants who took part in the trials and also observed claimant and Work Coach meetings. This externally contracted research is summarised in a separate report.³

This report covers the findings from the qualitative interviews conducted with Work Coaches for all trials (and their variants). The aims for the qualitative research with Work Coaches across the trials were to:

- understand staff knowledge, skills and confidence needed to deliver the trials;
- understand staff perspectives and experience of delivering the trials;
- explore staff perspectives on the value of the trials in terms of supporting claimants in moving closer to or into work.

Additionally, each trial (and variants) had specific research questions that were tailored to the support provided by that trial. Findings from across the trials were first analysed separately, then further analysis was carried out using the individual trial frameworks to identify overarching themes from across the trials. Some overarching themes were relevant across all of the trials, while others were only identified in a subset of the trials (for example, because one trial was only relevant to a particular claimant stage).

Key Findings

- In general, Work Coaches supported the idea of early intervention with claimants, with some Work Coaches viewing this as 'crucial'. For VEI Core, some Work Coaches tended to feel that early intervention was more appropriate when the WCA was delayed or later in the claim.
- The perceived benefits of early intervention were strongest with the OHA and BPP variants of the VEI trial. BPP in particular was popular with Work Coaches in part because it allowed them to offer claimants support that was specific and 'tangible'.
- OHA, when used by Work Coaches, was generally well received, however it was still sometimes a challenge to turn advice into plans that would move claimants towards the labour market (in some case because of the seriousness and complexity of some health conditions).
- Work Coach views on MIS were mixed. Some felt it targeted claimants too late in their claim journey to be effective, particularly as targeted claimants were often considered to be far from the labour market. Although the intensity of MIS was

³ <https://www.gov.uk/government/publications/employment-and-support-allowance-trials-2015>

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sometimes seen as helpful for those closest to the labour market, the intensity and the pressure was often seen as counterproductive with these particular claimants.

- Work Coaches did not report any major problems from the use of CC. Some found it more helpful in structuring conversations with claimants, though others thought it was similar to business as usual and so did not add anything new.

Findings across all trials

Claimant health conditions

Mental health issues were cited as a major health concern by Work Coaches across the trials, with some reporting that the majority of their ESA caseload had a mental health condition. In some cases, Work Coaches felt that mental health conditions were the biggest barrier to the claimant returning to work. Note that this does not mean that these claimants all had been formally diagnosed as having mental health conditions.

Work Coaches felt that claimants were increasingly likely to have mental health conditions the longer they were out of the labour market, and also felt such conditions could occur as a result of having a longer-term physical health condition. Work Coaches felt most post-WP claimants had complex health conditions, often both mental and physical health conditions, with some Work Coaches feeling that claimants' health conditions had deteriorated substantially since their WCA. Work Coaches felt that owing to deteriorated health conditions often experienced by post-WP claimants, wider barriers concerning their health and personal wellbeing needed to be addressed before taking on Work Related Activity (WRA).

Early intervention

Work Coaches tended to respond positively to the opportunity to engage claimants at early stages of their ESA journey (VEI and CC trials). Some Work Coaches felt early contact, before the WCA, was 'crucial', as it meant that claimants were more positive in their mind-set and in their ability to return to work at this stage, or that it made claimants more receptive towards work, enabling them to move closer to the labour market. However, some Work Coaches highlighted that pre-WCA, claimants could be more focussed on their health conditions, which acted as a barrier to them signing up to the support offered by the trial. Additionally, some claimants had their WCAs earlier in their claims, which meant a smaller window for Work Coaches to engage with claimants pre-WCA.

Work Coach confidence

Some Work Coaches found ESA claimants a difficult group to work with, requiring a softer approach than working with other claimants. While some, usually more experienced Work Coaches, were confident at delivering interventions with ESA claimants, other Work Coaches were less confident. The range or severity of

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illnesses ESA claimants had made it harder to work with ESA claimants for some Work Coaches; as well as any concerns about how 'forceful' they should be in ensuring claimants participated in the trial and completed actions. In some cases, use of OHA increased Work Coaches' confidence in working with ESA claimants as it provided Work Coaches with information on a claimant's abilities, and the level of WRA that was suitable.

Support offered to claimants

Across the trials, Work Coaches generally appeared to target two key areas of support that they offered claimants: around routine barriers to gaining employment; and wider issues associated with the claimant's health, mind-set and wellbeing. Activities that aimed to address barriers to employment tended to be more tangible and similar to those offered to JSA claimants. Some Work Coaches also noted that these were 'easier, go-to' options that they could use. This support included routine jobseeking activities such as looking on Universal Jobmatch for vacancies, completing CVs, filling in job applications, and arranging travel (e.g. car sharing). Activities which addressed wider issues with health, mind-set and wellbeing included signposting claimants to external provision or online support that would help with health conditions (e.g. pain management support). Some Work Coaches acknowledged that deciding on what support and actions to set could be difficult, highlighting the importance of considering the individual circumstances and abilities of each claimant.

Voluntary nature of trials as an aide and as a barrier to participation

When offering claimants the voluntary option to create a CC, Work Coaches tended to emphasise the voluntary nature of the trial as a selling point. Similarly, some Work Coaches also mentioned emphasising BPP's voluntary nature as a selling point. For CC and VEI Core, some Work Coaches felt that the trial being voluntary could be a barrier to claimants taking the provision up and that it was difficult to get claimants to sign up to the trial. For VEI Core, some Work Coaches reported that the voluntary nature of the trial made it more likely claimants would participate, whereas other Work Coaches reported that its voluntary nature reduced participation, as some claimants would immediately turn it down upon being told it was voluntary, rather than waiting to hear about the support on offer. In contrast, Work Coaches felt that the majority of claimants who were offered BPP were 'keen' to take up the support and described BPP as an 'easy sell'. Work Coaches thought that having BPP to offer claimants improved initial engagement as it was a 'tangible' support offer for back pain treatment.

1 Background

In response to the Work and Pensions Select Committee report⁴ on the Work Capability Assessment (WCA) and the Disability and Health Employment Strategy⁵, the Government announced a package of measures, re-iterated in the December 2014 Autumn Statement⁶, to increase health and employment support for sick and disabled claimants⁷. The aims of the measures were to:

- enhance the Employment and Support Allowance (ESA) process;
- learn about what support and approaches work best for the claimant group;
- provide evidence to support the cultural transformation required when DWP opens up Universal Credit (UC) to new claimants with health conditions.

Four trials were proposed to meet the above commitments: Voluntary Early Intervention (VEI); Claimant Commitment (CC) for ESA claimants; More Intensive Support (MIS) and the Personalisation Pathfinder (PP). Several strands of research were undertaken to evaluate the measures. The fourth trial, PP, is out of the scope of this report, having been evaluated separately. This report synthesises the findings from research carried out by DWP researchers into the experience of staff who were involved in the delivery of the CC, the VEI (and its variants) and MIS.

1.1 Overview of trials

1.1.1 Voluntary Early Intervention (VEI Core, and OHA variant & BPP variant)

VEI Core

Before the introduction of VEI, claimants could wait several months for their WCA. There is no formal strategy within the ESA delivery model for engaging claimants before the WCA. Therefore, a key aim of VEI was to provide work-related support, on a voluntary basis early in the ESA claim. This was to test if this helped prevent claimants from becoming detached from the labour market, and from falling into long-term benefits dependency. In addition, it was anticipated that VEI would reduce claimant anxiety about the ESA claims process and accelerate return to work, if appropriate. Under VEI Core, Work Coaches had a time bank of 360 minutes per

⁴ <http://www.publications.parliament.uk/pa/cm201415/cmselect/cmworpen/302/30202.htm>

⁵ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/266373/disability-and-health-employment-strategy.pdf

⁶ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/382327/44695_Accessible.pdf

⁷ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/380265/esa-and-wca-work-and-pensions-committee-response.pdf

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claimant that they were encouraged to use flexibly, to meet claimants' needs. Individually tailored support, included: advice about returning to an existing or previous employer; support to identify the types of work that could be considered; and assistance to identify actions that would help prepare claimants for work. For the majority of claimants, most of the time bank was expected to be used for the length of a claim, or up until the claimant attended the WCA, whichever was sooner.

In addition to the VEI Core Model, two variants were tested: the Occupational Advice (OHA) trial variant provided OHA to Work Coaches; and the Back Pain Pilot (BPP) trial variant provided access to manual, physical and psychological therapies for claimants with back pain problems.

The VEI Core Model was delivered in Jobcentre Plus offices in Glasgow, Lanarkshire and East Dunbartonshire, the Black Country, South East Wales, and Birmingham and Solihull.

OHA variant

The OHA variant of VEI Core gave Work Coaches access to professional OHA to test if this resulted in Work Coaches offering more informed work-related advice when talking to ESA claimants. Work Coaches working with claimants as part of the VEI Core model, could telephone the OHA service to book a call with an OH professional. The OH professional would then provide advice that the Work Coach could use at their next appointment with the claimant; the advice included appropriate activities and next steps a claimant could carry out, taking into account their health condition.

The OHA trial variant took place in Birmingham and Solihull.

BPP variant

The BPP variant of VEI Core tested the idea of providing access to a telephone triage service and subsequent access to National Institute for Health and Care Excellence (NICE) approved therapies before the WCA to support ESA claimants with lower back pain to move closer to or return to work. This health condition was selected because it is a common cause of occupational ill-health. BPP provided access to manual, physical and psychological therapies, including: physiotherapy, osteopathy and Cognitive Behavioural Therapy (CBT). Treatments for claimants assessed as appropriate for support from the BPP variant included: verbal advice, written information, referral for face-to-face sessions, including up to six physical or psychological or manual therapy sessions.

The BPP trial variant took place in South East Wales.

1.1.2 Claimant Commitment

The CC forms part of the new provision under UC and is a condition of UC benefit entitlement. Prior to the CC trial, the CC had not been used with ESA claimants. The trial therefore sought to understand the implications of this change within the ESA benefit prior to the expansion of UC to include sick and disabled claimants, who would have previously claimed ESA. The CC records agreements reached between

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a claimant and their Work Coach in respect of finding work, Work Related Activity (WRA) and the support the claimant can expect. In addition, the CC details the consequences to a claimant if they do not comply with the commitments agreed and set out in the CC.

The CC trial was voluntary and recruitment took place at several stages in ESA claims:

- Before the Work Capability Assessment (WCA);
- After the WCA where a person was put into the Work Related Activity Group (WRAG) but not required to join the Work Programme (WP);
- After the WP where a person was in the WRAG and did not achieve a positive outcome on the WP.

The trial design specified that the CC would consist of an initial Work Coach interview to set up the CC and then on-going support from a Work Coach that would average overall, six hours per claimant above existing provision.

The key focusses of the CC was claimants' capability to carry out WRA, progress toward the labour market and eventually return to work, despite their health condition. There was an emphasis on changing claimants' mind-sets from one of being ill to one of capability and encouraging positive engagement. It was envisaged that the CC would encourage claimants to take ownership for their commitments and develop greater self-efficacy. Consequently, a high level of personalisation was expected.

The CC was delivered in around half the JCP Offices in East Anglia.

1.1.3 More Intensive Support

MIS was tested using a Randomised Controlled Trial (RCT) approach. People in scope of the trial were randomly allocated to either MIS or a business as usual control group. MIS increased the level of mandatory support to ESA claimants in the WRAG who had completed a spell on the WP and did not achieve a positive outcome. Work Coaches were allocated 264 minutes over a six-month period to work with claimants returning from the WP. The actual amount of time spent with each claimant was at the discretion of both the Work Coach and claimant and it was acknowledged that participants required different levels of support. It was envisaged that the additional time Work Coaches had with claimants would help to build trust and confidence in the relationship. Under business as usual arrangements, claimants in the RCT control group, received 88 minutes of Work Coach time.

MIS aimed to build on claimants' experiences while on the WP. Work Coaches would use the additional time allowance flexibly to support claimants' needs and help them move closer to the labour market. A range of support could be offered, including: initial diagnostic identification of employment strengths & skills, qualifications & experience, job preferences and barriers to work; agreement on the actions a claimant could take to help them prepare for work; and any other help and support the Work Coach could facilitate.

The MIS trial took place in East and South East Scotland, West Yorkshire and Kent.

1.2 Evaluation strategy

The qualitative staff research reported here is part of a larger evaluation strategy for the VEI, CC and MIS trials. The evaluation strategy included quantitative monitoring and an impact assessment of two of the trials. The VEI Core Model was assessed using a Quasi-Experimental Design (and its two variants were feasibility studies), and MIS operated through a RCT. CC trial progress was monitored by in-house analysts using management information that was collected; an impact evaluation was not carried out for this trial.

In addition to the in-house work, DWP externally commissioned qualitative research with claimants who had taken part in the trials to understand more about their experience of the trials.⁸

1.3 Report structure

This report presents a synthesis of the findings from qualitative interviews with Work Coaches involved in delivering the VEI, CC and MIS trials. The report is structured in the following way:

- Chapter two presents the methods of the staff research, and the approach taken for synthesising the findings across the three ESA trials.
- Chapter three considers Work Coach' confidence in delivering the interventions.
- Chapter four considers the common activities and approaches Work Coaches took when working with these ESA claimants, and claimants' mental health conditions.
- Chapter five considers the evidence from the pre-WCA stage of the claimant journey, drawing on VEI Core (BPP and OHA variants) and CC.
- Chapter six considers evidence from the CC trial for the post-WCA stage and evidence from the MIS and CC trials for post-WP claimants.
- Chapter seven presents the conclusions that can be drawn from the staff research across the trials (VEI, CC and MIS).

⁸ <https://www.gov.uk/government/publications/employment-and-support-allowance-trials-2015>

2 Methods

2.1 Qualitative interviews

In-depth semi-structured telephone interviews were carried out with Work Coaches across the three trials. Interviews were carried out in two phases; a trial phase in December 2015 and the second phase in January and February 2016. The trial phase was used to test out the research instruments, which were then adapted for the second phase of interviews. Table 2.1 shows a breakdown of the number of interviews undertaken for each trial (and trial variants) as well as the number of Jobcentres (JCPs) involved.

Table 2.1 Achieved interviews for trials and trial variants

	Number of Work Coach interviews	Number of JCPs
VEI Core	13	8
VEI BPP	12	7
VEI OHA	11	7
MIS	16	10
CC	17	7
Total	69	39

Where consent was given, interviews were recorded with a Dictaphone and notes were then made from the recording. If consent was not given, interviewers made detailed notes during the interview.

2.1.1 Sampling

JCP offices -selected for interviews with Work Coaches- were sampled purposively to reflect the diversity and breadth of the offices taking part in the trials. Different variables were considered across the various trials for sampling purposes.

For More Intensive Support (MIS) the following variables were considered:

- The size of MIS caseload in each office
- The number of appointments carried out and average number of minutes spent with treatment and control claimants

For Claimant Commitment (CC), sampling took into account:

- The time offices had spent participating in the trial

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- The percentage of claimants accepted onto the trial
- The average number of meetings attended per claimant on the CC caseload
- Whether the office covered Post-WP claimants (not all offices did)

For Voluntary Early Intervention (VEI) core and its two variants, Back Pain Pilot (BPP) and Occupational Health Advice (OHA), four variables were considered:

- The size of VEI caseload in each office
- The take-up rate of VEI in each office
- The number of VEI meetings undertaken per claimant on the VEI caseload
- The number of Work Coaches involved in the trial in each office

Sampling also aimed to include a range of office sizes across the trials. Work Coaches were then randomly sampled from the selected offices.

2.1.2 Research questions

There were several common overarching aims for the staff qualitative research, such as understanding staff knowledge and confidence in delivering the trials. Specific research questions underpinned the research for each of the trials. These focussed both on the particular support offered and the stage in the claimant journey at which the support was offered. For example, CC was trialled across the claimant journey so one of the research questions was to explore the differences (if any) in using CC with pre-WCA, post-WCA and post-WP claimants. Table 2.2 shows the overarching and trial-specific research questions.

Table 2.2 Overarching and trial-specific research questions

Overarching Research Questions			
<ul style="list-style-type: none"> To understand staff perspectives and experience of delivering the trials To explore staff perspectives on the value of the trials in terms of supporting claimants to move closer to work, or into work, and any changes to improve effectiveness To understand staff knowledge, skills and confidence needed to deliver the trials To understand the background of the claimants involved in the trials 			
VEI Core (Pre-WCA)		CC (at all stages)	MIS (Post-WP)
<ul style="list-style-type: none"> To understand Work Coach approaches to ‘selling’ the VEI offer and recruit claimants to the trial To understand how Work Coaches approached the VEI appointments and the content of these appointments To understand what support and WRA options were discussed and pursued by Work Coaches 		<ul style="list-style-type: none"> To understand how the benefits and purpose of CC differed from BAU Action Plans To understand Work Coach approaches to ‘selling’ the benefits of CC to the claimant and how the voluntary nature of CC affected claimants involvement and engagement To explore the differences (if any) with using CC with Pre-WCA, Post-WCA and Post-WP claimants 	<ul style="list-style-type: none"> To explore Work Coach perspectives on the value of MIS compared to the control group To understand how conditionality/sanctions were approached with MIS claimants and how claimants responded to conditionality/sanctions
VEI BPP (Pre-WCA)	VEI OHA (Pre-WCA)		
<ul style="list-style-type: none"> To understand how claimants with back pain were identified To understand the circumstances in which Work Coaches decided to offer referral/not offer referral To understand how the referral process worked and was sold to claimants To explore the impact of back pain support on conversations with claimants 	<ul style="list-style-type: none"> To understand why Work Coaches decided to seek OHA and the difficulties (if any) in accessing OHA To understand the type of OHA sought and for what types of conditions/issues To understand the type of advice received from OHA and how it was used To understand the impact of OHA on interactions with claimants and Work Coach confidence 		

2.2 Analysis of data

2.2.1 Analysis

Data were drawn from individual trial interviews and entered into thematic frameworks organised into interview topics for each trial. Findings relating to VEI core research questions were mainly sourced from VEI core interviews and, where relevant, data from BPP and OHA interviews have been included. This is because OHA and BPP operated as an addition to the VEI core model; meaning that claimants receiving support from VEI BPP and VEI OHA also received support from VEI core.

Thematic analysis of the interview data was carried out for each trial separately, and themes, subthemes and links between subthemes were developed.

2.2.2 Synthesis approach

Further thematic analysis was carried out using the individual trial frameworks to identify overarching themes from across the trials. Definitions of the overarching themes were then developed and where possible mapped onto different stages of the trial journey. Some overarching themes spanned across all of the trials, while others were only identified in a subset of the trials, for example because it was relevant to claimant stage.

Within each overarching theme, themes and subthemes were developed and identified. Themes are the component parts that contribute to the narrative of the overarching theme, and subthemes further explain the themes including drivers and consequences (see Appendix A for a list of overarching themes and themes identified, and from which trials the data was drawn).

2.2.3 Synthesis reporting approach

The data has been organised to reflect the fact that the different trials spanned the claimant's journey, thus offering a natural structure to present the findings whilst also allowing consideration of how the trials worked with claimants at different stages of their journey. Where possible, the data presented also considers elements that trials had in common at specific stages of the claimant journey, for instance the voluntary nature of the trials at the Pre-WCA stage (for all trials except MIS, which was mandatory, and which was not offered at the Pre-WCA stage).

Throughout the chapters, similarities and differences between the trials are explored. There were some common characteristics and features found across trials that were not specific to the claimant stage or specific trials and these have been drawn out at the beginning of the report to contextualise the later findings at each stage of the claimant journey (for instance, the common approaches, support and activities Work Coaches offered to ESA claimants across the claimant journey, drawing on data from

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all of the trials). Any support offered that is unique to the claimant stage or trial, such as the CC tool, has been identified and discussed separately.

It is important to note that only CC was used at all points of the claimant journey and has therefore been considered at each stage, whilst the other trials provide insight at only one stage of the claimant journey. The presence of CC across the three stages of the claimant journey offered the opportunity to compare the effectiveness of CC in engaging and progressing ESA claimants at different stages of their claim.

3 Work Coaches' confidence

This chapter presents data on Work Coach confidence in delivering Claimant Commitment (CC), Voluntary Early Intervention (VEI) core and More Intensive Support (MIS). The impact of Occupational Health Advice (OHA) on Work Coach confidence is also considered, as is whether Work Coaches felt that the training they received enabled them to feel confident in delivering the trials. Work Coach suggestions for further training are also summarised.

3.1 Reported confidence across the trials

Across the trials, some Work Coaches reported feeling confident in delivering the interventions, while others felt less confident. A key driver for those Work Coaches feeling confident was their experience. Levels of experience varied both in terms of their experience in delivering the trial and their wider experience. Some Work Coaches had extensive experience as a Work Coach, whereas others were relatively new to the role. Some Work Coaches had previously worked with ESA claimants whereas others had never worked with this claimant group before. Work Coach time with ESA claimants, and their experiences with them, under the trials also varied.

For Work Coaches who were confident, this was linked to their previous experience. They mentioned their previous experience as a Work Coach, or having previously worked with ESA claimants or claimants with health conditions. In CC, Work Coaches also felt that having already used CC with non-ESA claimants enabled them to feel confident in using CC with ESA claimants. In MIS, some Work Coaches felt that they were confident because MIS used the same processes as business as usual (BAU) and just involved meeting claimants more frequently.

Work Coaches who were less confident tended to have less experience dealing with ESA claimants. Work Coaches mentioned feeling less confident because of the range or severity of illnesses ESA claimants can have, and that the same health conditions can affect claimants differently. Work Coaches also mentioned that they felt they needed to be as clear as possible about what was involved in the trial as they did not want ESA claimants to be stressed. They were also unsure how 'forceful' to be with ESA claimants in pushing Work Related Activity (WRA), compared to JSA claimants, and that working with ESA claimants was felt to be different, requiring a softer approach (see section 4.1 for further discussion of this point). Some Work Coaches in VEI core mentioned feeling uncertain how to explain VEI to claimants. This was particularly challenging when claimants were anxious about being contacted. Across the trials, Work Coaches who were less confident tended to report that they became more confident as they continued to work with ESA claimants or on a particular ESA trial.

3.1.1 Positive effect of OHA on Work Coaches' confidence

Some Work Coaches felt that seeking and using OHA improved their confidence. For example, some Work Coaches felt that their confidence in having conversations with claimants was improved by OHA providing them with information on what to expect from claimants in terms of ability, and the level of WRA that was suitable. Some Work Coaches said that OHA advice gave them a good understanding of how to move claimants closer to work and enabled them to offer more helpful support. OHA was also valued by Work Coaches who described it as being 'based on scientific fact' and coming from someone with clinical experience, rather than being a Work Coach's opinion. Some Work Coaches felt that OHA could act as a point of contact for medical advice, as they did not feel confident in working with ESA claimants. Some Work Coaches suggested that working with ESA claimants had initially been challenging (see section 4.1 for further discussion of this point) and felt that OHA was a good additional tool for Work Coaches new to working with such claimants.

The perceived impact of OHA appeared to be linked to Work Coach experience and knowledge. Some Work Coaches who said that they had less experience in working with ESA claimants perceived a greater impact of the OHA service than some Work Coaches who had more experience. Some Work Coaches stated that OHA added little to their existing knowledge, only serving to confirm that the support they had already provided to a claimant was correct. On the other hand, some Work Coaches with less experience reported that they had found the OHA service very helpful and that it had helped them feel more knowledgeable when approaching conversations with claimants. Some Work Coaches suggested that the role of OHA could become more important following the introduction of the Work Coach Delivery Model (where Work Coaches would work with claimants on all benefits) as OHA would help fill the gaps in knowledge and understanding of a 'generalist' adviser.

3.2 Training and Support

3.2.1 Further training needed

Some Work Coaches felt that they did not need further training in delivering the interventions. These Work Coaches tended to feel confident in delivering the trial with ESA claimants and felt that their previous experience either with ESA claimants or as a Work Coach generally had equipped them to deal with the trial, or that the guidance was sufficient. Some experienced Work Coaches thought that the training or guidance provided was sufficient for them, but felt that Work Coaches with limited or no ESA experience would have needed more training than was provided. The reasons given for this were that ESA claimants often had complex health problems or that conversations with ESA claimants could be difficult due to their often personal nature and that an inexperienced Work Coach could be shocked or embarrassed. In the CC trial, Work Coaches mentioned that they felt that no further training was

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required because the CC was straightforward to complete, or because it was similar to the Action Plan with which they were already familiar. For MIS, some Work Coaches felt further training was unnecessary because it followed the same processes as BAU.

Nonetheless, among both Work Coaches who felt confident and those who felt less confident, there were some suggestions for further training that they would have found useful. Suggestions for trial-specific training for CC included: how to sell CC; how to complete CC; examples of actions to include in the CC; what to put into the categories; and how to update the CC. Work Coaches also reported that having meetings with other Work Coaches to discuss completing CCs would have been useful, as would receiving feedback on the CCs they had completed. Work Coaches who were less confident in tailoring CC to ESA claimants also mentioned that training around ESA claimants would have been useful, for example, around Work Related Activity (WRA).

Some Work Coaches also felt that it would have been helpful to have had training or information on what provision or support is available for ESA claimants. Additionally, some Work Coaches felt that training on how to engage and approach the ESA claimant group would have been useful. Some Work Coaches felt that training on health conditions would have been helpful; in particular, training on working with, and how to support, claimants with mental health conditions. Some Work Coaches mentioned that they had received training on mental health issues, but felt that additional training would have been useful, or that it would have been helpful for Work Coaches who had not yet received such training. In contrast, some Work Coaches felt that training around ESA claimants and their health conditions was not necessary; Work Coaches were not doctors and therefore did not need more knowledge on this point. Furthermore, some Work Coaches felt that formal training on working with ESA claimants was not possible and that it was a matter of continuously learning and building up knowledge of health conditions as they worked with ESA claimants.

3.2.2 Further support needed

Some Work Coaches described their line manager providing additional support when necessary. Furthermore, some Work Coaches felt that they were able to seek support from their managers but did not need to, due to their experience in working with the ESA claimant group, or as a Work Coach more generally. However, some Work Coaches felt there were limited sources of support and, during the beginning stages of the trial, this could reduce their confidence. These Work Coaches stated that office managers had limited trial-specific knowledge, so they were unable to seek support from their line managers, and would instead work with other Work Coaches to solve any issues.

4 Support activities undertaken with claimants

This chapter considers the common approaches, support and activities Work Coaches offered to Employment and Support Allowance (ESA) claimants across the claimant journey, drawing on data from all of the trials. The chapter includes: how Work Coaches decided what support to offer claimants; how Work Coaches introduced Work Related Activity (WRA) to ESA claimants; and the balance of discussion of work-related issues against wider issues claimants might be facing.

4.1 Difficult aspects of working with ESA claimants

Some Work Coaches felt that ESA claimants were a difficult group to work with, and that working as an ESA advisor was very different to working with other types of claimants. It was noted that conversations about health conditions can be very difficult, personal and uncomfortable: for example, talking about suicide could be distressing and weigh heavily on Work Coaches, particularly if they were new to working with ESA claimants. In addition, some Work Coaches felt that they had to deal with situations that were worrying claimants that were outside of their remit as a Work Coach in order to help claimants return to work. Examples of this included addressing concerns about benefit payments or claims, counselling claimants to think more positively and receiving requests from claimants for medical advice. Work Coaches felt that they were not necessarily best placed to provide this advice, particularly medical advice as they were not medically trained, and would often refer claimants to specialist organisations or advisers, such as work or occupational health psychologists, GPs and charities.

4.2 Support offered to claimants

Across the trials, Work Coaches generally appeared to target two key areas with the support offered: routine barriers to gaining employment and wider issues associated with claimants' health, mind-set and wellbeing.

Activities considered to address barriers to employment tended to be more tangible and similar to those offered to JSA claimants. Some Work Coaches also noted that these were 'easier, go-to' options that Work Coaches could use. It was noted that some claimants needed to start from scratch in addressing their barriers to employment, while others, often those closer to the labour market, might only need to

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refresh certain things. Support offered by Work Coaches included routine jobseeking activities such as looking on Universal Jobmatch for vacancies, completing CVs, filling in job applications and arranging travel (for example, car sharing).

Other support included:

- Encouraging claimants to undertake permitted or voluntary work to gain some work experience (for example, at JCP or with providers already engaged with JCP such as the British Heart Foundation Voluntary Shops, Churches or Citizens Advice Bureau); or, if the claimant had a specific interest or need, Work Coaches engaged new providers. It was noted that voluntary work could boost claimants' confidence in their ability to work, provide some structure and routine and provide the opportunity to meet new people. Work Coaches felt that this could be particularly helpful for claimants with mental health conditions.
- Discussing the possibility of returning to their previous place of work/industry (for example, if a claimant had a job to return to once they had recovered, encouraging claimants to make weekly contact with their employer to ensure their job remained vacant), particularly for pre-WCA claimants. In cases where a claimant's health or circumstances meant they could not return to their previous role, Work Coaches helped claimants consider alternative jobs/industries (for example, by looking at job vacancies so claimants could see 'what's out there').
- Referring claimants to the National Careers Service, for training for general skills - particularly in IT and basic English & Maths; or to specific training courses (e.g. food hygiene, security licences, driving courses).

Activities considered to address wider issues with health, mind-set and wellbeing included:

- Signposting claimants to external provision or online support that would help with the claimants' health conditions, such as:
 - Pain management support
 - Encouraging claimants to continue seeing a doctor or psychiatrist
 - Local mental health support
 - Courses tailored to specific health conditions (for example, classes run by the British Blind Association on how to live independently)

This was particularly valuable for those claimants with mental health conditions who may not have previously accessed this type of support.

- Signposting claimants to provisions that specifically helped with their mind-set and wellbeing, included:
 - Counselling or self-help groups
 - Bereavement counselling
 - Courses on motivation and seeing working as a positive
 - Courses/activities that promote wellbeing such as pottery, flower arranging, yoga or massage

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- Confidence building, for example, by providing positive and encouraging feedback when claimants achieved actions
- Building a trusting, supportive relationship and good rapport between the claimant and Work Coach
- Encouraging claimants to socialise with other people and engage with activities outside of their home (for example, encouraging an agoraphobic claimant to leave the house and put the bin out)
- Trying to persuade claimants that their health condition does not mean they cannot achieve something in the future

4.2.1 Defining Work Related Activity (WRA)

Some Work Coaches expressed frustration at the difficulties in defining WRA and it was noted that there was sometimes a discrepancy in how Work Coaches defined WRA. Some Work Coaches would include actions addressing wider issues in their descriptions of WRA and would therefore include these as actions on Action Plans (APs) and CCs; while other Work Coaches felt that there was a separation between WRA and actions addressing wider issues. Those Work Coaches were unsure about whether they could include actions addressing wider issues on APs or CCs and whether addressing these was outside of the remit of the trials. In these circumstances, Work Coaches would still discuss these wider issues with claimants in the hope that thinking about them would cause claimants to take some action.

These considerations also had an impact on the progression that Work Coaches believed claimants were making, with some Work Coaches acknowledging that leaving the house or having a one-to-one conversation with a Work Coach was a significant step in a claimant's return to work, despite these steps not being obvious or typical WRA.

4.2.2 Balancing conversations

Some Work Coaches reported that, despite their efforts, it could often be difficult to concentrate conversations on WRA as some claimants were very focused on their health conditions and so found it difficult to discuss WRA. Work Coaches believed that claimants might be concerned about talking too much about WRA for fear of being assessed as 'fit for work' prematurely.

Despite this, some Work Coaches tried to avoid talking about health conditions as much as possible and focused solely on WRA. Others would always try to include some discussion about WRA but felt it was important to be conscious of claimants' health conditions and to allow claimants time to speak about their health in order to help build a trusting relationship. Some Work Coaches allowed a proportion of every meeting to talk about health conditions, while others would allow this to be the entire focus for the first few meetings before moving claimants onto conversations that focused increasingly on WRA in later meetings. Some Work Coaches acknowledged,

however, that it could then be difficult to get claimants back to talking about WRA and some noted that, although a knowledge of what barriers claimants faced was helpful, they did not need to know every detail about a claimant's health condition.

4.2.3 What is it reasonable to ask of claimants?

Work Coaches noted that they took claimants' circumstances and vulnerability into account when considering claimants' suitability for WRA and made a judgement about what was appropriate and reasonable on a case-by-case basis. It was reported that decisions about suitability could be particularly difficult if the claimant's prognosis was unclear. In some cases Work Coaches said that wider issues needed to be addressed before a claimant was able to consider WRA. Examples of such wider issues included: management of health conditions; a claimant's confidence in their ability to undertake work; and personal circumstances (including homelessness or drug and alcohol abuse). It was acknowledged that for a claimant to be successful in work, their general wellbeing needed to be catered for and that by doing this a claimant's eventual return to work may be more sustainable. Therefore, initial conversations could often be more focused on providing support to claimants, rather than considering WRA, and this focus could continue for a significant period of time.

Some Work Coaches emphasised that activities could vary greatly between claimants because what a Work Coach believed was a suitable activity, CC or AP for one claimant may not necessarily be suitable for another. Therefore, Work Coaches approached each claimant differently and, although Work Coaches tried to set activities that were reasonably stretching to help claimants progress, they would not set claimants something that they did not believe the claimant could achieve. Work Coaches were careful not to 'push too hard', highlighting concerns raised about how 'forceful' they should be in ensuring claimants participated in the trial and completed actions. It was also noted that deterioration of health conditions between appointments may have meant that agreed actions might no longer be appropriate. Some Work Coaches also emphasised the importance of being clear about expectations, not pressurising or overwhelming claimants, but setting achievable actions and reasonable timescales that could be adjusted based on their judgements of what was appropriate for each claimant. Work Coaches noted that setting attainable actions helped provide claimants with a sense of achievement and boosted their confidence following the completion of an action.

4.2.4 How decisions were made

Some Work Coaches acknowledged that deciding on what support and actions to set with claimants could be difficult, highlighting the importance of considering each claimant's circumstances and abilities. When discussing WRA and considering actions and support with claimants, a number of Work Coaches tried to put the onus on claimants to guide conversations about what they felt they were capable of and aspired to do. Some Work Coaches also made use of templates designed by work

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psychologists or the CC tool to guide conversations with claimants about what they felt their biggest barriers to work were. Some Work Coaches noted that the BPP triage questionnaire was really helpful in identifying how claimants were affected by their health condition, including what previous back pain provision they had accessed, whether they suffered from any other health conditions and whether they were currently taking any medication.

Some Work Coaches ensured that the focus of claimants' goals were work-related, whilst others, who felt claimants needed to address wider issues first, were happy to set more personal goals. When considering actions, a number of Work Coaches would describe and make suggestions about the activities, support and information available to claimants then allow claimants time to consider which options they would like to pursue. Work Coaches described this approach as collaborative between Work Coach and claimant. It was noted that considering claimants' interests, motivations and hobbies could help encourage claimants to agree to actions and that allowing claimants to choose those actions made them more likely to complete them and want to continue taking successful steps towards work. Additionally some Work Coaches felt that by going at the 'claimants' pace', claimants were more positive and felt less like they were under pressure.

Some Work Coaches also reported that their perception of claimant distance from the labour market was something they considered when setting activities. In cases where Work Coaches believed claimants were close to the labour market, they increased contact with them and set an increased number of actions and WRA, believing that it might give claimants that final 'push' towards the labour market. In contrast, other Work Coaches felt that claimants closer to the labour market might not need as much Work Coach support so decreased contact with them.

Health conditions were commonly cited as a factor that Work Coaches considered when discussing and agreeing actions with claimants. A number of Work Coaches felt that often issues with health conditions needed to be addressed before claimants could take steps towards the labour market and believed that, in the first instance, sometimes external providers were better placed to provide this specialist help. On the other hand, some Work Coaches would put aside claimants' health conditions and focus on how 'work ready' a claimant was and what they needed in order to be able to return to work. Some Work Coaches explained that they would ask claimants how they carried out everyday tasks such as shopping or cleaning the house, to help assess how they were affected by their health condition.

In some cases claimants' mental or physical health could restrict the activities they were willing or able to do. For example, a claimant's mental health might prevent them from attending training in a group setting. In addition, health conditions might affect where a claimant could pursue work. For example, a bad back might prevent a claimant from a role where heavy lifting was involved and could also mean that a claimant could not return to a role that they previously occupied. In these cases, the claimant and Work Coach would consider whether the claimant had transferrable

skills and what other options were available that might suit them better. It was also noted that claimants' attitudes about their health could have an impact on what they were willing or felt able to do and that Work Coaches would often therefore have to encourage and persuade claimants to have a positive mind-set about their prospects.

4.2.5 Introducing Work Related Activity to claimants

Across all trials, Work Coaches reported that ESA claimants could sometimes appear scared, threatened or act defensively when Work Coaches brought up WRA or the Work Related Activity Group (WRAG). Some Work Coaches attributed this to a number of claimants having a negative attitude towards JCP, Work Coaches and the intervention. In addition, some Work Coaches felt that some claimants had misconceptions about the expectations of the WRAG, with some claimants believing that this might mean they had been assessed as 'fit for work' prematurely despite medical professionals advising them otherwise.

Work Coaches reported needing to reassure claimants that they were not expected to apply for work immediately if they were not ready. Work Coaches would commonly explain to claimants, particularly those with anxiety and depression, that the support being provided was intended to help them set achievable goals; and in some cases 'baby' steps, that would move the claimant closer to the labour market. It was reported that, although in some cases it took considerable time, reassuring claimants that activities could be 'light touch' helped encourage them to cooperate and participate in the provision.

Work Coaches cited a number of approaches that they took to try and engage claimants with a trial and encourage them to undertake actions. Some Work Coaches emphasised that building good relationships and gaining claimants' trust helped generate commitment and ensured that they felt comfortable speaking with Work Coaches, although it was noted that this process could take a long time. Strategies Work Coaches used to build relationships with claimants included: engaging claimants in informal 'small talk'; mentoring or coaching claimants; helping address wider issues; and making claimants aware that they could contact them if they were unsure or struggling. In addition, Work Coaches noted that a key challenge was persuading claimants that they were able to move forward. Work Coaches thus tried to concentrate conversations on what claimants could do rather than what they could not do, or the barriers to work that were holding them back.

4.3 Mental health issues

Mental health issues were cited as a major health concern by Work Coaches across the trials, with some reporting that the majority of their ESA caseload had a mental health condition. (To be clear, this does not mean that these claimants all had been formally diagnosed by medical professionals.) Depression and anxiety were the most commonly discussed mental health conditions by Work Coaches but others included

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bipolar disorder, autism and psychosis. Work Coaches also felt that claimants rarely presented with just a single condition, that many claimants presented with a combination of both mental and physical problems and that mental health conditions might not always be apparent in claimant records. Work Coaches felt that mental health conditions would commonly occur as a result of the circumstances of an existing condition. For example, a claimant may have originally presented with a heart condition but because this condition limited the claimant's ability to leave the house, they had gone on to develop a mental health condition such as anxiety. In addition, Work Coaches noted that in some cases mental health conditions were associated with other problems, such as substance misuse (alcohol or drug dependency), giving rise to complex conditions.

Some Work Coaches raised concerns that it can be difficult for them to judge how claimants are affected by their health conditions, due to the often unseen impacts of mental health and how they can present in, and affect, individuals differently. Some Work Coaches working on the BPP felt that mental health problems were preventing claimants from returning to work or engaging in WRA, rather than the back pain which played a relatively minor role in their employment circumstances. These Work Coaches also suggested that in these cases provision should be focused on addressing mental health issues rather than back pain (see section 5.5.1 for further discussion).

Some Work Coaches thought that if claimants with mental health conditions could be engaged they could see improvements quite quickly. However, Work Coaches mentioned that it can be more difficult to engage these claimants in the first place. For example, some claimants felt pressurised by the formality of the CC approach and its language. Some Work Coaches highlighted the importance of reassuring these claimants that any barriers they had would be taken into account when deciding on activities.

Some Work Coaches mentioned that a number of MIS claimants' mental health conditions were so severe that they had resulted in claimants requiring considerable periods of hospital treatment for suicide attempts or for psychiatric help. Work Coaches emphasised that the severity of claimants' health conditions could make them very vulnerable and cause distress. Some Work Coaches had made decisions to remove claimants from the MIS trial because of the seriousness of their mental health conditions and the barriers they presented. For example, one claimant with extreme anxiety could not attend the JCP. Similarly, on the CC trial, Work Coaches may have reduced the number of actions included on the CC for claimants with severe mental health conditions. Some Work Coaches stated that OHA was especially useful for claimants with mental health conditions and particularly for claimants who were suicidal.

4.4 Time spent on day job/trial

A number of Work Coaches noted that various constraints meant that it could often be difficult to carry out the ESA trials in their offices. Some Work Coaches noted that high caseloads and office targets sometimes meant that other claimants, such as those on JSA, were prioritised over ESA claimants both on and off the trials. In addition, Work Coaches reported that off-flow targets with time constraints were often not realistic when working with ESA claimants, for example where a claimant was needed to take smaller steps towards the labour market or where there were long waiting lists for specialised provision.

Some Work Coaches stated that low staff resourcing sometimes meant it was difficult to follow trial processes when scheduling appointments (for example, CC follow-up meetings may have been scheduled for later than the prescribed two to four week intervals). This was cited as a reason for not using the 264 minute allocation for claimants in the MIS trial. Work Coaches also noted that this could be a particular problem where there were higher numbers of claimants eligible for the trial than expected. In BPP, some Work Coaches felt that identifying and contacting relevant claimants for BPP was time consuming and it could be difficult to fit into their daily routine; it was also suggested that it should be dealt with by administrative support or by one Work Coach within a team.

5 Pre-Work Capability Assessment (Pre-WCA)

This chapter considers Work Coaches' views on delivering trials with pre-WCA claimants, including any difficulties they faced, and presents Work Coaches' suggested improvements to pre-WCA trials. It covers the Claimant Commitment (CC) and all three variants of Voluntary Early Intervention (VEI): the Core model, the Occupational Health Advice (OHA) variant and the Back Pain Pilot (BPP) variant. It looks at: the type of health conditions pre-WCA claimants tended to suffer from; these claimants' distance from the labour market and the factors affecting this; and the support offered to them. Next, two features common to the trials at pre-WCA stage are discussed: intervention at this early stage; and voluntary claimant participation in the trials.

5.1 Pre-WCA claimants

5.1.1 Claimant health conditions

Work Coaches felt that pre-WCA claimants presented with a wide range of physical and mental health conditions. Work Coaches perceived that mental health conditions were very common, in particularly depression and anxiety (see section 4.3 for further discussion of claimant mental health conditions). Physical conditions cited included back issues, skeletal problems, arthritis, chronic obstructive pulmonary disease and walking difficulties. Substance misuse was also described by some Work Coaches. Some claimants were reported to have short-term problems: for example, they were off work due to an operation and would return to their job once they had recovered. Work Coaches also felt that most claimants presented with both physical and mental health conditions and that often a mental health issue developed as a result of a long-term physical health condition. Work Coaches stated that the severity of the health conditions varied across claimants.

5.1.2 Claimant distance from the labour market

Work Coaches said that pre-WCA claimants varied a great deal in their distance from the labour market. At one end of the spectrum Work Coaches described claimants who were very close to the labour market or who had already undertaken some permitted work. At the other end, Work Coaches encountered claimants who they felt were not job ready and currently would not be able to work. Some Work Coaches perceived claimants who took part in the trials as being generally closer to the labour market, whereas claimants who felt they were not fit for work did not take part. (Since taking part in the trials was voluntary at the pre-WCA stage there may be some

variation between claimants who chose to take part and those who did not – see section 5.4 on Voluntary Aspect for further discussion.) There were a number of factors that were perceived to be drivers for the variation in pre-WCA claimant distance from the labour market:

Length of claim and employment history

Work Coaches noted that some pre-WCA claimants who had only recently left paid work (including those who had jobs to return to) were naturally closer to the labour market than those claimants who had not worked for many years. Work Coaches noted that claimants who had previously been on benefits, such as JSA and Incapacity Benefit, tended to be further from the labour market, mainly because they tended to have a longer claim history. Some Work Coaches felt that it was more difficult to engage with these claimants as some had developed a negative mind-set towards working.

Severity of health conditions

Claimants with more severe or long-standing health conditions were likely to be further from the labour market than those with a short-term physical condition. It was also noted that certain problems such as anxiety or mobility issues could prevent claimants from attending the JCP which could increase their distance from the labour market. Some Work Coaches noted that whilst many claimants suffered from multiple health conditions, they felt that it was often the mental health condition which prevented claimants from returning to work or engaging in the labour market.

5.2 Support and activities undertaken with Pre-WCA claimants

For pre-WCA claimants, Work Coaches were likely to discuss the possibility of returning to a claimant's previous place of work/industry. For example, if claimants had jobs to return to once they had recovered, Work Coaches would encourage them to make weekly contact with their employers to ensure their jobs remained vacant. Some Work Coaches felt that the balance of conversations with pre-WCA claimants was often more about providing support and addressing wider actions, in comparison to the almost solely work-related focus of conversations with non-ESA claimants. Work Coaches believed that this was because it was not appropriate to proceed with WRA because of claimants' health conditions, personal circumstances and wellbeing. Some Work Coaches stated that it could be difficult to get the balance right for claimants in the pre-WCA group.

5.2.1 What is it reasonable to expect of claimants?

Some Work Coaches found setting deadlines for actions in the CC difficult and would exercise their judgement on what they believed a particular claimant was capable of as well as ensuring that claimants felt comfortable with actions and agreed to them. Some Work Coaches felt that, because the trials were voluntary pre-WCA (see the

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section 5.4 for further discussion of the voluntary nature of the trials) and because of the vulnerability of certain claimants at this stage, they were more wary. This was in relation to the influence that they had to set deadlines and ensure that claimants completed actions, in comparison to how they might deal with a JSA claimant.

Some Work Coaches also raised concerns about claimants feeling obliged to complete actions on the CC because they had been put into print, despite Work Coaches explaining that for pre-WCA claimants, completing the actions was also voluntary (whereas completing the CC actions was mandatory for post-WCA and post-WP claimants). In cases where a claimant from the pre-WCA group had missed a deadline, Work Coaches felt they were not really able to do anything. For CC, some Work Coaches mentioned that while all conversations are challenging, it was difficult to ensure they did not ask claimants to undertake activities that were outside their capabilities.

5.2.2 How decisions were made

Work Coaches would discuss pre-WCA claimants' personal and working circumstances when considering what WRA and actions were appropriate. Work Coaches described gathering information about claimants, in particular their health conditions, other individual circumstances and feelings about work. Work Coaches described how the choice of WRA discussed and pursued was intrinsically linked to individual circumstances. For example, for claimants some distance from the labour market, WRA options might consist of basic skills training or attending a JCP information session. For other claimants with more extensive work experience and who were closer to the labour market, WRA might consist of CV writing or work experience and in some cases job-search or permitted work.

Some BPP Work Coaches noted that they would not begin to discuss WRA until claimants had completed their BPP. This was because some claimants were preoccupied with their health condition and concerns about pain management at first, but following the BPP provision they might have had a positive mind-set and be more open to considering WRA.

Some Work Coaches said they used OHA to seek guidance on next steps for a claimant, for example, whether to encourage the claimant to take on voluntary work and whether WRA was suitable. Work Coaches also used OHA to help establish whether certain WRA or job routes were suitable for a particular claimant. Some Work Coaches also contacted OHA to obtain reassurance that what claimants were saying was accurate, for example, in terms of what the claimants could and could not do.

5.3 Early Intervention

This section presents the views of Work Coaches on engaging with claimants at the pre-WCA stage. The majority of the findings presented here are from VEI core as early engagement was the key element of this trial provision (while for CC, BPP and OHA early intervention was one aspect of these trials, those trials had further individual unique elements and therefore the research and the resultant interview data focussed more on those aspects). The benefits and challenges Work Coaches perceived of the early intervention aspect have been organised thematically, and data on specific aspects of BPP, CC and OHA have been included where relevant.

5.3.1 Work Coach views of early intervention aims

For VEI core, Work Coaches felt that the aim of engaging with claimants pre-WCA was to start supporting the claimants straight away, and make claimants aware from an early stage of what support was available to them. Work Coaches also felt that part of the aim of early engagement was to explain the procedure for the WCA and the possible outcomes of this. Work Coaches also felt that it enabled claimants to meet JCP staff, and that the aim was to start claimant engagement with the JCP from as early a stage as possible. Work Coaches felt that early engagement was linked with labour market outcomes: it was to ensure that claimants were kept closer to the labour market before their WCAs and to help claimants back into work as soon as possible. Some Work Coaches mentioned that another aim of the early intervention was to show claimants that there were other roles or occupations they could consider. For CC, Work Coaches focussed on the aims of CC, rather than the early engagement aspect; this was likely to be due to CC being used at all stages of the claimant journey. Work Coaches felt that the purpose of the CC was also linked to labour market outcomes: to set claimants actions in order to get the claimant closer or back to work.

5.3.2 Work Coach views on time of intervention

Some Work Coaches expressed positive views on engaging with claimants pre-WCA, believing it to have benefits. Some Work Coaches mentioned that they felt there was value in contacting and working with claimants early, and some Work Coaches mentioned that they felt early contact with claimants was 'crucial', and that the earlier the engagement occurred the better, because waiting until the WCA to engage with claimants was too late. Some Work Coaches felt that the ability to speak to claimants early on in their illness and begin talking about support and next steps was working well. However, some Work Coaches felt that there was a limited amount that they could do with claimants when engaging with them early, as at the time they were not fit to work, and potentially it would be better to engage with claimants who are longer-term unemployed.

5.3.3 Benefits of early engagement

Contacts with Work Coaches / JCP

Some Work Coaches felt that the socialisation the trial provided was an important element, and felt that claimants benefited from the social contact with their Work Coach and the JCP, improving their quality of life and also building their confidence. Some Work Coaches described how the support claimants received when they first became ill could reduce over time and they could become socially isolated. Some Work Coaches felt that claimants liked being contacted. For example, a Work Coach reported that one claimant had not spoken to anyone apart from their doctor in the previous three weeks. Some Work Coaches also mentioned that a number of claimants who were not aware of the support available were grateful to be contacted because it helped them feel that someone was concerned about them. Work Coaches also mentioned that the lack of contact in business as usual (BAU) for ESA claimants was a stark contrast to JSA claimants, who receive a lot of contact.

Helping claimants to ‘hit the ground running’

VEI was described as a way to engage with claimants early on and a way of ‘hitting the ground running’. Work Coaches thought that the trial helped claimants by preparing them for the ESA journey. Early engagement also helped claimants to get ‘ahead of the game’ because they had already begun to consider their options and to build a rapport with the JCP before their WCA. Even if claimants did not to continue with the trial, they were more aware what support was available to them. Some Work Coaches thought the trial was beneficial because it enabled claimants to meet staff and become familiar with the JCP. Work Coaches also felt that early intervention could inform claimants about what to expect later in their claim. For example, they may better understand why they are in the group they have been put in following their WCA and what this means going forward.

Claimant mind-set and engagement

Some Work Coaches felt that engaging with claimants early in their claim meant that at this point claimants were more positive in their mind-set and in their ability to return to work. Work Coaches felt that the claimant attitude was more ‘I can’ at this early stage, rather than ‘I can’t’, which tended to become the more prominent attitude with time. Work Coaches also felt that mental health issues tended to feature more as a claim continued, which can make engagement more difficult (see section 4.3 for further discussion). These Work Coaches felt that talking to claimants at this early stage meant that they could introduce WRA very early, and this can put the claimant in the best position to find work at a later stage. Some Work Coaches felt that some pre-WCA claimants may have only just left work and would be keen therefore to return to work and so more receptive to engagement with a Work Coach and thinking about WRA.

Some Work Coaches felt that engaging claimants early meant that claimants were more likely to work with Work Coaches in a positive way. Additionally, some Work Coaches felt that the early intervention changed claimants’ mind-sets, making them

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more receptive towards work and enabling them to move closer to the labour market. Some Work Coaches also felt that engaging with claimants at this earlier stage was easier than later in the claimant journey and conversations with claimants could be easier at this stage as claimants had not developed a culture of dependency on benefits. For a discussion of the challenges Work Coaches faced with regards to claimant mind-set at this early stage in the claimant journey, see section 5.3.4.

Some Work Coaches reported that some claimants were more willing to engage with them after being offered the BPP provision. It was also reported that this pilot improved the nature of the conversation between Work Coaches and claimants: rather than focussing on building confidence and motivation, this offered something more concrete and beneficial for claimants. Some Work Coaches contrasted this with claimants who did not take up BPP support and felt that these claimants had little willingness to engage with Work Coaches.

Some Work Coaches felt that CC improved claimant engagement, while others felt that claimants were more engaged when using Action Plans (APs). Work Coaches acknowledged that because they found it generally difficult to get claimants to engage with CC, this meant that those who did sign up and attend appointments were likely to be more 'keen' and engaged. Furthermore, some Work Coaches felt that the formality of the CC approach, and the tone and language used within the CC document, was off-putting to some claimants. For example, the word 'sanctions' - which appeared twice on the front page of the CC- and words such as 'actions' and 'commitments' could put claimants off.

Work Coaches suggested that, for claimants with both short- and long-term back issues, BPP had a positive impact on their views on their future work prospects.. It was felt by some Work Coaches that OHA had helped to change claimants' attitudes: claimants were now seen to be attending JCP for help and support, not just to satisfy minimum requirements around claiming benefits. Some Work Coaches asked OHA for specific advice, for example, around workplace adjustments. It was felt that OHA highlighted what the claimant could do with an adjustment in place and this helped to change claimant perceptions with respect to a return to work. Similarly, Work Coaches described how OHA could turn claimants' negative viewpoints into positive ones and help claimants challenge their assumptions about their health conditions.

Claimant outcomes and progress

Some Work Coaches felt that early engagement had led to claimants moving closer to the labour market, for example taking part in training courses or moving off ESA and in some cases in to work. Some Work Coaches thought the CC benefited pre-WCA claimants more than post-WCA claimants because it encouraged them to think about going back to work earlier.

Work Coach views on claimant progress as a result of trial provision varied across the pre-WCA trials. Some Work Coaches felt that BPP relieved claimant pain and discomfort and therefore improved claimant mental health. BPP also increased the range of jobs claimants could apply for, reducing distance from the labour market.

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Work Coaches had mixed views on whether CC benefitted or limited claimant progress; some felt that CC brought claimants closer to the labour market, while others felt the impact of CC on outcomes was not clear, or that it made no difference at all compared to APs. Some Work Coaches felt that the increased review of actions compared to the APs brought claimants closer to the labour market more than under BAU. Some Work Coaches felt that CC had made no difference to claimant outcomes, and for some of these Work Coaches this was because they did not think that CC was anything different or additional to what they were already doing under BAU.

For OHA, some Work Coaches reported better outcomes for claimants and described how OHA provided support and suggestions which the Work Coach could then pass on directly to claimants. This included advice on what WRA and work claimants could possibly do. Furthermore, it was observed that OHA was very good at enabling Work Coaches to challenge claimant barriers. For some Work Coaches, OHA meant that Work Coaches were more likely to ask claimants to attend the JCP in person, whereas previously they would have spoken to them over the phone.

In BPP, Work Coaches felt that some claimants moved onto JSA, and that some claimants had also gone back to work and continued their BPP treatment whilst working. Some Work Coaches noted that some claimants had moved onto JSA after they had received OHA, but in these instances the move might have been due to claimants' WCA outcomes rather than the OHA support. While some Work Coaches thought OHA helped to get claimants on to training courses and back in to work, other Work Coaches did not think that OHA helped claimants in to work.

Some Work Coaches thought BPP did not benefit one group more over another, whilst others reported that younger claimants with osteoarthritis and scoliosis had substantially benefitted from BPP.

Some Work Coaches felt that BPP would not make a big difference to claimants with a number of health issues and to those claimants whose health conditions are combined with other life circumstances (such as lack of work experience and skills). Similarly, some Work Coaches in CC felt that claimants who were very ill, and unable to take on tasks, would not be able to benefit from the CC. In OHA, some Work Coaches felt outcomes were not as positive for claimants with severe mental health conditions or with drug abuse and that these claimants needed more help than OHA could provide. Some Work Coaches felt that where OHA did not have an impact this could be because of claimants' attitudes, for example, some claimants did not feel able to improve. Additionally, Work Coaches felt OHA might not make a difference in some cases because employers may not be in a position to provide the support and adjustments necessary to accommodate the claimant.

5.3.4 Challenges of early engagement

Claimant mind-set

While some Work Coaches felt that contacting claimants early in their claim meant claimants were more likely to have a positive mind-set, Work Coaches also mentioned that there were some challenges associated with claimant mind-set pre-WCA. Some Work Coaches were of the view that contacting claimants early in their ESA journey may mean that claimants were focused on their health condition, and were still coming to terms with the effect that this health condition was going to have on their life. Work Coaches felt that this was a barrier to claimants signing up to the provision and it was difficult to get these claimants to engage at this point. Some Work Coaches felt that claimants wanted to wait until after the WCA before starting to think about WRA. Some Work Coaches mentioned that training on how to approach and engage with this group of claimants so that claimants and Work Coaches could work together would be helpful.

Timing of WCA

The majority of findings on WCA timing have been drawn from the VEI core trial. In VEI core, Work Coaches tended to feel that early intervention was more appropriate when the WCA was delayed or later in the claim. When the WCA happened a substantial time into the claim, Work Coaches were of the opinion that early engagement was important to avoid a culture of dependency on ESA benefits. However, some Work Coaches felt that recent changes had meant that WCAs were now happening much sooner into the claim, and these Work Coaches mentioned a number of challenges that this brought when implementing the trial. For example, this caused confusion if a claimant's WCA happened around the same time as the initial interview for the trial, leaving a smaller window to engage with the claimant. Some Work Coaches also felt that the short period for working with claimants before their WCA meant it was difficult to see much claimant progress in that time. Furthermore, some Work Coaches felt that a WCA was necessary before they could push claimants as Work Coaches were not able to assess the claimants' health conditions.

Lack of information

Some Work Coaches noted that there is a lack of information about claimants available to them pre-WCA. Work Coaches do not know which group the claimant is going to be assigned to after the WCA, nor do they have the details of the claimant's health condition.

Support available

Some VEI Core Work Coaches felt that there was no relevant support they could offer claimants at the pre-WCA stage and that relevant support was only available once a claimant had been assigned to the WRAG following a WCA. In contrast, BPP Work Coaches were positive about being able to offer the tangible BPP provision to claimants at this pre-WCA stage, and viewed this as having a positive impact on their engagement.

5.4 Voluntary aspect

At the pre-WCA stage, taking part in VEI Core, BPP and CC was voluntary, and Work Coaches 'sold' taking part in the trials to relevant new ESA claimants. This section considers the voluntary aspect at the pre-WCA stage across these trials, considering how Work Coaches encouraged claimants to take part and what effect the provision being voluntary had on claimant engagement.

5.4.1 Approaches to selling the trials

A variety of approaches for selling participation to claimants were mentioned by Work Coaches. Some Work Coaches mentioned only one approach while others reported using a number of techniques. Work Coaches also described tailoring their approach to different claimants.

The common approach used across these trials was to explain the benefits of taking part. In CC and VEI Core, the Work Coaches tended to explain the benefits of the trial to the claimants: for example, that the support was tailored to individual claimants. In CC, Work Coaches also mentioned specific features of the CC tool: for example, the claimant's progress is put down in writing and the CC is a mutually owned document for the Work Coach and the claimant. In VEI Core, Work Coaches emphasised the flexible nature of the offer and the willingness of Work Coaches to work around claimant circumstances. Some Work Coaches framed the VEI Core offer as an 'additional service' or 'new initiative' that was being made available to give ESA claimants early support: for example, one Work Coach told claimants that they had been specially 'selected' for VEI support, describing the support as a 'special offer'. When offering BPP to claimants, Work Coaches compared the support to other avenues: for example, by explaining that the waiting time to see a physiotherapist through other channels would be longer, and that through BPP claimants were effectively 'jumping the queue'. Work Coaches also mentioned to claimants that the provision was free unlike if the claimant were to seek private healthcare.

Work Coaches selling VEI Core and the CC trial to claimants also explained the wider support options that the JCP offers to make them aware that the Work Coaches and the JCP were there to help them. In contrast, Work Coaches selling BPP focussed on the benefits of BPP specifically. This may be because Work Coaches did not need to use the wider support options on offer to sell the BPP to claimants as this was already a good offer– this is discussed further in Work Coach views on selling trials (section 5.4.2). Work Coaches selling CC presented the CC as a form to fill in and as a tool to obtain some information from the claimant, or stated that there was no difference to business as usual. In contrast, Work Coaches selling BPP emphasised the support offered, describing it as an exclusive programme, and explaining that they felt that the offer was 'positive' and also talked about other claimants who had taken up the support and benefitted from it.

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When offering claimants the voluntary option to create a CC, Work Coaches tended to emphasise the voluntary nature of the trial as a selling point. Similarly, some Work Coaches also mentioned emphasising BPP's voluntary nature as a selling point. In CC and the VEI Core model, Work Coaches felt that the trial being voluntary could be a barrier to claimants taking the provision up and that it was difficult to get claimants to sign up to the trial. In contrast, Work Coaches felt that the majority of claimants who were offered BPP were 'keen' to take up the support and described BPP as an 'easy sell'. Work Coaches thought that having BPP to offer claimants improved initial engagement as it was a 'tangible' support offer for back pain treatment.

For the VEI Core trial, initial phone calls were made to claimants to invite them to a face-to-face appointment with a Work Coach, where they could decide whether or not to volunteer to participate in the trial. Some Work Coaches reported that they were vague about the voluntary nature of the trial during the initial phone call in order to maximise attendance at face-to-face appointments, where these Work Coaches would make clear the trial was voluntary. For VEI Core, some Work Coaches reported that the voluntary nature of the trial made it more likely claimants would participate, whereas other Work Coaches reported that its voluntary nature reduced participation, as some claimants would immediately turn it down upon being told it was voluntary, rather than waiting to hear about the support on offer.

Across BPP, CC and VEI Core, some Work Coaches combined their focus on the voluntary nature with other aspects of the trial, such as how the support would be flexible and tailored to claimants' individual needs (emphasising – in VEI Core and for CC – that the provision was to see how Work Coaches could help claimants).

5.4.2 Views on selling the trials

Across the trials, some Work Coaches mentioned that they felt that some claimants were keen to take part in the trial and that they felt that the voluntary aspect helped claimants to engage. The voluntary aspect was felt to be particularly helpful by some Work Coaches. In VEI Core, Work Coaches mentioned cases where claimants were unhappy about being contacted due to their health condition and being able to reassure claimants that they were not obliged to take part. In BPP, Work Coaches felt that claimants could be concerned at the start of their claim that they may be forced to return to work, and that the voluntary aspect was useful to reassure them that they did not have to take part and could drop out. Some Work Coaches felt that when selling the trials, claimants responded well to their individual circumstances being acknowledged and the support on offer being tailored. However, in CC and VEI Core, some Work Coaches felt that the trial being voluntary could be a barrier to claimants taking the provision up and that it was difficult to get claimants to sign up. Some Work Coaches also felt that even when claimants did sign up to take part in the trial they may then not turn up to the appointments as they were aware that it was voluntary. Some Work Coaches felt claimant 'failure to attend' rates were very high. Additionally, Work Coaches were concerned that the language for the CC was off-

putting to claimants and this may have prevented claimants from signing up (see sections 5.3.3 and 5.3.4 for further discussion on claimant mind-set and engagement). Some Work Coaches selling CC felt that the voluntary nature of the trial meant that those claimants who did sign up to take part were 'keen' and engaged.

Some Work Coaches felt that some claimants were more likely to sign up to the trials than others. Some Work Coaches were of the opinion that claimants signed up to the trial depending on their circumstances (VEI Core) and state of mind (CC). In CC, some Work Coaches felt that claimants who had previously claimed JSA were more open to completing a CC as they were familiar with them and understood the help Work Coaches could offer. Work Coaches also mentioned that new claimants were more willing to join the trial as they were keen to understand the support on offer. In VEI Core, some Work Coaches felt that even though the trial was voluntary, claimants engaged through fear of benefits sanctions or engaged until they were sure that the trial was voluntary, at which point they stopped. (This was the case both for claimants who had received benefits in the past and those who were new claimants.)

In contrast to the difficulties faced by those selling VEI Core and CC, BPP Work Coaches felt that the majority of claimants who were offered BPP were 'keen' to take up the support and described BPP as an 'easy sell'. Work Coaches felt that BPP made their job easier as they had something concrete and specific to offer claimants. Some Work Coaches felt that claimants were more interested in the specialist support being offered through BPP than WRA and that it allowed Work Coaches to offer claimants specific support, otherwise there could be seen to be little to offer ESA claimants (particularly at the pre-WCA stage). Work Coaches thought that having BPP to offer improved claimants' initial engagement, and drew them in, and that claimants could see how they might be able to benefit from the BPP support. However, it was also suggested that the voluntary nature of BPP meant some claimants ignored contact from Work Coaches after the first couple of meetings.

5.5 Work Coach views on and suggested improvements to the trials

This section provides an overview of the views of Work Coaches on the trials at the pre-WCA stage. There is no data from VEI Core as Work Coach views on the timing of the intervention and voluntary aspect of that provision have been captured in those sections of the report already. Work Coach views on CC, BPP and OHA are explored individually below, rather than thematically, in order to allow full discussion of the unique aspects of each of these trials.

5.5.1 Views on and suggested improvements to BPP

Positive views were commonly expressed by Work Coaches regarding various aspects of BPP. Some Work Coaches felt the delivery of the trial was working well, referring both to the service provided by providers, and the smooth contact with providers which made referrals easy. Others felt the trial gave Work Coaches the opportunity to offer something different to their claimants that they otherwise did not have at their disposal. It was largely reported that feedback from claimants referred for BPP was positive and some claimants were pleased with the professional services offered. However, some Work Coaches felt the 'letter of engagement' sent to claimants explaining the BPP provision was too long and was sometimes overwhelming for claimants. It was suggested that initial contact should be made over the phone or via email. A mandated information session was suggested by some Work Coaches for claimants with back pain, as they felt it would increase engagement.

Some Work Coaches felt that they would like to see BPP support continued. Of these Work Coaches, some referred to the valuable impact of the support on claimants' mental health; others felt that it should continue as it was helping to build claimants' ability to get back to work. Work Coaches also mentioned that being able to offer tangible support in the form of BPP was really positive, and some Work Coaches felt that this was helpful in being able to build trust and support with claimants. Some felt that BPP should be a standalone provision that could be accessed by claimants across all benefits. Others expressed frustration that it wasn't already a standard part of the JCP support offer, and felt it should be available to all Work Coaches and this would result in fewer claimants on benefits. Some did not think the trial should be continued as it focused on a small group of claimants who Work Coaches felt were better dealt with by the NHS and medical professionals. It was suggested a mental health service would be more beneficial, such as a counselling service.

5.5.2 Views on and suggested improvements to OHA

Some Work Coaches found the OHA template difficult to complete and the questions difficult to answer, for instance, the claimant's work goals and intentions, especially in the early stages of a claim. Some suggested that the template could be designed in collaboration with Work Coaches and OHA. Some stated that OHA was especially useful for claimants with mental health issues and particularly for claimants who were suicidal. Other Work Coaches focused on referring claimants who they thought were using their health conditions to create barriers to work, but whose conditions the Work Coaches felt should not prevent them from working. Some Work Coaches thought that claimants with 'simple' temporary conditions were less appropriate for OHA. However, some Work Coaches said that OHA had helped the Work Coaches liaise with employers: some employers were not aware of what was available or what they could do to help claimants return to work. Some Work Coaches felt that the OHA was sometimes generic and not personalised enough. For example, a Work Coach

noted that every health condition was different and the same condition could present differently for each claimant, so Work Coaches were cautious about making generalisations between cases. In contrast, other Work Coaches said that the OHA was given on a case-by-case basis and that it was an individual service, tailored to the specific claimant.

5.5.3 Views on and suggested improvements to CC

Work Coaches felt that using CC with ESA claimants represented a culture change for Work Coaches as well as claimants. For example, in the past claimants were left alone whilst on sickness benefits, now the JCP was keeping in touch with them. Some Work Coaches thought that the CC demonstrated to claimants that JCP was trying to make a difference and also showed them the help they could provide. Work Coaches felt CC helped claimants envisage the direction they were headed in and see the progress they had made so far, which boosted their confidence. Some Work Coaches felt that previously APs were just used to record conversations and as a reference document, mainly for the Work Coach, whereas the CC represented a commitment between Work Coach and claimant. Some Work Coaches felt that the CC had an impact on how they delivered BAU, in that they took what they had learnt from the CC over to the Action Plan. However, others thought there was little difference between them: both documents recorded very similar material. Work Coaches commonly felt that the CC approach and document encouraged more work-focused conversations and actions than APs; views varied on whether this was a positive or negative change, or whether this was just mentioned as a difference. One of the negative views around this was that Work Coaches felt that CC could be too work focused, and missed out on the 'bigger picture' and the smaller steps for claimants, which included addressing health conditions and personal circumstances. However, it was mentioned that because of the increased focus, Work Coaches felt they entered more work-related actions on CC documents than previously on APs. Furthermore, the concise manner in which the CC recorded the information helped claimants to plan ahead and build on progress. It was also noted that, for staff less experienced in working with ESA claimants, the CC helped them to ask claimants specific questions to start the discussion.

Some Work Coaches felt that the CC needed to be modified to gain more information about claimants – for example, how they felt about returning to work – to help focus on what they could do and on WRA. Work Coaches also wanted more space in the form to record details of a claimant's circumstances, strengths and skills in order to build up a picture of a claimant and to record the steps necessary for them to get back to work. Some Work Coaches also noted that the tone on the CC about returning to work could alarm claimants at first, in comparison to the AP, which was worded more gently. Work Coaches suggested that a CC with a more supportive tone was needed for claimants who were not yet ready to work.

6 Post-Work Capability Assessment (Post-WCA) and Post-Work Programme (Post-WP)

For post-WCA claimants who had not yet been on the Work Programme (WP), the Claimant Commitment (CC) was the only trial used with this group. As a result, there is limited evidence. CC and More Intensive Support (MIS) were used with claimants who had completed the WP and come back to the Jobcentre Plus (JCP) for support. This chapter presents the limited evidence from using CC with ESA claimants at the post-WCA stage of the claimant journey. It also presents the evidence from these trials with ESA claimants at the post-WP stage of their claim. The majority of the data explored for post-WP is from the MIS trial, which focused on post-WP claimants. Where certain sections are based solely on the MIS trial, this has been highlighted.

6.1 Post-WCA claimants

6.1.1 Health conditions

Some Work Coaches did not feel post-WCA claimants were any different to pre-WCA claimants, although Work Coaches were less likely to mention short-term problems (for example, broken limbs) in this group.

6.1.2 Distance from the labour market

There were mixed responses from Work Coaches with regards to post-WCA claimants' distance from the labour market. Some Work Coaches felt that post-WCA claimants were closer to the labour market than pre-WCA claimants. Others reported that post-WCA claimants were reasonably far from the labour market as they may not have had contact with the JCP for a while. However, some Work Coaches noted that there was no difference between pre- and post-WCA claimants in terms of distance from the labour market. In terms of attitudes towards Work Related Activity (WRA), Work Coaches reported little difference between the two groups of claimants.

6.1.3 Support and activities undertaken with Post-WCA claimants

In some cases it was noted that Work Coaches used a similar approach to introducing and approaching the CC for pre-WCA, post-WCA and post-WP claimants.

Some Work Coaches thought that the CC was useful for claimants who were post-WCA and in the Work Related Activity Group (WRAG) or those who wanted to engage, because it was aimed at moving forward. In the latter case, it was noted that claimants in the WRAG knew that they had to take small steps back to work.

6.2 Post-WP claimants

6.2.1 Health conditions

Work Coaches reported that most post-WP claimants have complex health conditions including both physical and mental health conditions. Physical health conditions discussed included: musculoskeletal problems including back and knee problems and arthritis; heart conditions and chronic obstructive pulmonary disease. As with other stages in the claimant journey, Work Coaches stated that mental health was a common concern. Conditions reported by Work Coaches included depression, anxiety, autism and substance abuse. Claimants would often present with both mental and physical health conditions (see section 4.3 for further discussion of claimant mental health conditions across the trials).

Although some Work Coaches felt that post-WP claimants' health conditions were reflective of the types of health conditions experienced by all other ESA claimants, it was reported that health varied considerably from individual to individual. Additionally, other Work Coaches noted that often post-WP claimants' health had deteriorated significantly since their initial WCA and stated that WP completers were more challenging than other ESA claimants. It was also noted that some MIS claimants' mental health conditions were so severe it had resulted in some claimants requiring significant periods of hospital treatment and in some cases Work Coaches had chosen to exclude claimants from the trial because their health conditions prevented them from participating. No substantial differences in the severity or diversity of health conditions were reported between treatment and control groups in the MIS trial.

6.2.2 Distance from the labour market

When asked about claimants' distance from the labour market, Work Coaches commonly stated that post-WP claimants were a considerable distance from the labour market. Although it was acknowledged that some post-WP claimants were closer to the labour market and some had success in returning to work, it was emphasised that WP completers were among the hardest to help and often the furthest from the labour market on Work Coaches' caseloads. Some CC Work Coaches who dealt with both pre-WCA and post-WP claimants found it difficult to distinguish between the two with regards to their work readiness whilst others noted that pre-WCA claimants were closer to the labour market than WP completers. It was reported that post-WP claimants were often demotivated, lacked confidence and,

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having lost connections with the workplace, lacked a working routine and the sense of purpose that being in work provides. In a number of cases, Work Coaches reported that such claimants were not suitable for WRA at present. Work Coaches attributed claimants' distance from the labour market to three, not mutually exclusive, drivers: length of time out of work; deteriorated/significant health conditions; and previous support. These are discussed in turn. The majority of this section is about the MIS trial.

Length of time out of work

Some Work Coaches reported that the health conditions of post-WP claimants will have prevented claimants from working for at least two years, if not as long as 15-20 years for claimants who, prior to ESA, had been claiming Incapacity Benefit. One view held by Work Coaches was that the significant period of time that post-WP claimants had spent on ESA, and in some cases not receiving any support, was a key driver for claimants' distance from the labour market. Consequences of this included: a decline in claimant engagement; claimants becoming unaccustomed to and not understanding what is expected of them in terms of preparing for work or attending JCP; deteriorating health; and claimants getting used to being on benefits and having a health condition that prevented them from working. As a result, some claimants became defensive when the concept of WRA was introduced and could be difficult to engage in the trials at first.

Deteriorated/significant health conditions

In certain situations the complexity of post-WP claimants' health conditions, particularly mental health conditions or difficulties with movement stopped claimants from attending JCP, undertaking WRA or entering employment.

Previous support

Some Work Coaches felt that the support claimants had received was driving their distance from the labour market. It was commonly stated by Work Coaches that post-WP claimants had received very little support whilst on the WP. It was reported that, when asked about previous support, claimants' responses varied, with some speaking about the WRA activities they had discussed with WP providers, whereas others had not been aware of the provision that was available or that they should have been receiving. Some Work Coaches felt that certain post-WP claimants began on the trials without having had their basic needs addressed (for example, literacy skills), or having completed any WRA and thus had not moved closer to the labour market.

6.3 Support and activities undertaken with Post-WP claimants

6.3.1 Introducing WRA to claimants

It was noted that because post-WP claimants had been on benefits for a considerable period of time with minimal JCP interaction (particularly for those who were previously on Incapacity Benefit), some claimants who had received medical advice that they were not able to work became defensive when reintroduced to WRA. Some Work Coaches attributed these negative reactions to the significant period of time now on benefits: such claimants can be unaccustomed to having to prepare for work and have low self-belief about their abilities to do this. It was suggested that if WRA was introduced later, when claimants had got used to engaging with the JCP, there may be less negative reactions.

6.3.2 How decisions were made about support

Similar to pre-WCA and post-WCA claimants, Work Coaches would discuss the post-WP claimants' personal and working circumstances and what activities they had completed on the WP to gauge what WRA claimants felt able and willing to complete; support and actions on APs were then agreed mutually. It was noted that often claimants return from the WP without basic job seeking needs having been addressed (for example, having no basic IT skills or not having completed an adequate CV) and so these needs required addressing with claimants. Additionally, owing to deteriorated health conditions often experienced by ESA claimants who had been on benefits for a considerable amount of time, post-WP claimants frequently needed to address wider barriers concerning their health and personal wellbeing before they could consider undertaking any WRA. Work Coaches working on the MIS trial confirmed that they did not offer any different support or have any different conversations with treatment claimants versus control/business as usual (BAU) claimants but that the support and conversations would vary between individuals. Some Work Coaches expressed frustration because they felt that claimants were not receiving any more support than they would have received under BAU, just that it was delivered in a shorter timeframe.

6.4 Late intervention

The data in this section were drawn from the MIS trial only; although CC was delivered at all three stages of the claimant journey, the topic guide did not cover issues specific to the trial being delivered post-WP. There were no reported benefits from Work Coaches specific to the timing of the intervention. However, some Work Coaches felt that the MIS trial approach was too late in the claimant journey to benefit claimants most. Although it was reported that some claimants were interested and had a positive attitude towards undertaking WRA, most Work Coaches stated that claimants frequently had a negative attitude towards WRA, the trial and JCP, which made it difficult to engage with post-WP claimants. Work Coaches stated that the following factors played a considerable role in claimants' negative attitudes and

the difficulty in engaging claimants in the trials at this stage of the claimant journey: length of time out of work; claimants' health conditions; and starting point on MIS.

6.4.1 Length of time out of work

Post-WP claimants were reported to be difficult to engage in the trial at first due to the considerable length of time they had spent out of the labour market.

6.4.2 Claimants' health conditions

Some Work Coaches felt that, despite the decision made about a claimant's suitability for WRA at the WCA, a claimant's health condition post-WP may be so significant or have deteriorated so considerably over the 2-3 year period since assessment that the Work Coaches did not feel that such claimants were suitable for the WRAG. In some cases, claimants expressed the same sentiment and reported to their Work Coach that doctors had instructed them that they were not fit for work and so were unwilling to undertake WRA and did not view themselves as being able to do so. Work Coaches sometimes recommended that claimants go for reassessment believing that they might now be allocated to the Support Group.

6.4.3 Starting point on MIS

The intervention was designed on assumption that claimants, having completed the WP, would have made progress towards being job ready. Some Work Coaches mentioned that a minority of claimants reported they had frequent contact with support providers where they had been provided with good support and had moved closer to work. However, it was commonly stated by others that previous contact had often been minimal and had not involved WRA or support. Claimants were therefore not used to engaging with work-related support, which made it difficult for Work Coaches to engage with post-WP claimants at first and help the claimant understand what they could offer and the requirements for WRA. Work Coaches stated that in some cases it felt as if they needed to 'start again' with claimants rather than the trials being a continuation of work-related support. Some Work Coaches, however, reported that certain post-WP claimants who had a negative experience of support during their time on the WP were keen to do something productive with their time and thus adopted a positive attitude to post-WP WRA.

Work Coaches suggested that the window of opportunity had therefore passed and intensive support would be more successful if it was offered to claimants much earlier, with suggestions including before the WCA and before the WP (for ESA WRAG claimants with a 6 to 12 month prognosis period). It was believed that engaging claimants earlier would mean that a mind-set about returning to work could be instilled in ESA claimants rather than allowing claimants to become dependent on benefits.

6.5 Intensity of MIS

The data in this section were drawn from the MIS trial only. A fundamental element of the MIS trial was testing the effectiveness of intensive Work Coach support for claimants in comparison to BAU processes provided to other claimants. This section presents perspectives of Work Coaches on how the increased intensity of MIS affected claimants and their perceived impact on claimants' journeys back to the labour market.

There were mixed views on whether the increased intensity of MIS was having any beneficial effects. Some Work Coaches felt that they had not seen any off-flow in their office and so believed that the trial was not working and were not convinced that increased meetings alone would help claimants with often very severe and varied health conditions. On the other hand, some Work Coaches felt that MIS was working for some claimants, particularly those who were closer to the labour market and had seen them move either into voluntary or permitted work or onto JSA. Some Work Coaches felt that increased appointments meant claimants could keep the momentum going with completing activities, whereas claimants who were seen less regularly were less likely to complete any WRA and that this wastes time. In addition, some Work Coaches believed that by having more regular contact with claimants, they could more easily identify claimants' needs that might be easily hidden if the Work Coach did not get to know the claimant very well (for example, reading and writing ability).

Some Work Coaches expressed frustration that the random allocation enforced by the MIS trial meant that certain claimants could not be provided with the right support. Some Work Coaches felt it was unfair to offer increased support to certain claimants and not others. There appeared to be a conflict between Work Coaches' desire to provide the best support to their claimants and following the processes outlined by the MIS trial. Therefore, some Work Coaches commonly altered the intensity and frequency of appointments based on what they believed was appropriate for their claimants, regardless of whether claimants were allocated MIS provision or not.

Work Coaches commonly made judgements about how close or far claimants were from the labour market. Some Work Coaches therefore felt it would be beneficial to contact claimants who were further away from the labour market more often and so arranged an increased number of appointments. Other Work Coaches would increase contact with claimants who were closer to the labour market, believing that they needed a final extra 'push'. In addition, if claimants not allocated MIS provision requested increased help or appointments, Work Coaches would not ignore these requests.

Whilst some Work Coaches felt that the intensity of MIS would work for certain claimants (for example, those closest to the labour market), some also felt that for other claimants the intensity placed increased pressure on them; this sometimes

Qualitative Interviews with Work Coaches

caused them to become very distressed in meetings, to cancel appointments and in some cases Work Coaches believed that the trial might have exacerbated some claimants' health conditions. In these circumstances, Work Coaches would decrease the frequency of appointments to alleviate the negative effects, believing that the intensity of the MIS provision was not benefitting these claimants. Additionally, it was reported that contact under the WP had often been minimal and not WRA focused, so often claimants were not used to engaging with such support, which resulted in the intensity of MIS being unexpected for some claimants.

Work Coaches would consider the types of activities set when organising follow-up appointments. For example, if a claimant needed to create a CV and upload it to Universal Jobmatch, the claimant might be granted a number of weeks to do this. Work Coaches reported that the above principles were employed under BAU and so some Work Coaches behaved the same way regardless of whether a claimant was actually in the MIS trial's treatment group or not. Some Work Coaches reported being uncertain about the reasoning behind having control and treatment groups where only those allocated to the MIS treatment group were supposed to receive MIS provision. Other Work Coaches stated that they changed the frequency of appointments for those not allocated to MIS provision (i.e. those in the RCT's control group).

7 Conclusions

Early engagement

In general, Work Coaches supported the idea of 'early intervention' with claimants. Some Work Coaches felt early contact with claimants was 'crucial', as it meant that claimants were more positive in their mind-set and in their ability to return to work at this stage, or that it made claimants more receptive towards work, enabling them to move closer to the labour market. However, some Work Coaches highlighted that, pre-WCA, claimants could be focussed on their health conditions, which acted as a barrier to claimants signing up to the provision. Additionally, for some Work Coaches, WCAs happened earlier in the claim which meant a smaller window to engage with claimants pre-WCA. At the other end, some Work Coaches felt that the MIS trial approach was too late in the claimant journey to benefit claimants most. Although Work Coaches felt some claimants were interested and had a positive attitude towards undertaking WRA, Work Coaches described that frequently claimants would have a negative attitude towards WRA, the trial and JCP, which made it difficult to engage with post-WP claimants.

Work Coach confidence

Some Work Coaches found ESA claimants a difficult group to work with, requiring a softer approach than working with other claimants. Some Work Coaches found conversations about health conditions difficult, personal and uncomfortable to handle. Some Work Coaches felt that they had to deal with situations that were outside of their remit as a Work Coach in order to help ESA claimants return to work; for example receiving requests from claimants for medical advice. While some, usually more experienced, Work Coaches were confident at delivering the interventions with ESA claimants, others were less confident because of the range or severity of health conditions ESA claimants could have, or due to concerns about how 'forceful' they should be in ensuring ESA claimants participated in the trial and completed actions. In some cases, use of OHA increased Work Coaches' confidence in working with ESA claimants. For example, it provided Work Coaches with information on claimants' abilities, and the level of Work Related Activity (WRA) that was suitable.

Claimant health conditions

Mental health conditions were cited as a major health concern by Work Coaches across the trials, with some reporting that the majority of their ESA caseload had a mental health condition. (To be clear, this does not mean that these claimants all had been formally diagnosed by medical professionals.) Work Coaches felt that claimants

Qualitative Interviews with Work Coaches

often presented with both mental and physical health conditions, and that mental health conditions would commonly occur as a result of the circumstances of an existing condition. In some cases, Work Coaches felt that claimants' mental health conditions were the biggest barrier to the claimant returning to work. Work Coaches felt most post-WP claimants had complex health conditions, often both mental and physical health conditions, with some Work Coaches feeling that claimants' health conditions had deteriorated substantially since their WCA. Work Coaches felt that owing to deteriorated health conditions often experienced by post-WP claimants, wider barriers concerning their health and personal wellbeing needed to be addressed before taking on WRA.

Support offered to claimants

Across the trials, Work Coaches generally appeared to target two key areas of support that they offered claimants: around routine barriers to gaining employment; and wider issues associated with the claimants' health, mind-set and wellbeing. Activities that aimed to address barriers to employment tended to be more tangible and similar to those offered to a JSA claimant. Some Work Coaches also noted that these were 'easier, go-to' options that they could use. This support included routine job seeking activities such as looking on Universal Jobmatch for vacancies, completing a CV, filling in job applications, arranging travel (for example, car sharing). Activities which addressed wider issues with health, mind-set and wellbeing included signposting claimants to external provision or online support that would help with health conditions (for example, pain management support). Some Work Coaches acknowledged that deciding on what support and actions to set could be difficult, highlighting the importance of considering the individual circumstances and abilities of each claimant.

Work Related Activity (WRA)

Some Work Coaches felt that some claimants could sometimes appear scared or threatened when introduced to the concept of WRA. Work Coaches felt it could often be difficult to concentrate conversations with claimants on WRA; some Work Coaches tried to focus discussion solely on WRA, while other Work Coaches also allowed claimants time to speak about their health condition to help build a trusting relationship. Some Work Coaches acknowledged, however, that it could then be difficult to get claimants back to talking about WRA and some noted that, although a knowledge of what claimants' barriers were was helpful, the Work Coach didn't need to know every detail about a claimants' health condition.

Pre-WCA

Pre-WCA claimants – Work Coaches felt that pre-WCA claimants presented with a wide range of physical and mental health conditions, and the severity of these also varied. Some claimants were reported to have short term problems, for example an operation and would return to their job once they had recovered. Work Coaches felt pre-WCA claimants varied in their distance from the labour market; some were very close to the labour market and had already undertaken some permitted work while others the Work Coaches felt were not job ready and currently would not be able to

Qualitative Interviews with Work Coaches

work. Work Coaches tailored their support to pre-WCA claimant circumstances, so were likely to discuss the possibility of returning to the claimants' previous place of work, encouraging claimants to keep in contact with their employer with some claimants. Other Work Coaches felt that conversations with pre-WCA claimants were often more about providing support and addressing wider actions with claimants as they felt it was not appropriate to proceed with WRA because of claimants' health conditions, personal circumstances and wellbeing.

Early engagement – In general, Work Coaches supported the idea of 'early intervention' with claimants; with some Work Coaches felt early contact with claimants was 'crucial', as it meant that claimants were more positive in their mind-set and in their ability to return to work at this stage, or that it made claimants more receptive towards work, enabling them to move closer to the labour market. However, some Work Coaches highlighted that, pre-WCA, claimants could be focussed on their health conditions, which acted as a barrier to claimants signing up to the provision. Additionally, for some Work Coaches, WCAs happened earlier in the claim which meant a smaller window to engage with claimants pre-WCA.

Voluntary versus mandatory – When offering claimants the voluntary option to create a CC, Work Coaches tended to emphasise the voluntary nature of the trial as a selling point. Similarly, some Work Coaches also mentioned emphasising BPP's voluntary nature as a selling point. For CC and VEI Core, some Work Coaches felt that the trial being voluntary could be a barrier to claimants taking the provision up and that it was difficult to get claimants to sign up to the trial. For VEI Core, some Work Coaches reported that the voluntary nature of the trial made it more likely claimants would participate, whereas other Work Coaches reported that its voluntary nature reduced participation, as some claimants would immediately turn it down upon being told it was voluntary, rather than waiting to hear about the support on offer. In contrast, Work Coaches felt that the majority of claimants who were offered BPP were 'keen' to take up the support and described BPP as an 'easy sell'. Work Coaches thought that having BPP to offer claimants improved initial engagement as it was a 'tangible' support offer for back pain treatment.

Work Coaches noted that claimants in the MIS trial were harder to help than those in the other trials, in part because they could be more negative about their situation and about the effectiveness and relevance of the support that Work Coaches could offer. This may be connected to the mandatory nature of the MIS trial. It may have been harder to engage claimants when they were mandated to Work Coach support, rather than volunteering for it, which might indicate a greater willingness to work with Work Coaches.

Post-WCA

Post-WCA claimants – Only the CC pilot was used with post-WCA claimants, subsequently the data for this group is limited. Work Coaches views varied on post-WCA claimant's distance from the labour market, with some viewing post-WCA claimants as closer to the labour market than pre-WCA claimants, while other Work Coaches felt there was no difference between the two groups. Work Coaches used a

Qualitative Interviews with Work Coaches

similar approach to introducing and approaching the CC for pre-WCA, post-WCA and post-WP claimants. Some Work Coaches thought that the CC was useful for claimants who were post-WCA because it was aimed at moving forward.

Post-WP

Post-WP claimants – Work Coaches felt most post-WP claimants had complex health conditions, often both mental and physical health conditions, with some Work Coaches feeling that claimants' health conditions had deteriorated substantially since their WCA. Additionally, Work Coaches felt that these claimants were often the furthest from the labour market on their caseloads; Work Coaches felt post-WP claimants were often demotivated, lacked confidence and had lost connections with the workplace. As post-WP claimants had been on benefits for a considerable period of time, some with minimal JCP interaction, Work Coaches felt some claimants became defensive about WRA as they were unaccustomed to having to prepare for work. Work Coaches felt that owing to deteriorated health conditions often experienced by post-WP claimants, wider barriers concerning their health and personal wellbeing needed to be addressed before taking on WRA.

Late intervention – Some Work Coaches felt that the MIS pilot approach was too late in the claimant journey to benefit claimants most. Although Work Coaches felt some claimants were interested and had a positive attitude towards undertaking WRA, Work Coaches described that frequently claimants would have a negative attitude towards WRA, the pilot and JCP, which made it difficult to engage with post-WP claimants.

Annex A: Synthesis Themes

Table A.1: The overarching themes, themes, and which trials the data have been drawn from for those overarching themes which spanned across the trials and were not specific to a trial or stage of the claimant journey

Overarching theme	Data drawn from	Theme⁹
Confidence	VEI OHA, CC, MIS	Reported confidence Experience Further training and support needed
What support and activities Work Coaches undertake with claimants	VEI Core, BPP, OHA, CC and MIS	Difficulties with being an ESA Advisor Support offered to claimants What is reasonable to ask of claimants How decisions were made Introducing WRA to claimants
Mental Health	VEI Core, BPP, OHA, CC and MIS	Co-morbidity with other conditions
Time spent on day-job/trial	CC, BPP, MIS	Difficulties faced with regards to workload and targets

⁹ Themes do not necessarily correspond to sections within the report, although most do.

Table A.2: The overarching themes, themes, and which trials the data have been drawn from for the pre-WCA stage of the claimant journey

Overarching theme	Data drawn from	Theme
Pre-WCA claimants	CC, VEI Core, BPP and OHA	Health conditions
		Distance from the labour market
Support and activities undertaken with pre-WCA claimants	CC, VEI Core, BPP and OHA	What is reasonable to ask of claimants
		How decisions were made
Voluntary aspect	VEI Core, BPP, CC	Work Coach approaches to selling trials
		Work Coach views on selling the trials
		Work Coach views and suggested improvements to BPP
		Work Coach views and suggested improvements to OHA
		Work Coach views and suggested improvements to CC
Timing of intervention-early	VEI Core, CC, BPP and OHA	Work Coach views of early engagement
		Benefits of trial timing
		Challenges of trial timing

Table A.3: The overarching themes, themes, and which trials the data have been drawn from for the post-WCA stage of the claimant journey

Supra-theme	Data Drawn From	Theme
Post-WCA claimants	CC	Health conditions Distance from the labour market
Support and activities Work Coaches undertake with post-WCA claimants	CC	

Table A.4: The overarching themes, themes, and which trials the data have been drawn from for the post-WP stage of the claimant journey

Supra-theme	Data Drawn from	Theme
Post-WP claimants	MIS and CC	Health conditions Distance from the labour market
Support and activities Work Coaches undertake with post-WP claimants	MIS and CC	Introducing WRA to claimants How decisions were made
Time of intervention-late	MIS	Length of time out of workplace Claimant health conditions Starting point on MIS Work Coach views
Intensity of MIS	MIS	Random allocation

Annex B: Work Coach Interview Topic Guides

Voluntary Early Intervention Core (VEI Core)

Aim: To understand Work Coach perspectives and experiences of delivering VEI Core

Essential to cover:

Experience of delivering VEI Core

Perspective on the value of VEI Core

Knowledge, skills and confidence to deliver VEI Core

OPENING (~5 mins)

- Introduction and thanks for taking part
- Purpose of research – to understand staff experiences of delivering VEI Core – voluntary early intervention – to inform future reforms of disability employment and support
- About us
 - Research conducted in-house by Labour Market Qualitative Research Team
 - Note if your familiarity with VEI Core is limited, and explain the aim is to hear about it from their perspective
- Check they have read/understood the consent statement, and answer any questions
- Turn on Dictaphone and read 'formal' consent statement
- Ask for consent (no consent to record → turn off Dictaphone and write detailed notes)
- Any questions?

CONTEXT (~3 mins)

- Extent of involvement in VEI Core
 - Since when
 - Approximate number of VEI Core claimants seen / proportion of caseload in VEI Core
- Work Coach experience working with claimants with health conditions or disabilities

WORK COACH TRAINING AND SUPPORT (~10 mins)

- Work Coach confidence in delivering VEI Core
- Training or guidance received to deliver VEI Core
 - Formal or informal training / guidance documents
 - Specifically for VEI Core or more general training?
 - Worked well? Improvements?
- Support received to deliver VEI Core
 - Line manager support, time, engagement with employers or organisations, funding, other
- What training / support do Work Coaches need to work with this claimant group?

CLAIMANT CIRCUMSTANCES (~10 mins)

- Claimants circumstances at starting point on VEI Core
 - Types, severity, complexity, diversity of health conditions
 - Distance from labour market.
 - Attitudes towards work related activity.
 - Suitability for work related activity.

DELIVERING VEI Core (~15-20 mins)

- Aim of VEI Core for pre-WCA claimants
 - Why?
 - How?
- Contacting claimants to offer VEI Core
 - Whose role (theirs/someone else)? How resource-intensive?
 - How is VEI Core introduced and 'sold'?
 - What's working well? What are the challenges?
- How willing are claimants to join the trial?
 - Why/why not?
 - Does the voluntary aspect help claimants to engage?
- Mode of contact, starting from the assessment interview
 - How long after claim is first contact?
 - Frequency of contact
 - Duration of contact
 - Why? Any links with claimant circumstances?
- Any difficulties in using up 'time bank'?
 - Is it the same for colleagues/ other offices?
- Content of conversations with claimants
 - Balance of conversations between work-related activities and other support
 - Types of work-related activities
 - Other support offered to claimants
 - How decisions are made on activities/support?

Qualitative Interviews with Work Coaches

- How health and employment-related circumstances are assessed and factored in?
- How flexible are activities? How these are reviewed?
- Work Coach views on delivering VEI Core
 - What's working well? What are the key challenges?
 - How have they found conversations with pre-WCA claimants?
 - Claimants' engagement with the support offered and work search activities pre-WCA

PERCEIVED VALUE OF VEI Core (~10-15 mins)

- Work Coach views of VEI Core overall
 - Making a difference to claimants?
 - Types of changes and extent seen in claimants
 - What influenced changes?
 - Any types of claimants who benefit more/less than others from VEI Core
- Should early intervention continue in its current or adapted form?
 - Why/why not?
 - Right timing of support?
 - Right type of support?
 - Improvements?

ANY OTHER COMMENTS ON VEI CORE THE WORK COACH WOULD LIKE TO ADD

Voluntary Early Intervention Back Pain Pilot (VEI BPP)

Aim: To understand Work Coach perspectives and experiences of delivering VEI BPP

Essential to cover:

Decision-making on back pain support

Experience of delivering VEI BPP

Perspective on the value of VEI BPP

OPENING (~5 mins)

- Introduction and thanks for taking part
- Purpose of research – to understand staff experiences of delivering voluntary early intervention with back pain support (VEI BPP) to inform future reforms of disability employment and support. Explain that you want to focus on the back pain support element in this interview.
- About us
 - Research conducted in-house by Labour Market Trials Unit
 - Note if your familiarity with VEI BPP is limited, and explain the aim is to hear about it from their perspective
- Check they have read/understood the consent statement, and answer any questions
- Turn on Dictaphone and read 'formal' consent statement
- Ask for consent (no consent to record → turn off Dictaphone and write detailed notes)
- Any questions?

CONTEXT (~3 mins)

- Extent of involvement in VEI
 - Since when?
 - Approx. number of VEI claimants seen / proportion of caseload
 - Proportion of VEI claimants referred for back pain support
- Work Coach experience with claimants with health conditions or disabilities prior to VEI

WORK COACH TRAINING AND SUPPORT (~5-7 mins)

- Training or guidance to deliver VEI BPP
 - Formal or informal training / Guidance documents
 - Specifically for VEI BPP or more general training?

Qualitative Interviews with Work Coaches

- Worked well? Improvements?
- Training and/or guidance needed if VEI BPP was rolled out?
- Line manager or other support to deliver VEI BPP?

CLAIMANT CIRCUMSTANCES (~5-7 mins)

- Prominence of back pain among VEI claimants
- Circumstances encountered in claimants with back pain
 - Diversity / Severity / Causes of back pain
 - Combined with other (physical or mental) health conditions?
 - Role of back pain in employment circumstances?
 - How do claimants with back pain differ from other ESA claimants?

DECISION-MAKING ON BACK PAIN REFERRAL (~10-15 mins)

- Brief outline of the service Work Coach provides to VEI claimants from first contact
- How claimants with back pain are identified
- Content of discussions with claimants once back pain is identified
 - Contact with GP, other health providers?
 - Previous treatment or self-management
 - Any recommendations made
 - Current/future work options
- Decisions to offer referral for back pain support
 - Timing of decision
 - Circumstances in which Work Coach decided to offer referral/ not to offer referral
- Work Coach confidence in making decisions on referral for back pain support?
 - Challenges? Improvements?

REFERRAL FOR BACK PAIN SUPPORT IN PRACTICE (~10-15 mins)

- How does the referral process work in practice?
- How referral is sold?
- Claimants reactions to the offer of referral for back pain support
 - Willingness to accept the referral?
 - Refusals? If the claimant refuses, what happens to VEI core?
 - Any types of claimants more/less likely to accept the referral?
- How employment options are factored in?
 - Balance between work-related considerations and other factors
- What happens to JCP contact after referral for back pain support?
- Any claimants dropped out of back pain support?
 - How many? Why?
 - If claimant drops out of back pain support, what happens to VEI core?

PERCEIVED VALUE OF VEI BPP (~10-15 mins)

- Back pain support making a difference to VEI claimants?

Qualitative Interviews with Work Coaches

- Why/why not?
- Extent and types of changes
- Which element(s) of the pilot are helpful? Less helpful?
- Any claimants who benefited more/less?
- Impact of back pain support on conversations with claimants
 - Work-related activities?
 - Relationship with claimant
 - Claimant engagement with JCP; with work-related activities
- Should VEI BPP continue in its current form or adapted?
 - Improvements?
 - Right types of support?
 - Right timing for referral?
 - Appropriate role for JCP/ work coaches?
 - Feasible to administer in practice?

ANY OTHER COMMENTS ON VEI BPP THE WORK COACH WOULD LIKE TO ADD

Voluntary Early Intervention Occupational Health Advice (VEI OHA)

Aim: To understand Work Coach perspectives and experiences of delivering VEI with OHA

Essential to cover:

Experience of delivering VEI with OHA

Decision-making on seeking OHA

Perspective on the value of VEI with OHA

OPENING (~5 mins)

- Introduction and thanks for taking part
- Purpose of research – to understand Work Coach experiences of delivering Voluntary Early Intervention with Occupational Health Advice (VEI OHA), in order to inform future reforms of disability employment and support
- About us
 - Research conducted in-house by Labour Market Qualitative Research Team
 - Note if your familiarity with VEI OHA is limited, and explain the aim is to hear about it from their perspective
- Check they have read/understood the consent statement, and answer any questions
- Turn on Dictaphone and read 'formal' consent statement
- Ask for consent (no consent to record → turn off Dictaphone and write detailed notes)
- Any questions?

CONTEXT (~3 mins)

- Extent of Work Coach involvement in VEI
 - Since when
 - Approx. number of VEI claimants seen / proportion of caseload in VEI
- Work Coach experience working with claimants with health conditions or disabilities prior to VEI

CLAIMANT CIRCUMSTANCES (~5-7 mins)

- Claimants' circumstances at starting point on VEI
 - Types, severity, complexity of health conditions
 - Distance from labour market
 - Attitudes towards work related activity
 - Suitability for work related activity

DELIVERING VEI (~5-7 mins)

- Aim of VEI aiming for pre-WCA claimants?
 - Why?
 - How?
- Brief outline of the service Work Coach provides to VEI claimants from first contact
 - Type of contact
 - Frequency of contact, time spent
 - Any links with claimant circumstances?
- Any difficulties in using up 'time bank'?
 - Is it the same for colleagues/ other offices?
- Balance of conversations between work-related activities and wider issues
 - How health and employment-related circumstances are assessed and factored in for VEI claimants?
 - Work Coach confidence in doing this

OHA IN PRACTICE (~25-30 mins)

- How does the process of seeking OHA work in practice from decision point?
 - How did Work Coach find out how to access OHA?
 - How easy/challenging was it to access? Timely?
- How many times has Work Coach sought OHA?
- How decisions are made to seek OHA
 - Work Coach's genuine decision or encouraged to use?
 - At what point did Work Coach decide to seek OHA? Why?
 - How easy/difficult is it to decide when to seek OHA?
 - Approximate number of OHA contacts
- Type of OHA sought
 - Sought OHA for individual claimants, types of conditions/groups of claimants, or both?
 - For what types of conditions or issues did Work Coach seek OHA?
 - What did Work Coach want to get from OHA?
- Advice Work Coach received from OHA
 - General or specific; health only or work-related?
 - Helpful? Met Work Coach's expectations?
 - Easy/difficult to understand?
- How has Work Coach used the advice?
 - What did Work Coach do differently as a result?
 - Did it help as intended? In other ways?
 - Helped case by case? Or general principles?
- Claimants aware that Work Coach sought OHA?
 - Why/why not?
 - If yes, claimant reaction?

Qualitative Interviews with Work Coaches

- Has OHA changed interactions with VEI claimants?
 - In what ways?
 - Case by case or generally?

PERCEIVED VALUE OF VEI OHA (~10-15 mins)

- Value of OHA
 - Helped improved Work Coach confidence?
 - Helped improve outcomes for VEI claimants?
- Any types of claimants / conditions / issues that OHA is more/less helpful for?
What? Why?
- Should OHA continue in its current or adapted form for VEI?
 - Continue as part of VEI or should OHA be available more widely?
 - Right kind of advice?
 - Right format?
 - Practically feasible?
 - Improvements?

ANY OTHER COMMENTS ON VEI OHA THE WORK COACH WOULD LIKE TO ADD

Claimant Commitment (CC)

Aim: To understand Work Coach perspectives and experiences of delivering CC

Essential to cover:

Experience of delivering CC

Suggestions for improving the CC

Learning and support needs to deliver CC

Differences between pre-WCA and post-WCA/post-WP claimants

OPENING (~5 mins)

- Introduction and thanks for taking part
- Purpose of research – to understand Work Coach experiences of using claimant commitment (CC) with ESA (Employment and Support Allowance) claimants, to inform future reforms of disability employment and support, and to prepare for UC expansion to new claimants unfit for work
 - About us
 - Research conducted in-house by Labour Market Qualitative Research Team
- Note if your familiarity with CC is limited, and explain the aim is to hear about it from their perspective
- Check they have read/understood the consent statement, and answer any questions
- Turn on Dictaphone and read 'formal' consent statement
- Ask for consent (no consent to record → turn off Dictaphone and write notes)
- Any questions?

CONTEXT (~3 mins)

- How much experience using CC with ESA claimants
 - Since when
 - Approx. number of ESA CC;
 - Proportion of pre-WCA, post-WCA and post-WP
- How much experience working with claimants with health conditions or disabilities
- How much experience using CC with non-ESA claimants

WORK COACH TRAINING AND SUPPORT (~5-7 mins)

Check throughout this section whether any differences in the process for pre-WCA and post-WCA/post-WP claimants

- Confident in tailoring CC around claimants' health?

Qualitative Interviews with Work Coaches

- Any training? Guidance?
 - Type of training/guidance
 - Training purpose
 - Helpful? What was missing?
 - Training or guidance need to deliver CC with ESA claimants
- Any support?
 - What support (e.g. line manager time, funding)
 - What support need to deliver CC with ESA claimants?

CLAIMANT CIRCUMSTANCES (~5-7 mins)

- Circumstances of pre-WCA claimants at starting point
 - Range of health conditions
 - Distance from labour market,
 - Attitudes towards work related activity
 - Suitability for work related activity
 - Post-WCA claimants?
 - Post-WP claimants?

CC IN PRACTICE (~10-15 mins)

Check throughout this section whether any differences in the process for pre-WCA and post-WCA/post-WP claimants

- How does the purpose of CC differ from BAU
 - Difference in what CC trying to achieve for pre-WCA and post-WCA claimants
- How the pre-WCA filtering call works
 - Experiences of assessing suitability for work related activity
- How CC is 'sold' to claimants
 - Claimants willing to join trial?
- How CC is produced:
 - How decisions are made on content
 - How claimant circumstances factored in
 - Types of actions
 - How are decisions made?
- Claimant follow up
 - Mode of contact
 - Frequency of contact
 - Duration of contact
- How CC is reviewed
 - How the review is different from Action Plan?
 - How actions are updated

INTERACTION WITH CLAIMANTS (~10-15 mins)

Check throughout this section whether any differences in the process for pre-WCA and post-WCA/post-WP claimants

- Claimant conversations
 - How different with CC compared to BAU/ action plan
 - Assessing claimant circumstances with CC
 - Balance between work-related and wider issues
 - Working well?
 - Challenges?
- Claimant responses to CC
 - CC vs. Action Plan
 - Change over time?
- Conditionality/sanctions
 - Differences between how approached in CC vs BAU?
 - Claimant response?

DEVELOPING THE CC (~10-15 mins)

- Delivering CC
 - Working well?
 - Key challenges?
 - Improvements?
 - As a tool?
 - Time required vs. allowed for CC
 - Pre-WCA vs post-WCA?
- Benefits/ limitations of CC compared to BAU?
 - As a tool/approach
 - Claimant outcomes
- Difference in CC benefits (compared to BAU) among claimant types?
 - Any who benefit more?
 - Any who benefit less?
 - Differences in benefits/limitations for pre-WCA vs. post-WCA?
 - How could it be better tailored?

ANY OTHER COMMENTS ON CC THE WORK COACH WOULD LIKE TO ADD

More Intensive Support (MIS)

Aim: To understand Work Coach perspectives and experiences of delivering MIS

Essential to cover:

Experience of delivering MIS compared to BAU/control group

Perspective on the value of MIS compared to BAU/control group

Knowledge, skills and confidence to deliver MIS

OPENING (~5 mins)

- Introduction and thanks for taking part
- Purpose of research – to understand work coach experiences of delivering more intensive support (MIS) to inform future reforms of disability employment and support
- About us
 - Research conducted in-house by Labour Market Qualitative Research Team
 - Note if your familiarity with MIS is limited, and explain the aim is to hear about it from their perspective
- Check they have read/understood the consent statement, and answer any questions
- Turn on Dictaphone and read 'formal' consent statement
- Ask for consent (no consent to record → turn off Dictaphone and write detailed notes)
- Any questions?

CONTEXT (~3 mins)

- Extent of involvement in MIS
 - Since when
 - Approx. number of MIS claimants seen
 - Proportion of caseload in MIS trial
 - No. in treatment and control groups
- How much experience working with claimants with health conditions or disabilities?

WORK COACH TRAINING AND SUPPORT (~5-10 mins)

- How confident delivering MIS?
- Any training? Guidance?
 - Type of training/ guidance
 - Training purpose
 - Helpful? What was missing?
 - What training or guidance needed to work with this claimant group?

Qualitative Interviews with Work Coaches

- Any support?
 - What support? (e.g. line manager time, funding)
 - What support needed to be able to work with this claimant group?

CLAIMANT CIRCUMSTANCES (~10 mins)

- Circumstances at claimants' starting point on MIS
 - Range of health conditions
 - Distance from labour market
 - Previous support received?
 - Attitudes towards work related activity
 - Suitability for work related activity

WORKING WITH MIS CLAIMANTS (~15 mins)

Prompt throughout this section on difference between treatment and control group

- What contact with MIS claimants? (from first contact)
 - Mode of contact
 - Frequency of contact
 - Duration of contact
 - Any difficulties in using up 'time bank'? Is this the same as your colleagues/other offices?
- Claimant conversations
 - First contact? Later contacts?
 - What conversations?
 - What is the balance in conversations between work-related and wider issues?
 - Type of work related activity
 - Type of support offered
 - How are decisions made on actions
 - How are claimant circumstances factored in
- How is this working?
 - Working well?
 - Key challenges?
 - Improvements?
- How have claimants responded to receiving MIS?
 - Engaged with support offered?
- How are conditionality/ sanctions approached with MIS claimants?
 - Work Coach views of sanction approach?
 - Claimant response?

PERCEIVED VALUE OF MIS (~10-15 mins)

- MIS making a difference to claimants?
 - Compared to control group / BAU

Qualitative Interviews with Work Coaches

- Type and extent of change
- What influenced the changes?
- Any claimants who benefited more/less?
- Should MIS continue in its current or adapted form?
 - Suggested improvements?
 - Right type of support for this group?
 - Right intensity?
 - Right timing?

ANY OTHER COMMENTS ON MIS THE WORK COACH WOULD LIKE TO ADD