



Department  
for Work &  
Pensions



# The 2015 ESA trials: A synthesis of qualitative research with claimants

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August 2017

Research Report No 933

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# Summary

This report presents findings from qualitative research with Employment and Support Allowance (ESA) claimants participating in three labour market trials, led by Jobcentre Plus. These aimed to increase the level of work-related support claimants received to test whether this could improve soft outcomes as well as assist claimants to make progress towards and into the labour market. The trials were:

- Voluntary Early Intervention (VEI) core model and variants; namely, Back Pain Pilot (BPP) and Occupational Health Advice (OHA) to support Work Coaches. This trial and its variants intended to engage claimants in the period before their Work Capability Assessment (WCA).
- More Intensive Support (MIS) which provided an increased level of support to those ESA claimants who had completed the Work Programme.
- Claimant Commitment (CC) which offered ESA claimants the opportunity to negotiate a CC, which typically forms part of Universal Credit (UC) claimant experience. This trial targeted claimants pre- and post-WCA as well as those who had completed the Work Programme (WP).

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# List of abbreviations

<b>ALMP</b>	Active Labour Market Policy/Policies
<b>BAU</b>	Business as usual
<b>BPP</b>	Back Pain Pilot
<b>CBT</b>	Cognitive Behavioural Therapy
<b>CC</b>	Claimant Commitment
<b>CV</b>	Curriculum Vitae
<b>DWP</b>	Department for Work and Pensions
<b>ESA</b>	Employment and Support Allowance
<b>GP</b>	General Practitioner
<b>IES</b>	Institute for Employment Studies
<b>FTA</b>	Failure to attend
<b>IT</b>	Information Technology
<b>JSA</b>	Jobseeker's Allowance
<b>MIS</b>	More Intensive Support
<b>NHS</b>	National Health Service
<b>NICE</b>	National Institute for Health and Care Excellence
<b>OHA</b>	Occupational Health Advice
<b>QED</b>	Quasi-Experimental Design
<b>RCT</b>	Randomised Controlled Trial
<b>SPRU</b>	Social Policy Research Unit
<b>UC</b>	Universal Credit
<b>VEI</b>	Voluntary Early Intervention
<b>WCA</b>	Work Capability Assessment
<b>WP</b>	Work Programme
<b>WRAG</b>	Work Related Activity Group

# Glossary of terms

<b>Department for Work and Pensions</b>	The Department for Work and Pensions (DWP) is responsible for welfare, pensions and child maintenance policy. It administers the State Pension and a range of working age, disability and ill health benefits.
<b>Employment and Support Allowance</b>	Employment and Support Allowance (ESA) is a welfare benefit for people who are unable to work due to illness or disability.
<b>Institute for Employment Studies</b>	The Institute for Employment Studies (IES) is an independent, apolitical, international centre of research and consultancy in public employment policy and HR issues. Its focus of knowledge is on employment and training policy, the operation of labour markets, and HR planning and development.
<b>Jobcentre Plus</b>	Jobcentre Plus is a government-funded employment agency and social security office, whose aim it is to help people of working age find employment in the UK.
<b>Jobseeker's Allowance</b>	Jobseeker's Allowance is a benefit for people who are not in full-time employment (work less than 16 hours per week), are capable of working and are looking for work.
<b>Randomised Controlled Trial</b>	A Randomised Controlled Trial (RCT) is a study in which a number of similar people are randomly assigned to two (or more) groups to test a specific drug, treatment or intervention. One group (the experimental group) has the intervention being tested, the other (the comparison or control group) has an alternative intervention, a dummy intervention (placebo) or no intervention at all. The groups are followed up to see how effective the experimental intervention was. Outcomes are measured at specific times and any difference in response between the groups is assessed statistically. This method is also used to reduce bias.
<b>Sample</b>	People in a study recruited from part of the study's target population. If they are recruited in an unbiased way, the results from the sample can be generalised to the target population as a whole.

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### **Social Policy Research Unit**

The Social Policy Research Unit (SPRU), University of York, leads research on the development of policies and the delivery of services to support people made vulnerable by poverty, ageing, disability or long-term, complex health conditions. SPRU has an international reputation for excellence in research. In the 2014 Research Excellence Framework results, it scored 100 per cent for the impact of its research.

### **Work Coach**

Claimants of welfare benefits are assigned to a Jobcentre Plus Work Coach who can give them support to find work as well as information about programmes that can help them prepare for and stay in work.

### **Universal Credit**

Universal Credit (UC) is a single monthly payment for people in or out of work, which merges together some of the benefits and tax credits that you might be getting now. Universal Credit will replace: Income-based Jobseeker's Allowance; Income-related Employment and Support Allowance; Income Support; Child Tax Credit; Working Tax Credit and Housing Benefit.

# Executive summary

In spring 2015, the Department for Work and Pensions (DWP) introduced three new labour market trials that aimed to assist claimants of the Employment and Support Allowance (ESA) to make progress towards the labour market. These trials were:

- Voluntary Early Intervention (VEI) core model and variants; namely, Back Pain Pilot (BPP) and Occupational Health Advice (OHA) to support Work Coaches. This trial and its variants intended to engage claimants voluntarily in the period before their Work Capability Assessment (WCA).
- More Intensive Support (MIS) which provided an increased level of support to those ESA claimants who had completed the Work Programme (WP). Participation in the trial was mandatory and based on random allocation.
- Claimant Commitment (CC) which offered ESA claimants the opportunity to negotiate a CC, which typically forms part of Universal Credit (UC) claimant experience. This trial targeted claimants pre- and post-WCA as well as those who had completed the WP. Completion of a CC was voluntary at each stage, but it was a requirement of receiving ESA that claimants in the post-WCA and post-WP phases undertook an agreed programme of work-related activity.

To assist it to evaluate these trials, the Department commissioned the Institute for Employment Studies (IES) and the Social Policy Research Unit (SPRU) at the University of York to undertake qualitative research with claimants. It is this that forms the basis for the current report which synthesises the evidence drawn from each of the trials research samples.

## Research aims and method

The aims for the claimant qualitative research were to establish:

- elements of support, and mechanisms, that were perceived to have been effective at driving behavioural changes;
- evidence that would assist the in-house impact assessment;
- ESA claimants' experiences of support and whether the support assisted them to move into, or closer to employment;
- evidence that would show how the new support could be improved;
- whether the support encouraged a changed relationship and interaction between Work Coaches and ESA claimants; and
- issues that would require consideration in any national roll-out.

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To address these aims, across the three trials and their variants, initial and follow-up interviews were conducted by telephone with claimants recorded by the Department as taking part and observations of their meetings with Work Coaches were also undertaken. In total, 252 initial and 63 follow-up interviews were achieved and 70 meetings were observed and documented. The research samples included new and repeat claimants where the trials recruited both of these groups.

The three trials shared some common features which involved additional time with a Work Coach relative to the standard offer at a particular stage of a claim. In bringing together the claimant qualitative research data there were some key dimensions that could be distinguished for analysis, specifically the difference that:

- could be discerned for claimants completing the CC as opposed to those receiving the standard model for Work Coach support;
- was made to engagement in work-related activity by the CC as opposed to the standard action plan;
- taking part voluntarily as opposed to being mandated to do so made;
- claimants' stage in the ESA journey made.

It was also important to establish the nature of difference made to claimants by understanding 'distance travelled'. The types of progress made fell into a number of stages, which formed a logical, chronological sequence.

- Stage 1 – changing attitude towards work and/or capability to work.
- Stage 2 – engaging with work-related activity (e.g. training or voluntary work).
- Stage 3 – engaging in a more focused way with job search activities.
- Stage 4 – entering work.

## Understanding work readiness

In each of the trial research samples it was apparent that groups of claimants had differing attitudes to work. These emerged during initial research interviews when claimants were questioned on how they felt about working on joining the trials. There was a spectrum of work readiness in each cluster, although in broad terms:

- One group of claimants believed themselves to be job ready: these were highly motivated to find work – sometimes despite unmanaged or unresolved health conditions – and amongst these was a highly active and self-motivated group who were confident in their job search capabilities and did not appear to need or want support. The work ready claimants were concentrated in the pre-WCA and post-WCA research samples, although a small group were present in both the post-WP research samples, i.e. MIS and CC Trial post-WP research samples.
- Another group in the research samples perceived they would be able to work again in the future, although could not do so currently. These claimants believed their health was on an improving trajectory and as their health improved, this would enable a greater focus on considering work and work-related activity. This group was more evenly spread across the trial research samples.

- The final group did not believe that they would work again, and some amongst these were reluctant and resistant to considering work or any form of work-related activity. This latter group formed a greater proportion of the post-WP research samples. The analysis found that those who were resistant were in the MIS Trial research sample. This might relate to claimants in the CC Trial post-WP research sample having, in theory, volunteered for completion of the CC, whereas those in the MIS Trial had been mandated to participate.

### **Experience and progress amongst the work ready**

Some claimants in the work-ready analysis category were already involved in job search activities on joining the trial and some progressed into work during their experience of the trial (see Chapter 2). These included the most self-motivated claimants in the research samples who did not appear particularly interested in receiving support from Work Coaches. They did not attribute any progress they made to the trials, instead seeing this to be due to their own, independent effort. Where these claimants were pre-WCA or part of the CC Trial they did not necessarily understand that their participation in the trials was voluntary.

Where work ready claimants were less confident about the means and focus for work search, including those who felt it would be necessary to change career if they were to work again, they benefited from a collaborative engagement with their Work Coaches. Through personalised meetings – in respect of pace and content – they agreed and undertook work-related activities to support labour market re-entry. Common outcomes were improved CVs and applications, and some started volunteering. The effect of these actions was to build confidence in the ability to progress towards and into work.

Some claimants in the work-ready analysis category did not make progress, and for others their progress stalled during the trial experience. The common factor in the accounts of these claimants was that a deterioration in their health accounted for this.

### **Experience and progress amongst those who believed work was possible in future**

This group of claimants in the research samples tended to believe their health was, or would be, on an improving trajectory and that when it improved they would be able to consider working (Chapter 3). Some younger claimants in this category had health conditions with associated severe impairments, but believed that because of the greater time they had to (re)start work than those who were older, over this time some change would emerge and work would become possible. Overall, the group shared a strong motivation to be working, but believed it was not possible until health conditions were resolved or managed. They could display some anxiety in respect of capability to be working despite this motivation.

Those who believed they would work in the future appeared more consistently open to receiving support and receptive to considering their situations and circumstances through a work-focused lens. They thus could be encouraged by Work Coaches to identify and engage in work-related activity in a more focused way (see Stage 3 earlier) usually through the agreement of a set of actions that built-up incrementally over time. As a result, some gained new insights into the job search process and some confirmed, and others formulated, new ideas for future employment.

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Progress in respect of soft outcomes, such as improved confidence and/or self efficacy, appeared most evident in this category. In addition, an increase in work-related activity and greater engagement in the social world were prominent outcomes. The personalised support delivered by Work Coaches appeared at the heart of this. Notably, the CC appeared to encourage additional work-related activity amongst those in this analysis category, although this could not be systematically tested in a qualitative research study.

### **Experience and progress amongst those who did not believe they would work again**

Those claimants taking part in the research who could not foresee a possibility of working again appeared a little different from the other work-ready analysis categories. They presented additional challenges to Work Coaches who needed to change their attitudes in respect of working if progress towards or into the labour market was to be made (Chapter 4). Within the category were some claimants who expressed a greater desire to be working than others; these could more easily be steered by Work Coaches to consider some, fairly limited work-related activity. In contrast, another group was severely demotivated and expressed reluctance to consider work or work-related activity. It was harder for Work Coaches to change these strongly held views on lack of capability to work.

Two reasons meant these claimants in the research samples perceived that they could not work. First, the effects of health conditions and associated impairments were described as severe, long standing and/or had not responded to health interventions. Second, where claimants indicated some motivation to work, they could consider only a few hours a week and doubted that local labour markets presented such opportunities.

The support from Work Coaches was appreciated although did not always help claimants to make progress. When it was encouraging in style, it assisted the more motivated in this category to make some progress. When Work Coaches were perceived to have agreed with claimants' own views that work was not feasible and had not put them under any duress to be involved in work-related activity, little progress was made.

### **Lessons emerging for the stages of the ESA claim**

In all research samples, claimants displayed differing attitudes to work and the possibility of work, a highly varied range of health conditions and impairments and few common personal characteristics. Given the opportunity for repeat claimants to join the pre-WCA trials, it could not be assumed that all pre-WCA claimants had more recent experience of the labour market. However, those who were in the post-WP research samples appeared to have the lengthiest experiences of inactivity (Chapter 5). This meant that it was hard to discern clear messages from the qualitative research with claimants at the different stages of the ESA process that the trials addressed. Nonetheless, some points emerged.

The trials and the research samples were concentrated on the **pre-WCA** stage of the ESA claim (Section 5.1) since the VEI and variants and the CC Trial addressed this phase, whereas only the CC Trial engaged post-WCA claimants, and the post-WP phase was



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targeted by the CC<sup>1</sup> and MIS Trials. The qualitative evidence gathered for this study tended to support the notion of intervening early; moreover some claimants expected and said they wanted some support at this stage of their claim. The offer of a work-focused provision appeared well aligned to needs and aspirations, not least because more claimants who were interviewed at this stage of the ESA process professed themselves to be job ready or able to work in the future. Engagement in the CC Trial appeared to generate more work-related activity than engagement in the VEI Trial and variants, although any difference or causality could not be established by qualitative research. The VEI variants provided additional dimensions to the analysis, although not necessarily related to the stage of the ESA claim. Treatment for lower back pain needed to be offered at a point when claimants felt ready, which was not always in the pre-WCA phase. Where they were eligible for and took this up, it was welcome and it could assist them to make progress. The accounts of other claimants experiencing pain suggested that the condition management element of this variant could be extended to support those experiencing other forms of pain. It was common for claimants in the pre-WCA stage (as well as other claim stages) to believe that Work Coaches needed to understand the occupational implications of their health conditions. This was an area that claimants suggested could be improved which indicated a potential role for the occupational health advice line available through the VEI Trial OHA variant.

Only the CC Trial targeted the **post-WCA** group but appeared as well aligned for these claimants needs as with others (Section 5.2). Claimants in the research sample had not particularly understood that the CC was voluntary and instead conflated their trial engagement with conditionality in the post-WCA stage of the ESA claim. This did not deter engagement. Those interviewed who were post-WCA appeared a little more distant from the labour market than those pre-WCA and as such the achievement of soft outcomes appeared more prominent than other forms of outcomes. Some pre-WCA trial claimants in the research samples, by the time of the research fieldwork, had received their WCA result and been assigned to the WRAG. Their accounts suggested that this could change their focus on considering work-related activity to a focus on appealing the WCA decision. They also were assigned to different Work Coaches, operating as part of the mainstream provision for the post-WCA Work-Related Activity Group (WRAG) phase of the ESA claim. These Work Coaches had not been involved in the delivery of the pre-WCA trial and were not aware of claimants' experiences as part of it. As such, this change was disruptive and unhelpful for some claimants.

Claimants in the **post-WP** research samples, in addition to severe limitations imposed by health conditions and lengthy periods of inactivity, also had other personal and external obstacles to work (Section 5.3). In the research samples, some of these claimants were older, and believed they would experience age discrimination from employers. Some who were motivated to work said they could consider working only a small number of hours each week, and they doubted such vacancies were available. Those who understood their health to be on an improving trajectory were more readily engaged in some limited work-related activity. The CC in the post-WP stage of the ESA claim did not appear to have a differentiating effect on levels of work-related activity. Some claimants in the post-WP research samples perceived the style of their Work Coach to be acquiescent; they believed that their Work Coaches agreed with their own opinion that little, if any, work-related activity was possible.

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<sup>1</sup> In addition, due to the limited sample frame available for the CC Trial post-WP research, the Department requested that interviews were transferred to the pre-WCA phase of this trial which had a more sizeable sample frame.

### Lessons emerging more generally

The additional time with Work Coaches appeared to be the powerful element of the trials' provision; it was also a common aspect of delivery (Section 6.3). The time was used to optimal effect where claimants believed that Work Coaches understood and took into consideration the effects of their health conditions and other personal circumstances. At best, this led to a highly personalised support experience with the pacing and content of meetings perceived to be individualised and appropriate. This mirrored previous evidence on effective support models in active labour market policies (ALMP). Similarly, continuity of Work Coach was an important feature of support, again mimicking evidence from other ALMP (Section 6.2). Where a positive rapport was established, this helped claimants to feel supported in making progress. It should be noted that claimants involved in the research who were receiving the VEI Trial BPP variant therapeutic intervention attributed their progress to this (Section 5.1.4).

Participating on a voluntary or mandatory basis did not appear to have much of an impact on claimants' experiences as not all of those in the research samples understood the conditions of their involvement (Section 6.4). This did not deter engagement where claimants perceived their voluntary participation to be mandatory. The exception to this was a group of claimants in the MIS Trial research sample who displayed reluctance to engage, because they had been mandated to the trial (i.e. there was no element of choice) and they believed themselves to be incapable of work.

Putting health at the centre of the trial experience, with differing emphasis depending on work readiness, was effective (Section 6.5). However, Work Coaches were largely perceived as relying on their personal experience including that of family or friends rather than independent sources of occupational health advice; even where occupational health advice was available (i.e. as part of the VEI OHA Trial), claimants in the research sample believed that Work Coaches relied on their own resources. While Work Coaches' support on health conditions was well received by many claimants, it cannot be known on the basis of this research whether Work Coaches accurately understood the occupational implications of health conditions.

The timing of the support was an important factor in determining whether claimants made progress (see Section 6.7). Where the timing accorded well with their own sense of capability to undertake work-related activity then they showed readiness to engage. Where there was flexibility to discuss work-related activity, although no pressure to undertake this, it was viewed as equally supportive as claimants felt that Work Coaches would be there when they needed them. Similarly, the qualitative evidence arising from VEI BPP research participants indicated that they needed to feel ready to engage with the therapeutic interventions for back pain. In this respect, readiness and the timing of support needed to align with claimants' experience of pain. If pain felt stabilised, there appeared a greater willingness to take up therapeutic support.

Amongst many claimants taking part in the research the achievement of soft outcomes as a result of the trials, was prominent and was attributed to the support received for the most part (Section 6.8). This included increased confidence and self-efficacy, particularly amongst those who saw work as a future possibility. Intervening early and tailoring intervention to claimants' conceptions of their work readiness appeared central to ensuring they felt supported and in a position to make progress.

## Conclusions

The qualitative claimant evidence appeared to support the continuation and extension of all the different types of support offered as part of the trials. There was evidence that early intervention, additional time, occupational health advice and therapeutic interventions all had a role to play in these claimants' journeys towards work. The positive response of some claimants receiving the VEI BPP therapeutic interventions, and the accounts of ongoing and unresolved pain amongst others in the research samples, suggested that condition management could help at different stages of the ESA claim or with different kinds of pain. A common comment from claimants was that Work Coaches could have better understood their health conditions and implications for working. This might indicate that encouraging Work Coaches across ESA stages to seek occupational health advice, particularly for those claimants needing a career change, may be helpful.

The findings also suggest where best attention for a work first could be focused. The most confident amongst the job ready group (most prominent in pre- and post-WCA research samples) did not see much of a need for input. These independently engaged in job search and other work-related activities. Those claimants who were less confident and those who saw work as a future possibility were more appreciative of a support offer and appeared to make the greatest progress once receiving that support. Some form of formal triage system based on work readiness may be a useful tool for Work Coaches.

The group in the research who did not think work was possible present a greater challenge, particularly those allocated to the MIS Trial who displayed reluctance to engage with support. This reluctance centred on long-standing experiences of ill-health and pain that had not shown improvement over time or with treatment. The Work Coaches of some of these claimants were perceived as agreeing with claimants' own assessments, and thus were said not to have put pressure on claimants to attend meetings of any frequency or engage in work-related activity. While assigned to WRAG these claimants do not feel capable of work-related activity and disagreed with the WCA judgement. The qualitative evidence from the claimant research suggested that it was challenging for Work Coaches to lift deeply held views on an inability to work. Where claimants perceived that Work Coaches made little attempt to do this, some were content, however, it could appear that they had been deprioritised<sup>2</sup> for support.

The key conclusions, however, that can be taken from the current study are:

- Early intervention, additional time with the Work Coach, occupational health advice and therapeutic treatment for lower back pain were all perceived as beneficial by claimants.
- Claimants' motivation to work and perceived job readiness were crucial to the progress that could be made. Some form of formal triage system based on this may therefore be a useful tool for Work Coaches.
- The voluntary or mandatory nature of each trial was often not viewed by claimants as making any difference to their engagement. Instead, this was much more determined by perceived job readiness.
- Timing of the support was critical – claimants needed support at a time and a pace that matched their assessment of their own capabilities.
- It was very important to claimants that Work Coaches were empathetic, had a good understanding of their health conditions, and had a style that was supportive, collaborative and encouraging, rather than prescriptive.

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<sup>2</sup> Within the welfare to work literature, this has come to be known as 'parking'; see for example Bredgaard and Larsen (2007), Koning and Heinrich (2010), Newton *et al.* (2012), and Meager *et al.* (2014).

# 1 Introduction

This chapter sets out the context into which the 2015 Employment and Support Allowance (ESA) trials were introduced and the rationale for their implementation. It then outlines the objectives for each trial. The methodology underpinning the research is also discussed.

## 1.1 Policy background

The Department for Work and Pensions (DWP) is committed to supporting people who cannot work because of a health condition or disability. Some of these individuals take up their entitlement to the ESA which brings them into contact with the Department.

In November 2014, in response to the Work and Pensions Select Committee report (2014) on the Work Capability Assessment (WCA) and the Disability and Health Employment Strategy (DWP 2013), the Government announced a package of measures to increase health and employment support for sick and disabled claimants (DWP 2014). This announcement was reiterated in the December 2014 Autumn Statement. The objectives for these measures were to:

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

Resulting from this commitment, six measures emerged which were: Voluntary Early Intervention (VEI); Claimant Commitment (CC) for ESA; More Intensive Support (MIS); Jobseeker's Allowance (JSA) extended periods of sickness; Restricting ESA repeat claims; and the Personalisation Pathfinder.

The current qualitative research concerned three of these trials: VEI, CC and MIS.

- **VEI Trial:** At the time the trial was introduced, claimants could wait many months for their WCA. Under the ESA delivery model there was no formal strategy for engagement with claimants during this time. As such, the objective of the VEI Trial was to help determine whether the provision of Work Coach support at an early stage of the ESA claim would help to prevent claimants becoming detached from the labour market and falling into long-term benefit dependency. Alongside the core model, which offered early engagement on a voluntary basis, two variants were tested in specific geographic areas: Occupational Health Advice (OHA) for Work Coaches and the Back Pain Pilot (BPP) for claimants experiencing back pain.
- **MIS Trial:** Following completion of the Work Programme (WP), and before the MIS Trial was introduced, ESA claimants were offered an assessment interview with Jobcentre Plus to understand how best to build on their time on the WP. This was followed by standard mandatory and flexible interventions as well as appropriate work-related activities. MIS operated through a Randomised Controlled Trial (RCT) and introduced additional support for those claimants randomly allocated to the treatment group. Work Coaches delivered MIS to claimants in the first six months after they had completed the WP.

- **CC Trial:** Under UC, which was being rolled out when this research was undertaken, claimants are required to accept a CC as a condition of their benefit entitlement. This comprises a record of claimants' obligations: what they are expected to do in return for receiving benefits and support, as well as what will happen should they fail to comply. Before the CC Trial was introduced, the ESA regime did not involve the use of the CC; thus this was the key approach tested by this trial. Claimants could be recruited to the CC Trial, which meant they volunteered to complete a CC, before the WCA; after the WCA for those who were assigned to the Work Related Activity Group (WRAG) but did not join the Work Programme (WP); and after completing the WP.

The trials were intended to increase the evidence base on what works for ESA claimants, to help DWP better understand what support these claimants need to help them move into work, with a view to informing future strategy and policy development.

Figures supplied by the Department on the numbers of claimants recruited into each of the ESA Trials up to the end of June 2016 are shown in Table 1.1.

**Table 1.1 Claimants recruited to the ESA Trials**

Trial	N. claimants
VEI Trial core model	4,400
VEI Trial variants	3,600†
CC Trial	560
MIS Trial	4,300‡
Total	12,860

† an unknown proportion of these experienced the two variants – back pain or OHA services.

‡ only half of these were assigned to intervention (treatment) as this was an RCT.

Source: Data supplied by DWP, March 2016.

## 1.2 Further information about the design of the trials

### 1.2.1 VEI Trial core model and variants

As part of the VEI Trial, new and repeat ESA claimants awaiting their WCA were offered support under the VEI core model. They could take this up on a voluntary basis. The variants were intended to operate as an addition to the core model, in effect, to be 'VEI Core Plus'.

The VEI core model was delivered in Jobcentre Plus offices in Glasgow, Lanarkshire and East Dunbartonshire, the Black Country, South East Wales (which also delivered the BPP variant), and Birmingham and Solihull (which also operated the OHA variant). Trial recruitment started in March 2015 and was completed by the end of December 2015.

Under the VEI core model, once they had volunteered to participate, claimants were assigned to a Work Coach who had a 'time bank' of, on average, 360 minutes to use to support the claimant during the pre-WCA phase. Work Coaches were encouraged to use this time flexibly to meet claimants' individual needs and to acknowledge that some claimants would need more time and others less. For the majority of claimants, the majority of the time

## **The 2015 ESA trials: A Synthesis of Qualitative Research with Claimants**

bank was expected to be used for the duration of a claim or up until the claimant attended the WCA, whichever was sooner. In terms of how it was used, the VEI core model offered the existing Work Coach support model to a new group of claimants. As such, claimants were offered individually tailored support which could include: 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.

### **Theory of change assumptions**

Theory of change research indicated that the intention for the VEI Trial was to provide support at a point in the claimant journey where previously there had been none, except under local freedoms and flexibilities granted to Jobcentre Plus offices. In addition, the key lever for change within this trial would be Work Coaches who would offer their standard provision to ESA claimants who opted into the support. This would entail meetings and agreements about appropriate work-related activities and potentially signposting to third party provision. Key outcomes would be keeping claimants closer to the labour market, reducing anxiety about the ESA claims process as well as helping to accelerate claimants' return to work as appropriate.

### **The VEI variants**

The two variants were intended to operate as an addition to the VEI core model provision. They were added after the development of the core model.

The BPP was a small-scale feasibility study to test the concept of providing access to a telephone triage service and National Institute for Health and Care Excellence (NICE) approved therapies prior to the WCA to support ESA claimants with lower back pain to move closer to or return to work. This condition was selected because it was a common cause of occupational ill-health. Treatment could include manual, physical and psychological therapies. The process through which this variant operated was such that Work Coaches identified claimants who had back pain conditions that affected their capability for work and offered them referral to a back pain provider. The back pain provider would make a triage assessment and decide on an appropriate course of treatment.

The second variant, OHA, was an indirect intervention from the claimant perspective. Through this, Work Coaches had access to the expertise of an occupational health adviser with the aim that this would help them to better configure support to single claimants or groups of claimants with a common health issue. The OHA service operated as a helpline with Work Coaches able to book time with an occupational health adviser. Following the consultation, occupational health advisers provided a short report from discussions, sent to Work Coaches by email. Work Coaches could then make reference to this advice, and configure support and advice in light of it as part of their contact with claimants. There was no expectation that Work Coaches would inform claimants that they planned to consult the service or that they would share the OHA report with claimants, though they could do so if they wished.

### 1.2.2 MIS Trial

The trial entailed Jobcentre Plus Work Coaches being allocated a period of 264 minutes, on average, over a six-month period to work with individual claimants returning from the WP who were not in employment and were still in receipt of ESA. This contrasted with the time allocated to claimants in the RCT control group who received 88 minutes over 12 months under 'business as usual' arrangements. The intention was that the average time allowance of 264 minutes would be used flexibly in response to claimants' individual needs in order to move them closer to the labour market. It was recognised that some claimants might not need that level of input, whilst others could benefit from more. The 264 minutes were therefore not intended to be a rigid allocation for every claimant but to indicate to Work Coaches a rough average that they could work around and the amount of time overall that they had to work with their caseload of claimants.

According to claimants' individual needs, it was expected that Work Coaches could use a range of support appropriate to them, including: initial diagnostic identification of employment strengths and skills, qualifications and experience, job preferences and barriers to work (such as health or childcare responsibilities); agreement on the actions a claimant could take to help them prepare for work; and any other help and support that Work Coaches could facilitate.

Engagement with a Work Coach began with an intensive diagnostic interview leading to an action plan detailing what the claimant would be required to do to help them prepare for work. The pattern, frequency and content of further contacts would be decided on an individual basis in order to deliver a personalised service. The MIS Trial took place in three locations: East and South East Scotland, West Yorkshire and Kent.

### Theory of change assumptions

Policymakers determined that accelerated off-flow from benefits and ideally into work would be the key outcome from the MIS Trial although it was recognised that helping claimants to progress towards employment through the development of soft skills would also be valuable. The trial would build on claimants' experiences of the WP and the progress they had made during their participation. The key lever for change would be the additional time spent with a Work Coach, which would build through stages of initial engagement, trust and confidence building, concrete discussions and actions about work-related activity. This additional time that Work Coaches would have with claimants, using the tools and provision available to them as standard, would increase the chances of more effective engagement and the identification of suitable actions that would lead claimants back into employment. One final lever that Work Coaches could use was the conditionality and sanctions regime that already was applicable to all WP completers.

It is important to emphasise that one of the assumptions underpinning MIS was that post-WP claimants would be closer to the labour market than actually turned out to be the case for many of these claimants. Therefore, the additional support that the theory of change assumed was what they needed to make the transition into work may not have been the most appropriate support for many of these claimants at that particular time.

### 1.2.3 The CC Trial

The CC forms part of the new provisions under UC and is a condition of UC benefit entitlement. It provides a record of the agreements reached with individual claimants in respect of finding a job and/or undertaking a work-related activity as well as of the support they can expect. In addition, the CC details the implications to claimants should they fail to

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comply with the obligations contained within their CC. Before the CC Trial, the CC had not been used with ESA claimants.

As part of the CC Trial, which was delivered in approximately half the Jobcentre Plus offices in East Anglia, there were three groups of interest:

- ESA claimants who had yet to have their WCA;
- those who had their WCA and had been assigned to the WRAG but did not join the WP; and
- those who completed the WP (i.e. their WCA had taken place some time ago, and they had received support from WP providers for a period of two years).

For each group, entering into the CC was voluntary, but there was conditionality in respect of benefit receipt and work-related activity for those post-WCA and assigned to the WRAG and for those who had completed the WP. This meant that the obligations contained within the CC became a condition of benefit receipt. Some claimants assigned to the WRAG were exempted from mandatory work-related activity, including carers and lone parents of a child under the age of one. Where claimants in the post-WCA and post-WP research samples did not wish to complete the CC or changed their mind having commenced the process, their support offer reverted to the mandatory ESA action plan.

Under the provisions before the trial, ESA claimants who had yet to have their WCA did not have systematic access to Work Coach support. As part of the trial, if claimants in this group did not wish to complete the CC or changed their mind, no further action was required. However, early engagement action could still apply and the voluntary Jobcentre Plus offer continued to be available to this group.

As part of the CC Trial, Work Coaches could spend, on average, six hours of additional time with claimants over the course of 26 weeks. This commenced when the claimant agreed and completed the ESA CC. For post-WCA claimants and those who had completed the WP, the additional time was over and above the 88 minutes of Work Coach time they could receive as standard. The CC Trial support consisted of:

- initial contact phone call to explain the trial and establish interest in participation (pre-WCA claimants only), discussed as part of the New Joiner Interview (post-WCA) or the WP Completer Interview (post-WP);
- initial Work Coach interview to set up the CC; and
- ongoing support from a Work Coach averaging, overall, six hours per claimant over and above existing entitlements.

The CC was at the heart of the cultural transformation taking place at the time the trial was introduced. This aimed to shift Jobcentre Plus provision and support to a personalised approach that centred on active discussion between the Work Coach and the claimant in order that claimants established their own detailed plan of action, tailored to and owned by them.



## Theory of change assumptions

The key levers for change within this trial were:

- Provision of time with a Work Coach which for those pre-WCA would be a novel offer, whereas those in the post-WCA and post-WP research samples would receive an increased level of support. Time with a Work Coach would be used flexibly and would adapt and adjust to claimants' situations and circumstances.
- CC, a process and product, would provide a step-change in how claimants understood their obligations and what they would do to meet these.

A key focus would be on claimants' capability to undertake work-related activity and make progress towards the labour market and eventually work despite their health conditions. There would be an emphasis on changing mind-sets from concepts of disability to those of capability, as well as encouraging positive engagement. This would emerge as claimants took greater ownership of their obligations, driven by use of the CC (as a product), and developed greater self-efficacy. As such, a high degree of personalisation was expected.

### 1.2.4 Principal features of each trial

The key features of each trial are set out in Table 1.2.

**Table 1.2 Key features of each trial**

	VEI	CC	MIS
Target group of ESA claimants	Pre-WCA	Pre-WCA Post-WCA	
		Work Programme returners	Work Programme returners
Work Coach time available	6 hours (360 minutes)	6 hours (360 minutes) + 88 minutes BAU post-WCA and post-WP	264 minutes + BAU 88 minutes i.e. 352 in total
Work Coach offer	Standard ESA toolkit	Adapted UC toolkit	Standard ESA toolkit
Voluntary/mandatory	Voluntary	• Use of CC voluntary for all  • Pre-WCA Work Related Activity Voluntary  • Post-WCA and post-WP Work Related Activity Mandatory	Mandatory
Principal Tool	Action plan	Claimant Commitment (Action plan available for those opting out of CC)	Action plan

Source: IES and SPRU 2016.

### 1.3 The evaluation and the claimant research

The qualitative research reported here formed part of a wider evaluation strategy for the three ESA trials (VEI, CC and MIS), led by analysts within the Department. This strategy included quantitative monitoring and staff research related to the three trials, and an impact assessment of two of them. Specifically, the quantitative approach for the three trials was as follows:

- The impact of the VEI core model was assessed using a Quasi-Experimental Design (QED) whereby claimants in areas where the trial was not being delivered were used to form a comparator group. In order for this to work effectively, claimants were matched in terms of personal characteristics and labour market experience to those taking part in the trial. The two VEI variants operated as feasibility studies and no impact assessment was configured for these.
- The MIS Trial operated through an RCT. This meant that claimants were allocated on a random basis either to the trial or to business as usual. Since allocation was random the difference in outcomes between those participating in the trial and those assigned to business as usual could be used to determine impact.
- The CC Trial was not subject to an impact evaluation although in-house analysts monitored its progress through the management information that was collected.

To complement its in-house research, the Department commissioned the Institute for Employment Studies (IES) and the Social Policy Research Unit (SPRU), University of York, to lead qualitative research with claimants to understand more about their experience of the trials. This work also involved developing a theory of change for each of the trials to capture how they were intended by policymakers to operate and make a difference to claimants' outcomes (see Section 1.2 for the assumptions generated from this work about each of the trials). These theories of change provide context to the qualitative claimant research.

#### 1.3.1 Research aims

Overarching aims for the claimant qualitative research were to establish:

- elements of support, and mechanisms, that were perceived to have been effective at driving behavioural changes;
- evidence that would assist the in-house impact assessment;
- ESA claimants' experiences of support and whether the support helped them to move into, or closer to, employment;
- evidence that would show how the new support could be improved;
- whether the support encouraged a changed relationship and interaction between Work Coaches and ESA claimants; and
- issues that would require consideration in any national roll-out.

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A key requirement for the research was the synthesis of evidence and learning arising from the trials. The combination of common and distinctive features (described in Section 1.7) facilitates such a synthesis and led to a common research design across the trials comprising a mix of interviews and observations (see Section 1.4). Hence while specific research questions underpinned the research for each of the trials in developing the methods, these were unified into an analytic framework, set out in Table 1.3.

**Table 1.3 Common core issues for the claimant research**

High level theme	Sub level themes	Questions
Programme experience	Claimant experience	<p>What were claimants' experiences of the trial?</p> <p>What their support experience comprised?</p> <p>What operational/process issues did claimants face?</p> <p>Did claimants believe their barriers to employment were addressed?</p>
Entry to the trial	Routes in	<p>How did claimants hear about the trial?</p> <p>What were claimants told about the trial?</p> <p>Were they receiving other forms of support pre-trial?</p> <p>How did they feel about their ability to work pre-trial?</p>
	Nature of engagement	<p>What were claimants' views on the trial on entry – did they think it would help them?</p> <p>What did claimants understand about entry – e.g. voluntary/mandatory?</p>
Trial experience	Operational implementation	<p>Did claimants believe the solutions offered were sufficient to address their barriers?</p> <p>Did claimants believe they had a personalised, tailored service?</p>
	Delivery and engagement	<p>Did claimants attend? Did they actively engage and participate in their meetings?</p> <p>What were claimants' perceptions of this form of support?</p> <p>Did they believe the support was (sufficiently) work-focused? Was it (sufficiently) focused on condition management?</p>
Perceived outcomes	Effectiveness of support	<p>How close were claimants to the labour market pre- and post-trial intervention?</p> <p>How close were claimants to the labour market pre- and post-trial intervention?</p> <p>What did they think made the most difference to the distance they travelled towards the labour market?</p>
	Impact on soft outcomes and behaviours	<p>What impact did working with a Work Coach have on claimants':</p> <ul style="list-style-type: none"> <li>• work-related activities?</li> <li>• perceptions of their health and wellbeing?</li> <li>• attitudes to work?</li> <li>• expectations about returning to work?</li> </ul> <p>Did support drive behavioural changes?</p>

Source: IES and SPRU 2016.

### 1.4 Methods

The methods for the qualitative research with claimants across the three 2015 ESA trials (VEI, CC and MIS) are summarised in this section. Throughout the research, firm assurances of confidentiality and anonymity were offered to claimants and Work Coaches. The methods are more fully elaborated in Appendix I.

#### 1.4.1 Theory of change development

A theory of change was developed for each trial through: six preliminary discussions with key policymakers (late August 2015); review of trial documentation and other sources (August – September 2015), and a workshop (on 2 September 2015, invitations extended to 17 policymakers in London or Sheffield).

#### 1.4.2 Scoping discussions with Work Coaches

To inform research tool development, a series of interviews aimed at understanding how the trials were being delivered were conducted with eight Jobcentre Plus Work Coaches associated with the trials in August 2015.

#### 1.4.3 In-depth interviews with claimants

In order to capture data on all forms of contact that claimants experienced, retrospective in-depth interviews were conducted. A quasi-longitudinal approach was adopted which sampled respondents by their time from the start of their participation on a trial, complemented by follow-up interviews with a small sample of selected claimants. Topic guides were developed for each type of interview (see Appendix C and Appendix D).

The sample source for these interviews was management information held by the Department. Potential respondents were approached by letter and offered the chance to opt out of the research (Appendix A). The purposive sampling strategy intended to include a diverse group of claimants taking part in the trial. Where they did not opt-out, a member of the research team made telephone contact with selected claimants to explain the research, answer queries and, with the respondent's consent arrange a telephone interview. If they had any additional support needs, claimants were offered an appropriate option to enable their participation. Participants were given £20 for initial interviews and £15 for follow-ups as a thank you. The initial and follow-up interviews took place between September 2015 and February 2016.

The sample frame released for each trial is shown in Table 1.4 with the achieved number of interviews, opt outs and non-contacts. Full demographic details for each of the achieved research samples are given in Appendix H. The MIS Trial research sample included only those randomised to treatment. Two-thirds of the VEI BPP variant research sample focused on those referred to the NICE approved therapies; the remainder were either ineligible for or had declined this support.

**Table 1.4 Sample frame and achieved interviews**

Trial/variant/phase	Sample frame	Sample frame	Achieved research sample	Opt out	Unable to contact	Failed to interview
	Sept 2015	Nov 2015				
VEI core model	197	-	36 (9)	37	13	5
CC pre-WCA	137	169	51 (10) †	50	39	7
CC post-WCA	75	56	36 (9)	27	9	6
CC post-Work Programme	27	28	18 (8‡)	11	10	1
MIS*	189	-	36 (9)	46	48	4
VEI BPP	-	150	36 (9)	25	12	6
VEI OHA	-	190	37 (9)	29	8	3

Notes:

( ) achieved follow-up interviews shown in brackets.

† when it was not possible to achieve the planned number of interviews from the post-Work Programme CC sample frame, most additional interviews were drawn from the pre-WCA research sample although one was drawn from VEI OHA.

‡ maximum number it was possible to achieve on this research sample, representing close to half the initial interview sample. For other trials, one-quarter of respondents were followed up.

\* only those from the treatment group were sampled and interviewed.

Source: IES and SPRU 2016.

Interviews typically lasted between 45 and 60 minutes. From each research sample, approximately nine cases were purposively selected for follow-up interviews some eight weeks later. Seven of these interviews were focused on claimants who had made some progress at the time of their first research interview or who expected to make progress. Two claimants were selected because they had made little or no progress at the time of the first interview. However, the VEI BPP follow-up research sample included only those in receipt of the therapeutic intervention.

#### 1.4.4 Recorded observation of trial meetings

Meetings taking place for the trials were observed in selected Jobcentre Plus offices, chosen for diverse characteristics (urban/rural/metropolitan, labour market make-up, etc) as well as a sufficient flow of claimants to make the research efficient. The agreement of staff to have their meeting(s) recorded was sought in advance of visits and confirmed on the day. Claimants' consent was sought on the day (see Appendix B and Appendix H for more detail).

Meetings were recorded (using video, audio or notation) where claimants and Work Coaches gave consent. No personal, demographic or other information was collected from or about claimants. Claimants whose meetings were documented received £15 as a thank you. Table 1.5 shows the number of achieved observations. Observations took place between October and November 2015.

**Table 1.5 Achieved observations for each trial**

<b>Trial</b>	<b>Meetings observed (FTAs)</b>	<b>Video</b>	<b>Audio</b>	<b>Notes</b>	<b>Number of Jobcentre Plus offices visited</b>
VEI Core	10 (11)	5	5	-	2
VEI BPP	8 (5)	1	-	7	2
VEI OHA	13 (5)	7	6	-	2
CC	18 (14)	11	4	3	3†
MIS	21 (17)	9	11	1	2†
<b>Total</b>	<b>70</b>	<b>33</b>	<b>26</b>	<b>11</b>	<b>11</b>

Note:

( ) Number of claimants failing to attend (FTA) planned meetings shown in brackets; these are not included in the total number of meetings observed.

† Offices visited twice to achieve this research sample.

Source: IES and SPRU 2016

### 1.4.5 Analysis

The qualitative interviews were recorded (with permission) using encrypted dictaphones and transcripts were produced. A bespoke framework was developed and used (see Appendix E) to analyse the interviews.

The observation data were also analysed using a bespoke framework, working direct from the recorded data. The observation extraction protocol and bespoke framework are included in Appendix F and Appendix G.

The data for each trial were analysed and findings were provided in four separate reports submitted to the Department (one report for each trial, with the VEI Core findings reported separately from the VEI Variants due to differing fieldwork schedules). The synthesis analysis drew on these findings to understand the similarities and differences between the trials.

## 1.5 Implications of the selected methods

The research approach was qualitative; the intention was to capture the diversity of claimant views and experiences. Qualitative research does not provide the means to say how many claimants held particular views. The selection for the interviews was purposive, particularly for the follow-ups which aimed to deepen understanding where claimants did and did not progress. The findings cannot be assumed to be representative of the trial populations nor the ESA population. The limited time for longer-term outcomes to emerge must be noted.

The VEI OHA variant was an indirect intervention taken up by Work Coaches. They did not have to tell claimants if they did this. Thus, it is not possible to know whether the OHA had been pursued or otherwise in many cases.

The observations took place in a small number of Jobcentre Plus offices (typically two per trial or variant), with a small number of Work Coaches involved in delivery. These provide a snapshot of practice but may not represent the full range of Work Coach-claimant interactions. The observations for the VEI core model in one Jobcentre Plus offices did not reflect normal practice in that claimants met with Work Coaches who did not usually lead

their support and meetings were arranged only for the purpose of the research. As such, these were unlikely to be an authentic representation of the trial experience. This was likely to undermine further the representativeness of the data captured.

### 1.6 Assessing work readiness of claimants

Since a key question for all of the trials and variants was whether they would support claimants to make progress towards and into the labour market, it was salient to understand the claimants' starting points and motivations in respect of work.

In the initial research interviews, claimants were asked a question about how they were feeling about work before starting on their respective ESA trial. This was followed by a series of follow-up questions covering whether they wanted to work, whether they felt able to work and their perceptions of any barriers or obstacles they faced in moving towards and into work.

Across the research samples, based on claimants' responses it was possible to construct a three-fold categorisation of job readiness based on their perceptions, as follows:

- Claimants who reported they were largely job ready now with some desired flexibility in future employment arrangements.
- Claimants who felt work would be possible in the future once health issues had been addressed.
- Claimants who felt that work was not possible now or in the longer-term due to their health condition.

Each analysis category is described in Appendix H although it should be understood from the outset that each represented a spectrum of work readiness amongst those claimants interviewed for this research.

### 1.7 Synthesising the claimant qualitative evidence

From the descriptions of the three trials (see Section 1.2), it can be seen that there were some unifying characteristics in respect of their design. As Table 1.2 shows key amongst these was the provision of around six hours of contact time between Work Coaches and ESA claimants. This contact took place within the unique context in each of the trials and variants. This underpinned the decision to take a common approach to exploring the Work Coach-claimant interactions in each.

Nevertheless, as each of the trials aimed to deliver individualised and personalised support through Work Coach support, the nature of contact was likely to vary in practice – either between trials or between individual claimants. In bringing together the findings in this respect, the CC as a product and process potentially meant the CC Trial experience was the most differentiated.

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The description of the trials (see Section 1.2) also identified the target groups for support. Across the trials pre-WCA claimants were involved on a voluntary basis, although the CC Trial pre-WCA claimants experienced the potentially more demanding and detailed requirements that the CC might place upon them, if they chose to take up this option.

There were also two groups of post-WP ESA claimants who, like the pre-WCA groups, experienced either an action plan based, or a CC based, regime. However, there was the additional difference for these groups in that those in the MIS Trial were mandated to take part, selected to do so via random allocation associated with the RCT delivery model. This difference between the two post-WP trial groups' experiences provided an opportunity to explore whether Work Coach-claimant contacts were influenced by whether claimants participated on a voluntary or mandatory basis.

The post-WCA group was involved systematically in only the CC Trial.<sup>3</sup> The presence of three customer journey points in this trial afforded the opportunity of identifying whether the CC was an effective means of engaging and progressing ESA claimants at different stages of their claim.

In bringing together the data from the trials there were accordingly some key dimensions that could be discerned for analysis. These raised some questions to be addressed within this report, namely:

- Any difference that could be discerned for those claimants involved in negotiating the CC as opposed to those receiving the standard model for Work Coach support.
- Any difference in engagement in work-related activity between CC and the standard action plan trials.
- Whether taking part voluntarily as opposed to being mandated to do so made any difference, and especially whether claimants understood the position on conditionality for the post-WCA and post-WP stages of the CC Trial.
- Whether claimants' stage in the ESA journey i.e. being pre-WCA, post-WCA and assigned to WRAG, and post-WP completion, made a difference to experiences and outcomes.

## 1.8 Understanding distance travelled

Although the ultimate target of the ESA trials was to help ESA claimants find work or make progress towards doing so, they were based on different theories of change. They also attempted to achieve slightly different interim outcomes for claimants at different points in the ESA process. There was recognition in the research specification issued by DWP that within the time-frame of the trials it was more likely that 'soft' outcomes, such as increased confidence or self-efficacy, would be achieved rather than entry into the labour market (see Section 1.2).

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<sup>3</sup> Some claimants in the pre-WCA samples had experienced their WCA, and some of these had received their WCA result, either by the initial or follow-up research interview.



As such, a key aim for the qualitative research with claimants was to understand the progress that they made while receiving support during the trials, and to understand how they attributed any changes that they experienced. While from a qualitative study it is not possible to offer generalised findings or conclusions, there was clear evidence that: individuals were making some progress; that the nature of this progress could vary; and, that progress could be in respect of interim achievements that might lead to harder outcomes over time. The types of progress made by people fell into a number of stages, which form a logical, chronological sequence.

- Stage 1 – changing attitude towards work and/or capability to work which might be stated explicitly or be evidenced through confidence gains or an increased sense of agency and control.
- Stage 2 – engaging with work-related activity (such as training, voluntary work or work experience).
- Stage 3 – engaging in a more focused way with job search activities.
- Stage 4 – entering work.

These stages are referred to during the discussion of the outcomes and progress made by claimants in the next three chapters, which explore claimant experiences in relation to their self-perceived job readiness.

## 1.9 Reporting the synthesised claimant data

This qualitative research provides an in-depth picture of claimant experiences and perceptions and indicates their breadth and variety. However, it is not possible to quantify the findings because the sampling method used (including purposive sampling) means that they may not be generalisable to the trial population or to the ESA claimant population as a whole.

Throughout the report, the similarities and differences between the trials are explored. The key dimensions within the analysis are what appeared to be universal features and experiences across the trial research samples and where there were variations between particular trials and variants, or between claimants in respect of their attitudes to work or stage in the ESA claimant process. Where differences are identified these cannot be systematically analysed within qualitative data; rather, they are highlighted with the trial or claimant group indicated.

It should also be noted that where findings have already been elaborated – such as the exploration of the work-focused nature of meetings and what this entailed in a chapter about job ready claimants – this material is not repeated in later sections. This stemmed from a desire to keep the report as succinct and accessible as possible. The reader thus should assume that these findings hold; but should also understand for example, that a focus on health during meetings became a more important aspect of support for those claimants who were less or the least job ready.

## 1.10 Report structure

In the next chapter (Chapter 2) the experiences of those claimants who believed they were ready to work on joining the trial are explored. This includes their support experience as well as the outcomes they achieved.

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A similar analysis is presented in Chapter 3 for those claimants who believed they would work again in the future and in Chapter 4 for those claimants who did not believe they would work again.

The analysis is framed in an alternative light in Chapter 5 where lessons that can be drawn from the effects of the trials at different stages of the ESA claim are considered. As such, the chapter explores claimants' expectations, experiences and outcomes pre-WCA, post-WCA and post-WP completion.

Chapter 6 presents a discussion on themes emerging from the synthesis analysis and on the key themes of synthesis. It draws together some points of learning that arise from the trials collectively and individually. Finally it contains some concluding thoughts on the ESA trials and their effects.

## 2 Job ready claimants

This chapter brings together findings from across the trial research samples in respect of those claimants who felt ready to work on joining their respective trial. While such claimants were present across the trial research samples, they were more prominent within samples focused on the earlier stages of the Employment and Support Allowance (ESA) claim i.e. the Voluntary Early Intervention (VEI) core and variants as well as the Claimant Commitment (CC) Trial pre-and post-Work Capability Assessment (WCA).

### 2.1 Introduction

Across each of the ESA Trial research samples there were groups of claimants who identified themselves as ready to work. Their expressed desire was to re-enter the labour market as quickly as possible. While some of these claimants had health conditions that appeared stable and managed, others had health conditions that still affected functioning or were the cause of impairment. Despite this, these claimants wanted to be in work.

While claimants who wanted to enter work as soon as possible were present across the research samples, they appeared concentrated in the pre- and post-WCA research samples. As such, they were a smaller group within the post-Work Programme (WP) research samples and more notable amongst the volunteers for the CC Trial rather than those mandated to the More Intensive Support (MIS) Trial.

Depending on the nature and effects of their health conditions, some claimants taking part in the research who wanted to work as soon as possible said they would return to the work they had previously done. Others said that they would need to pursue a new career. As a group, they spanned a range of personal contexts and there was little that unified them in terms of personal characteristics or demographics. It was their positive attitude and motivation to be working that did this.

In the next section the combined findings are explored on how 'job ready' claimants experienced the support offered to and/or required of them.

### 2.2 Support experience

The descriptions of job ready claimants in the research samples indicated ongoing contact with Work Coaches. This formed the basis of their support experience and is discussed in the ensuing sections of this chapter.

A key exception was found in the accounts of claimants on the VEI Trial Back Pain Pilot (BPP) variant who did not access the therapeutic support. Beyond an initial phone call describing the support offer, there were descriptions of no further contact with Work Coaches. Instead, these claimants said they were told that they could get in touch with a Work Coach if they required any further support and were provided with details of how to do so. However, within the time-frame of this study, none reported making proactive contact. In this respect, the claimant qualitative research suggested that the BPP variant conflicted with the VEI theory of change which envisaged that claimants who did not take-up up the BPP services would access the VEI core model of support.

### 2.2.1 Frequency, duration and mode of meetings

Across all of the trial and variant research samples, claimants described having meetings with their Work Coach every four to six weeks. Some of those who believed they were work ready and expressed a strong desire to return to employment as soon as possible, described meetings that occurred every fortnight.

In this way, the frequency of meetings was accommodating of claimants' circumstances, the implications of their health conditions and their associated preparedness for employment. Some work ready claimants had more regular meetings to support the process of identifying and reviewing work-related activities. Equally, some work ready claimants believed that they did not need any assistance from Work Coaches to support their return to employment, and so reported having only a single meeting with their Work Coach, with a telephone catch-up expected in the near future.

For the most part, scheduling of meetings appeared to be instigated by Work Coaches. Occasionally claimants in the research had requested meetings or had an ad hoc discussion with their Work Coach while visiting the Jobcentre to update their 'sick note'<sup>4</sup> or claim back travel expenses.

Across most of the trial research samples, the frequent meetings that some work ready claimants engaged in tended to be shorter in duration – between 10 to 20 minutes – which contrasted with the experience of claimants who believed that they were further from the labour market and met their Work Coach less often but for longer duration meetings. The more frequent, shorter duration meetings were linked to an expressed preference amongst some claimants in the research sample, to adopt an incremental approach to agreeing and undertaking work-related activities. These preferred to set one or two goals that they could focus on completing within a short time-frame, rather than multiple actions for completion over a lengthier period.

Again, the BPP Trial variant differed as all claimants in the research sample who accessed the therapeutic support described brief catch-ups with Work Coaches about how their treatment was progressing, regardless of their perceptions of work readiness and unless they explicitly requested further support from their Work Coach.

With the exception of the VEI BPP, claimants in the research samples who felt work ready said that most of their meetings with Work Coaches took place in person. For some, telephone contact was interspersed between face-to-face meetings. This took the form of informal catch-ups, with Work Coaches reportedly enquiring about changes in claimants' health and checking on their progress with work-related activities.

In contrast, some work ready claimants taking part in the research had telephone catch-ups instead of face-to-face meetings. This appeared to be linked to impairments to their mobility, which made it difficult to travel or because mental health conditions, such as anxiety, made it difficult to leave the house.

For claimants in the VEI BPP Trial research sample who were accessing the therapeutic support the short, regular contact that they had with Work Coaches, regardless of their perceived proximity to the labour market, almost always took place by telephone.

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<sup>4</sup> This phrase was used by claimants although fit notes have now replaced sick notes.

## 2.2.2 Content of meetings

The accounts of claimants in the research samples who felt they were work ready suggested that the content of discussions with Work Coaches during meetings tended to be highly personalised. Claimants taking part in the research attributed this to meeting with the same Work Coach throughout the trial experience. As a result, they believed that their Work Coach had a good understanding of their case history and good awareness of the implications of their health conditions. Their descriptions of these discussions indicated that this insight determined the content of meetings and that the support offer was shaped with these circumstances in mind.

According to the accounts of work ready claimants in the research samples, initial meetings covered employment histories and job goals, the nature of their health conditions and their effects, and other personal circumstances. The discussions also covered the methods used for job searches.<sup>5</sup> A focus on work-related activities was described as having emerged in more detail in subsequent meetings. Areas covered in this respect, according to claimants taking part in the research, included volunteering opportunities, training courses, assistance with CVs and help to identify and apply for jobs.

In the observational research conducted for the CC Trial, Work Coaches occasionally explicitly used the CC document as a loose structure for the discussion with claimants. This involved turning their computer screen around so that claimants could see the layout of document and the topics of discussion. It appeared that additional work-related activity resulted from being involved in the CC Trial, however, it was not possible to test causality within a qualitative study.

## 2.2.3 Emphasis on work-related activity and health

Work ready claimants in the research samples described a greater emphasis on work-related activities in their meetings with Work Coaches than on their health conditions (where claimants in this analysis category had regular meetings). This appeared to be driven by the expressed desire of these claimants to make immediate progress towards re-entering employment. Claimants in the research recalled how Work Coaches were receptive to these requirements. The observational research showed how Work Coaches drew on their local knowledge, for instance, of training provision and organisations that offered voluntary opportunities, to make suggestions for work-related activities that claimants could consider undertaking.

As highlighted previously, Work Coaches were able to tailor their recommendations to claimants' circumstances and suggest activities that claimants perceived as being appropriate, within their capabilities and not detrimental to their health. The observational research showed that Work Coaches took the time in their first meeting with claimants to find out in detail about health conditions (when these had first developed, the treatment(s) being received or planned), and in some cases the structure of claimants' day-to-day activities and how their health conditions and/or treatment/medication impacted on feelings of capability. As described, where claimants saw the same Work Coach at each meeting, the knowledge established of the claimant case was critical in facilitating this personalisation.

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<sup>5</sup> It must be emphasised that within each work readiness category, it could be judged there was a spectrum of claimants. In the case of being job ready, some of those at the earlier stages of their claim were nearer to the labour market than those who had been inactive in the labour market for several years.

### **Case Study A: Personalised support for a work ready claimant, VEI Trial core model**

This claimant had multiple physical health conditions interacting. He had been claiming ESA for around six months, prior to which he had worked all his life in a manual craft occupation.

As he was aged 60+ years, he had some concerns about his desirability to employers and reservations about his ability to return to the work he had previously done. He was, however, motivated to work and had looked into the possibility of working part-time.

He developed a good relationship with his Work Coach who he described as helpful and understanding of his circumstances. He felt that through their regular meetings, the Work Coach had altered his perspective on job searching and boosted his confidence to engage in work-related activity by helping him feel more in control of his circumstances. On a practical level, the Work Coach had suggested some different occupations as viable alternative careers which he was now considering.

From the descriptions of claimants involved in the interviews, the balance of discussion for those who had accessed the therapeutic support for their back pain on the VEI BPP variant was distinctly different. The short catch-ups that these claimants experienced with Work Coaches, regardless of their work readiness, tended to be more health focused. Work Coaches were described as taking a strong interest in how the therapeutic support was progressing, claimants' views of this and pain management. Some claimants said that these discussions occasionally looked to the future and covered the work they might undertake when their condition improved.

As indicated previously, in the VEI BPP research sample, claimants described being left to proactively contact the Work Coach if they wanted further support. Where claimants taking part in the research recalled explicitly requesting this type of assistance, it was because they wanted to return to work without delay. Their accounts suggested that Work Coaches scheduled face-to-face meetings in response to such requests. The balance of discussion also changed and work-related activities were described as becoming a much greater focus. Claimants' support experiences thereby took a similar form to other work ready claimants on other trials, with a high degree of personalisation embedded. Again, this was driven by Work Coaches' understanding of claimants' health and how it was progressing, which had been the main focus of their contact up to this point.

### **2.2.4 Actions agreed**

Work Coaches adopted a few different interaction styles as a means of identifying and agreeing actions with claimants. The observational data, as well as descriptions during interviews, suggested that the style adopted depended on claimants' confidence in looking for and re-entering employment, and the extent to which they believed the support offer was replicating what they were already doing or provided something new or additional.

Across the research samples for all trials, the predominant type of interaction among claimants who felt work ready or wanted to re-enter employment quickly, could be described as collaborative. This type of interaction was characterised by meetings where both the claimant and the Work Coach played an active role in the discussion. Actions were decided upon and planned through Work Coaches listening to claimants about the support they wanted, providing suggestions and negotiating actions with the claimants' consent.

Claimants who implied or described this type of interaction in the research interviews also tended to be those who were positive about their meetings. These expressed a sense of ownership over the actions that were agreed. They also demonstrated a degree of confidence in their ability to find work and, linked to this, had clear ideas about the type of role they could enter into. This allowed claimants involved in the research to proactively make suggestions about the nature of the support they required.

The process of creating and/or updating the CC document as part of the CC Trial aimed to instil these same feelings of ownership and self-efficacy. While work ready claimants in the CC Trial research sample reported these feelings, they did not recall seeing or completing this document with their Work Coach, and did not recognise the term Claimant Commitment. As such, it was not possible to discern the extent to which the use of the CC contributed towards positive outcomes, in addition to the collaborative interaction styles and personalisation of the support offer that were also present in the CC Trial.

The claimant qualitative research evidence suggested that Work Coaches adopted a different interaction style to agreeing actions with claimants who felt less secure in their personal circumstances and lacked confidence in their ability to find work. Analysis suggested this group was less forthcoming in making suggestions for work-related activities they could undertake. With these, Work Coaches used an **encouraging** interaction style to address claimants' insecurities and help them move closer to agreeing and completing work-related activities. This type of interaction was characterised by Work Coaches attempting to help claimants overcome negative self-perceptions and build-up their confidence, for instance, by reviewing their work history and highlighting claimants' existing capabilities and skills. Claimants in the research who experienced this style reported that it helped to enhance their view of their capabilities, which in turn helped them to feel useful.

Finally, where claimants who felt work ready in the research samples expressed confidence in their job-seeking abilities and felt little need for Jobcentre Plus support, Work Coaches accepted these assertions without challenge. They then adopted what may be described as a light touch or **acquiescent** interaction style. These claimants experienced infrequent meetings where their job seeking efforts were acknowledged and encouraged (if necessary) but the engagement appeared very light touch.

### 2.2.5 Outcomes and distance travelled/difference made

Claimants across all trial research samples attributed a number of soft outcomes to the support they received. Those who reported the greatest benefits tended to be those who perceived themselves to be work ready or who expressed a strong desire to return to employment very soon.

Before examining outcomes in detail, it is salient to consider the starting points of the work ready claimants in the research samples, particularly those in the earlier stages of their ESA claim. These individuals were already active in job search (see Stage 3 in Section 1.8) and some had moved into work (Stage 4, Section 1.8) by the time of the research interviews.

The most commonly reported benefit amongst job ready claimants in the research samples was increased confidence – in their capabilities, about the prospect of working and/or in terms of their confidence in social situations. Some recalled how these feelings had been partly established through meetings with their Work Coach. Through these discussions, some claimants during interviews described how Work Coaches had reviewed their skills and capabilities alongside their employment history and work preferences. Using this information,

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Work Coaches had then explored with these claimants possible job opportunities and employers that they could target in their job search, which would suit or accommodate their health conditions. This provided these claimants with an enhanced sense of what they were capable of doing and how employers would view them, by highlighting their strengths and raising their awareness of the range of opportunities available. This helped to counter negative self-perceptions and boosted their confidence and self-esteem.

In other instances, work-related activities were agreed and undertaken that contributed towards these confidence gains, at least as described by research participants. Given the high motivation to progress amongst this group, it was work ready claimants in the research who engaged in these actions. The benefit of seeing how they would cope in a work environment through voluntary work or the skills gained from training courses was clear. Claimants who engaged in these activities described during the research interviews that it improved their perception of their capabilities. For some, it also provided a positive experience and a sense of achievement, which bolstered their self-confidence further.

It should be noted, however, that some work ready claimants in the research were deterred from undertaking the work-related activities due to practical difficulties. These included the need to travel and the associated financial cost or concerns claimants had about how the activities would impact on their health.

A prominent benefit described by work ready claimants in the research was a feeling of greater control over their personal situation which some attributed to their trial experience. This stemmed partly from confidence gains and a feeling that re-entering employment was a realistic prospect. Aside from these more positive feelings, claimants in the research samples also stated that they were assured that further support was available from their Work Coach as and when they needed it. Having this resource to hand gave these claimants a greater sense of self-efficacy and security, when previously their circumstances had been subject to uncertainty. The personalisation of the support and single point of contact that claimants felt they had in their local Jobcentre Plus office were critical elements in establishing these perceptions.

It should be noted that while these gains were prominent among work ready claimants across most of the trial research samples, those accessing the therapeutic support that were part of the VEI BPP Trial research sample again had a slightly different experience. Confidence and self-efficacy gains of the type reported above occurred, but only where individuals actively sought greater contact and face-to-face meetings with their Work Coach, beyond the regular telephone catch-ups that were offered. Behavioural changes for work ready claimants in this research sample included: doing exercises at home, joining a gym, taking part in mindfulness or other cognitive strategies, going out more or taking part in social activities more frequently. This might be expected, given that the therapeutic support as described by these claimants encouraged them to engage in new activities to improve or manage their physical and mental health. These outcomes were reported across the work readiness categories in the BPP treatment research sample, though were seemingly more prominent amongst those who were younger and/or felt more work ready.

Those in the VEI BPP research sample who did not access the back pain management course reported little change. However, they were also not a directly comparable group, as they had differing health conditions which meant they were ineligible for the back pain intervention (i.e. did not have lower back pain conditions) and/or reported that their condition was too severe to take up the support offer (e.g. they were unable to leave the house to attend physiotherapy).



Turning to the 'hard' outcomes that claimants taking part in the research reported, even in the work ready analysis category, very few individuals reported entering employment during their trial experience and in the time-frame of this research. Where this occurred it was amongst those in the MIS and VEI variant trial research samples although there is no reason to suspect any causal relationship.

The views of claimants in the research samples differed in the extent to which they saw their trial experience as contributing towards work outcomes. For instance, a claimant in the MIS Trial research sample credited her return to work partly to the confidence she had accrued from meetings with a Work Coach and contact with mental health services. Alongside other factors, the Work Coach was described as having helped this claimant to feel more 'goal-oriented'. Without the meetings, the claimant doubted she would have begun contemplating work. However, she did not receive any support from her Work Coach in identifying and applying for the job opportunity she secured thus did not attribute this outcome to the MIS Trial.

There was only one claimant in the VEI Occupational Health Advice (OHA) Trial research sample who recalled their Work Coach accessing the OHA service on their behalf. She attributed the support she received and the OHA in particular, as directly contributing towards her return to and sustainment in work.

### **Case Study B: Occupational health advice was one of the deciding factors in helping claimant to re-enter employment, VEI Trial OHA variant**

**Claimant B** had fluctuating mental health and musculoskeletal conditions, which could present quite severe impairments to her ability to work. She had been out of work for five years due to ill-health. On joining the trial she expressed a desire to re-enter employment and was actively applying for jobs, but had concerns about her ability to cope in the workplace, given the fluctuating nature of her health, and anticipated that problems could arise if she needed to take time off. She secured a job following a recommendation from a personal contact for an employer who had taken on several disabled people and sought to accommodate their needs. Prior to starting, she remained worried about her potential to be unreliable and concerned that she would miss work due to ill-health. She raised this with her Work Coach who approached the OHA service for more information. Through the advice her Work Coach received and shared, the claimant gained awareness of reasonable adjustments she could request from her employer, which she did on starting her job.

*'[The Work Coach] made a referral across the occupational health who said "this is what will happen if you ask for this when you go to your new employer, they should do this for you" [...] he gave information that I would not have known which has proved extremely useful, because as soon as I started at my new job I said "OK, please can I ask I need to have this, this, this and this done" and my boss just looked at me and went "OK, I'll speak to occupational health and get back to you". They are all things that have made my working life a lot easier, I am an awful lot more comfortable [...] It is the difference between me being in work and not. That is how valuable that information was.'*

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For other claimants in the research samples who entered employment, the contribution of their trial experience was less clear. As with the above examples, almost all of these individuals had identified job vacancies and applied for posts independently, without any Work Coach assistance. However, unlike these examples, they were unable to identify any additional contribution the trial support had made, for instance, either to their mental preparedness to enter employment or to their ability to sustain themselves in work. Some claimants from the VEI BPP Trial research sample had entered work, but were concerned about how long they could sustain this due to the implications of their ill-health. One of these, who had accessed the therapeutic support, stated that the health intervention had lessened his back pain initially. Since returning to work and ending his engagement with the trial, though, his health had worsened which formed the source of these concerns.

Some work ready claimants, across the research samples, did not make any progress in terms of either 'soft' or 'hard' outcomes. These identified several factors during the research interviews as contributing towards this. By far the most prominent was deterioration in health conditions, or a lack of improvement in what were described as severe conditions. This prevented claimants from having work-focused discussions with Work Coaches and agreeing actions as a result of meetings: key components underpinning the progress reported by other claimants. Instead, the majority of their contact focused on discussions about health. Similarly, some claimants described during research interviews having changed medication over the course of the trial, and the side-effects affecting their ability to engage in the trial offer. Others stated that they were still recovering from operations or were recuperating from accidents, which had the same outcome.

With regards to 'hard' outcomes in particular, some work ready claimants in the research samples believed that they had not yet found a job as they had to be selective about the type of work they could do, due the implications of their health. These people described during research interviews how they were still searching for the 'right' position, which would be suited to and accommodate their personal circumstances.

Some perceived that other, non-health related, barriers were preventing them from finding work. These included a perceived lack of labour market experience amongst some younger claimants, and perceived age discrimination amongst some older claimants in the research.

### 2.3 Key points summary

Those in the work ready analysis category, in the research samples, were strongly motivated to be working, and for some, this was despite some significant limitations posed by health conditions. The desire to be working stemmed in some cases from knowledge that health conditions had or would improve, as a result of treatment or intervention. While some claimants in the research samples had longer term conditions, the need to work was stronger than any anxiety about being able to do so, associated with their health conditions.

Given this already high level of motivation described by those taking part in research interviews it was perhaps not surprising that some of the work ready group were already engaged in Stage 3 activity such as a more concerted job search (see Section 1.8). This group did not perceive much of a role for support. They felt self-motivated and capable in finding employment.

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Others in the research samples were a little less confident. This could stem from a need to change careers in order to progress towards the labour market, or some anxiety about capability to be working or part of the social world. These claimants described how they had benefited from a collaborative engagement as part of their trial experiences, where through personalised meetings with a Work Coach they were able to identify, agree and undertake actions to support labour market re-entry.

The support, which as described by research participants took a predominantly work focus, led individuals to increase their perceptions of their own capabilities, gain confidence and to feel better prepared through having improved CVs or application techniques. Undertaking voluntary work could underpin these improvements, particularly amongst those who described in research interviews having the least confidence at the outset.

While some of the work ready claimants taking part in the research, during their trial experience moved into work they did not attribute this to the support they received. Amongst these were the most confident claimants who perceived little need of support from the outset.

Where claimants in the research did not make progress, and/or when progress was stalled, some indicated that this concerned a deterioration in respect of health – either existing conditions deteriorated or a new problem emerged as a result, for example, an accident or a change to medications.

## 3 Claimants who believed work was possible in future

This chapter brings together findings from across the trial research samples in respect of those claimants who believed that they would be able to work in future, when the effects of their health conditions were more stable and managed or when they had received a planned course of treatment. While these claimants were present across the trial research samples, they were more prominent within the trials focused on the earlier stages of the Employment and Support Allowance (ESA) claim, i.e. the Voluntary Early Intervention (VEI) core and variants and the Claimant Commitment (CC) Trial pre- and post-Work Capability Assessment (WCA) research samples.

### 3.1 Introduction

Across each of the ESA trial research samples there were groups of claimants who when questioned on their attitudes to working indicated that they saw this as a future possibility. For these, being employed was an aspiration once the effects of their health conditions were stabilised and managed and/or planned treatments had been received and proved effective. While claimants who viewed work as a future possibility were present across the research samples, they appeared concentrated in the earlier stages of the ESA claim i.e. in the pre- and post-WCA research samples, and less so within the post-Work Programme (WP) research samples.

Claimants involved in the research who believed working would be possible in future described health conditions that were not fully stabilised: some were waiting to see if new medications would help, others were awaiting some form of treatment. Others could envisage a point in time when their health would allow a greater focus on employment, but this was some way off.

During the research interviews, some claimants who said that in future working was a possibility could appear similar to those who believed working again would not be possible (see Chapter 4). Where they were younger some taking part in the research saw a greater number of years ahead in which they might work, than those who were older, and as such were hopeful that improvements would emerge within this time. These work in the future claimants in the research were not necessarily confident that they could return to full-time positions; some said they would be able to take on only a small number of hours if and when they returned to work.

Within this research analysis category, claimants emphasised a belief that it would be necessary to change careers in order to return to work.

In the next section the combined findings are explored on how work ready in future claimants taking part in the research experienced the support offered to and/or required of them.

## 3.2 Support experience

As with job ready claimants taking part in the research, the frequency, duration and mode of meetings appeared to be highly individualised for those who saw potential to work in the future. From their accounts during research interviews, this reflected claimants' physical and mental capability to attend Jobcentre Plus offices, and thus appeared to be tailored to suit personal circumstances. It was not always possible to discern whether frequency, duration and mode of contact were determined by claimants' self-perceived work readiness; although, there was some variation, both across claimant job ready categories, and trial research samples.

It is again worth noting that the VEI Back Pain Pilot (BPP) variant operated a little differently according to the accounts of claimants involved in the research. Once claimants had been referred to back pain management services and started treatment, aside from a few exceptions, the contact that they had with Work Coaches was limited to short, telephone catch-ups every two to four weeks. As noted in Chapter 2, claimants in the research who were not eligible for or who decided to not take up the back pain management services did not appear to have any ongoing contact with Work Coaches.

### 3.2.1 Frequency, mode and duration of meetings

Compared to job ready claimants in the research samples, those who believed that work would be possible in future, had less frequent meetings, although from their accounts there was an accommodation of health considerations, ability to travel and caring commitment, i.e. some personalisation. Claimants in this analysis category described meetings with their Work Coaches every four to eight weeks, which appeared to reflect a spectrum in respect of work readiness within the category as well as a wide variety of health conditions which had varying effects on functioning. Their experiences, as described during research interviews, could lead them to say that they had not had much contact with a Work Coach. As some claimants were recruited to the research around six-to-eight weeks into their trial experience this accounted, in some cases, for this perception.

Across the trial research samples, what appeared to explain more fully this limited contact were planned intensive treatments for health conditions, such as major operations, therapies or accessing specialist consultants. Claimants taking part in the research believed that Work Coaches were waiting for their treatments to be completed, to see what difference it made to their health and capability to undertake work-related activity, before providing support in preparing for and finding employment.

Overall, claimants in the research who saw work as a future possibility appeared content with the pacing of meetings; however, some believed that meetings were too infrequent and not sufficiently in-depth. For these, there had been little contact and they were unclear why.

The duration of meetings also varied as described by claimants, being between 20 and 50 minutes, and from the accounts of those taking part in the research, duration appeared linked with meeting frequency, as well as the personal circumstances of claimants. It appeared from their descriptions that, where claimants met with their Work Coaches less frequently, meetings tended to be lengthier because there was more territory to cover due to the greater time that elapsed between meetings.

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Less variation was described by research participants in respect of the mode of contact adopted. In general, face-to-face contact again featured prominently. Telephone contact could be interspersed between face-to-face meetings where these were less frequent. Where claimants were awaiting treatments, telephone meetings were perceived as responsive in respect of providing regular catch-ups on how claimants felt they were progressing; *'If I was too ill ... I would still be able to have that support, it would just be done in a different way'*. Claimants in the research also said that telephone contact could also be used during the time in which they were engaged in work experience or volunteering which limited their availability to meet in person with Work Coaches.

### 3.2.2 Content of meetings

According to claimants' accounts during research interviews, there appeared to be high levels of personalisation within the content of meetings.

Overall, claimants in the CC Trial research samples appeared relatively active in respect of work-related activity, particularly those in the pre- and post-WCA research samples. The content of meetings with claimants who believed they would be able to return to work in the future were described as a little more varied by the VEI core trial research participants. Whilst some had positive experiences, others felt that the content of meetings was inadequate, either because there had been little or irregular contact with Work Coaches or because they felt that Work Coaches had misunderstood them.

VEI and More Intensive Support (MIS) Trial research participants shared a similar experience. From the claimant interview data it appeared that Work Coaches were delivering a relatively high degree of personalisation. Notably, within the VEI Trial Occupational Health Advice (OHA) variant research sample some of those who thought they would return to work in the future believed that meetings with their Work Coaches were a positive experience.

Following the offer of the back pain intervention for those in the VEI BPP Trial research sample, claimants said they were expected to proactively contact their Work Coaches should they want further support. Some claimants taking part in the research had not done this; those who had believed they would be able to return to work in future. Where they then described personalised support from Work Coaches during their research interviews, they said it helped them to feel more secure about their situation and more confident about the prospect of returning to work once their condition improved.

Amongst those who saw work as a future possibility in the MIS Trial research sample, there was a strong theme centring on the personalisation of the support that Work Coaches offered, which was illustrative of the experiences within this category.

**Case Study C: Personalised support for a job ready in future claimant, MIS Trial**

**Claimant C** had an addiction condition. Since starting with Jobcentre Plus, he and his Work Coach had not pursued any 'concrete' actions or work-related activity. Rather, contact had been 'talk' based, and he noted how their approach considered his need to recover first:

*'... the Jobcentre support at the moment ... they do want you to get over your problems first, but sort of help you towards your goal.'*

This claimant valued talking with his Work Coach, feeling this had enabled him to think positively about himself and his prospect of working. He described his Work Coach as someone who listened well and was not pushy.

### **3.2.3 Emphasis on work-related activity and health**

Across the trial research samples, claimants who believed they would be job ready in future said it was important that Work Coaches understood the limitations posed by their health conditions and considered these when making suggestions for work-related and other activities. These claimants, during research interviews identified the implications of their health conditions as the key obstacle to a return to work. For example, difficulties with concentration due to the side effects of medication were cited as barriers. For those with mental health conditions, particularly anxiety, participating in group activities and speaking with new people were noted as challenges, as well as the complex experiences of workplace and societal discrimination.

There appeared to be some variation in the emphasis on work or health between those in different trial research samples, with a focus on work and work-related activity appearing more strongly within the CC Trial research sample for those feeling job ready in the future. Nonetheless, even within this trial, there was variation.

Where CC Trial claimants in the research who believed work was a future possibility were motivated to be involved in more significant work-related activity, it appeared linked to them not having any intensive treatment upcoming. For these claimants, discussions with Work Coaches were described as having encompassed volunteering opportunities, training courses, and assistance with CVs or building confidence in using IT. Where these CC Trial claimants said they had health issues that needed to be resolved through treatment or intervention, they described the purpose of their meetings as informing Work Coaches of their circumstances, including the progress of any treatments and feelings about their health conditions and limitations posed by these.

MIS Trial research participants who felt they would be job ready in future described contacts with Work Coaches that included discussions or 'catch-ups' about their circumstances, including their health, and, for some, the facilitation of work-related activity, such as arranging training, discussion of, and signposting to, volunteering websites and developing CVs.

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This was illustrative too of experiences under the VEI Trial and variants according to research participants. Some work-related activity was said by claimants to have been discussed. This included training (such as first aid or IT skills), volunteering and work experience. The support experience was for the most part appreciated because it was tailored in respect of self-perceived capability and confidence to re-enter work. For claimants in this analysis category in the VEI OHA Trial variant research sample, there appeared to be a greater emphasis on signposting to third party support in the form of support organisations and charities which could cover childcare, health or mental health, and counselling, as well as debt support. The claimant qualitative data could not provide further insight on why this should be.

As previously noted, however, some VEI Trial research participants who perceived themselves as able to work in the future were dissatisfied with the content of meetings. Some felt the meetings were unhelpful and that no concrete guidance or support was offered, while others stated that the Work Coach did not understand their circumstances and so found the meetings detrimental in respect of their confidence and progress towards work. In some cases, claimants described how little had been agreed due to infrequent meetings, and some said they were still awaiting contact from the Jobcentre Plus at the time of the research interviews.

Emphasis on work-related activity and health did not appear to vary according to work readiness for those within the VEI BPP Trial research sample receiving the therapeutic interventions. These claimants recalled discussing how their treatment was progressing, what their views were of it and how they were continuing to cope with their pain.

Overall, health conditions were a central aspect of these claimants' accounts. It was apparent that discussion of health implications formed a critical element of support, particularly amongst those who foresaw themselves working in the future.

### 3.2.4 Actions agreed and taken

As described by claimants in the research samples, the amount of work-related activity for those who felt job ready in future varied according to the emphasis on discussing this within meetings. The nature of work-related activity agreed and undertaken broadly reflected the topics brought up during meetings (see Section 3.2.3). Notably, amongst job ready in future claimants in the MIS Trial research sample, remembering that for these participation was mandatory and that some were reluctant and demotivated unlike participants in the other trial research samples (see Appendix H for a description of work readiness within the research samples), some undertook new work-related activity which they attributed to their involvement, which included training to prepare for work or to progress towards job-specific goals.

Where work-related activity was a focus during meetings, research participants across the trials who saw work as a future possibility indicated the dominant style employed by Work Coaches was **encouraging**. This type of interaction was characterised, during the observational research, by meetings when the Work Coach acted to motivate and/or encourage the claimant. It centred strongly on Work Coaches establishing empathy and trying to build confidence. This was to enable the agreement of sometimes small steps that might lead towards the labour market.



Overall, however, claimants in the research who believed work was a future possibility could appear less proactive in bringing ideas for work-related activity to meetings than those who believed they were job ready. Perhaps due to this, Work Coaches more frequently were said by claimants to have made suggestions about the activities that they could consider, although they were not perceived by claimants to have applied pressure to the agreement of actions. Rather, research participants said they were encouraged to see a wider picture and to think about what their current perceptions of their capability might enable them to do.

As such, claimants described meetings with Work Coaches who understood their situations and who came up with suggestions that they felt helpful – even if they could not necessarily take them forward at that particular time. It was supportive for these claimants to know there was someone there for them who, while they might make suggestions, would not pressure them into doing things they were not ready for. Through this style of interaction, research participants who saw work as a future possibility appeared to build confidence that they would receive appropriate support from Jobcentre Plus that would (in time) help them to return to work. The interactions revealed that highly personable relationships had been established which could underpin the agreement of small steps, such as reworking a CV or considering using a new website for a job search.

Research participants who hoped to work in the future, for the most part appreciated this form of interaction, although some expressed a wish that there had been a greater push for them to undertake more structured and concrete activities. More broadly, it appeared that CC Trial research participants who saw themselves as able to work in future were engaging in additional work-related activity compared to other research samples and some of these claimants expressed having an active role in decision-making with their Work Coaches. While it was not possible to systematically test this using the qualitative data, it was suggestive of a differing effect emerging from the new process of completing a Claimant Commitment within an ESA claim.

### **3.2.5 Outcomes and distance travelled/difference made**

In general, claimants in the research samples who felt able to work in future tended to make progress in terms of softer outcomes, such as confidence building and improved self-efficacy. This tended to be the case across trial research samples. The starting point for these claimants was Stage 2 (Section 1.8), i.e. they described being motivated to consider some, potentially low level work-related activity (such as volunteering) which might provide a safe environment in which to more fully understand their capabilities and capacities.

Across the trial research samples generally for those who did not feel immediately ready to work, there were few, if any, changes in feelings about working over the time of the research fieldwork. For these claimants, health conditions remained unchanged: they were still waiting for operations or rehabilitation and/or they still wanted greater support, e.g. for mental health.

A prominent outcome reported by some claimants who saw work as possible in the future in the pre-WCA research samples was feeling reassured by the personalised support offered by Work Coaches. This added to some claimants' confidence in their ability to find work, either now or sometime in the future, and reduced the anxiety that some individuals felt about claiming.

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Some of the clearest improvements described by these claimants in the research samples were increased self-confidence as well as confidence about the possibility of working. These claimants described feeling more positive about their situation as a result of talking to their Work Coach. They noted how the discussions allowed them to regain self-belief as well as a greater sense of control over their own situations. For example, one claimant noted that his Work Coach had helped him feel more comfortable in social settings and interactions. In this regard, sympathetic and sensitive interactions with Work Coaches were highly valued by claimants in the research samples.

A number of other external factors were also identified as drivers of increased levels of confidence among those who felt ready to work in the future in the research samples, including: support from statutory and third sector organisations; being better able to manage their condition, which led claimants to have increased belief in their own abilities and in themselves; and realising that other people with similar conditions were able to work, which some claimants said they found encouraging. Some work ready in future claimants described during research interviews now using public transport more, or being more willing to try things they would not have previously done. Some said they were involved in more physical activity which was having a positive effect on mental health problems; others were taking more care to correctly administer their medications.

Outcomes were more mixed amongst VEI Trial BPP claimants interviewed for the research who thought their condition did not currently allow them to work but who anticipated they would be work ready in future. Some explained during research interviews that physiotherapy had lessened their back pain. Where their condition and/or condition management was improving, claimants said they felt more confident they would be able to find work which could accommodate their needs. Those who described deriving benefits from physiotherapy also explained these were realised in tandem with their Work Coaches' approach and Cognitive Behavioural Therapy (CBT). This combination had helped them to more fully realise what they were able and unable to do, and thus to gain confidence in their own abilities. This proved motivating and helped to allay anxieties.

### **Case Study D: Personalised support for a claimant who feels ready to work in the future, VEI core model**

**Claimant D** had a long-standing anxiety disorder and depression. He had worked in a professional role for 20 years, but lost his job, at which point he started claiming Jobseeker's Allowance (JSA) before moving on to claim ESA some five months before the research. He said that while initially he had feared meetings at Jobcentre Plus, he was now meeting regularly with a Work Coach who he felt was very understanding of his health condition and was flexible and accommodating. He did not have to go into the Jobcentre Plus office as regularly as when he was claiming JSA, which made it easier for him to manage the impairments associated with his health conditions. He believed that the support from his Work Coach had made him feel more in control of his own situation. However, due to the strength of his medication, he felt continuously drowsy, so he still felt unready to re-enter the labour market, despite his positive view of the trial experience. The claimant hoped that, once his medication had settled and he felt more stable, he could think about retraining for a different career with the support of his Work Coach.

### 3.3 Key points/summary

Claimants in the research samples who believed they would work in the future also believed that there would be some improvement in their health conditions over time. Although some experienced severe effects for functioning from their conditions, where they were younger they believed that something would change given the time trajectory they were facing in respect of their working lives, in comparison to older age groups nearing retirement. Overall, compared to the job ready group in the research samples, concerns about health conditions and their implications for future employment were stronger.

The qualitative data suggested that claimants in the research samples were relatively strongly motivated if not to work immediately, to consider options for future employment and consider and undertake some small and potentially incremental work-related activities. However, health conditions and their effects on functioning were the cause of anxiety in respect of capability to be working for some. Because of this, these claimants in the research said they could consider part-time employment. Where claimants knew they were on an improving trajectory in respect of health, returning to work appeared more strongly linked to health issues being resolved through planned interventions.

Claimants in this research analysis category appeared more consistently open to Work Coach support than those in the work ready group, which contained some claimants who felt capable of being independent in the search for employment. Those in the research who believed that work would be possible in future appeared receptive to support which could help them consider their circumstances and capabilities, gain new insights into the job search and formulate new – or confirm existing – ideas for future employment.

These research participants made progress. Starting points were more varied than for the work ready group; some who thought work was a future possibility started at Stage 1 – needing to change attitudes to work or capability to work (see Section 1.8) and moved to Stage 2 – engaging with work-related activity or beyond, whereas others started at Stage 2 and were shifting to Stage 3 – engaging in a focused way with work-related activity. Increased levels of confidence, resulting from increased work-related activity, engagement with the social world as well as meeting with a trusted adviser, were prominent amongst these claimants. At the heart of this may have been the personalised and incremental nature of the support offer. Within this research analysis category there was some indication of the CC instilling additional work-related activity, although this could not be systematically tested using the qualitative data.

# 4 Claimants who did not believe they would work again

This chapter explores the experiences of the 2015 Employment and Support Allowance (ESA) trials of people who did not believe they would be able to work at any time in the future despite, in the post-Work Capability Assessment (WCA) and post-Work Programme (WP) research samples, being assigned to the Work-Related Activity Group (WRAG). The analysis suggested that they formed a larger part of the More Intensive Support (MIS) Trial research sample than the research samples related to the Voluntary Early Intervention (VEI) and Claimant Commitment (CC) Trials.

## 4.1 Introduction

In each of the ESA trial research samples were claimants who identified themselves as unable to work and saw no prospect of gaining paid employment in the future. The unifying factor in their accounts concerned the severe and limiting effects of their health conditions and associated impairments. As described during research interviews, this prevented claimants from working, contemplating the possibility of working and, for some, considering any form of work-related activity.

The accounts of these research participants indicated that this view was strongly held and strengthened by other factors, characteristics or circumstances in their personal experiences. These included: age (where these claimants were older); caring responsibilities; low level of current skills and experience; transport constraints and a reported lack of local labour market demand.

Claimants in the research samples who identified themselves as unable to work were found in the analysis to be prominent in the MIS Trial research sample. Given that involvement in this trial was mandatory and because claimants in this research sample had been out of the labour market for relatively lengthy periods (for some, at least three years) this might be expected. However, in all of the other trial research samples were claimants who also identified that work was not possible for them, with a seeming greater concentration in the CC Trial post-WP research sample.

While it is not possible to explain this using the qualitative data, the conditions of involvement in the trials may have had some effect. For example, the completion of a CC was voluntary, whereas post-WCA (including the post-WP phase), engaging with work-related activity in the form of meetings within Jobcentre Plus was not. The research interview evidence indicated that conditionality for work-related activity could become conflated in claimants' minds with the CC Trial support. Therefore, some work not possible claimants in the CC Trial research sample did not understand their involvement was voluntary and as such they may not have been particularly different from the MIS Trial research sample. Similarly, pre-WCA claimants in the research did not perceive their engagement with Jobcentre Plus as voluntary. These claimants expected that Jobcentre Plus would require something from them, therefore did not understand that attending meetings was optional.

More broadly, the accounts of some claimants who did not believe work was possible in the VEI and CC Trial research samples suggested that although they thought that they were unlikely to work again they were willing to work. In their view, it was a combination of the effects of their health conditions and other personal and external factors (as above), particularly the reported lack of labour market opportunities. A narrative offered during interviews by some research participants was that while their health conditions had very limiting effects they could possibly work for a few hours a week, however, they perceived that few jobs of this nature were available now or would be in the future.

In the next section the combined findings are explored about how work not possible claimants experienced the support offered to and required of them.

## 4.2 Support experience

The work not possible claimants in the trial research samples had some form of ongoing contact with Work Coaches. This formed the basis of their support experience and is discussed in the ensuing sections of this chapter.

It must be noted, as with the other work readiness analysis categories, that the experience of the VEI Back Pain Pilot (BPP) Trial research sample appeared different to that of claimants in other trial samples. The claimant data from the research into this trial indicated that the Work Coach element of the support had to be proactively requested, but more usually claimants receiving therapeutic support experienced brief telephone catch ups on their progress, and that of the back pain treatment. Those who declined or were ineligible for therapeutic support did not necessarily receive ongoing support. While within this research sample it was challenging to discern patterns by work readiness, it must be noted that those who did not believe they would work again compromised some of the least motivated to engage in a support offer with work as a focus.

### 4.2.1 Frequency, duration and mode of meetings

As with the other work readiness categories in the research samples, the work not possible claimants' experiences indicated the claimant-Work Coach interactions were varied in their organisation and conduct.

Meeting frequency appeared to be based upon individuals' needs and preferences, and was described as accommodating of the effects of health conditions and other personal circumstances. As with the other work ready groups, the work not possible research participants appeared to receive a personalised support model. Some in each of the trial research samples had experienced a regular pattern of relatively frequent meetings, sometimes describing meeting with their Work Coach every three to four weeks, while others described fewer meetings at infrequent intervals. For example, one claimant in the VEI Occupational Health Advice (OHA) variant trial research sample reported having meetings at six to 12-week intervals.

There was some indication that claimants in the work not possible research analysis category had fewer contacts than the other two work ready groups. Their descriptions indicated the prominence of telephone over in person contact although this could not be systematically tested in a qualitative study. The picture from the CC Trial research sample was similar and there was no evidence that the use of the CC document or process had generated either more or fewer meetings.

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As with the frequency of meetings, their duration varied widely according to research participants, with some claimants reporting meetings that lasted a few minutes and others saying they met with their Work Coach for up to an hour or more. Initial meetings were generally said to be lengthier than follow-up meetings.

For the work not possible claimants in the research samples, the frequency, duration and mode of meetings with their Work Coaches appeared to have been mutually agreed and appropriate to individuals' circumstances, plans and aspirations. This finding is consistent with the other work ready groups, and reflective of a personalised service. However, there was evidence that some research participants who believed work was not possible and who reported having very little contact with Work Coaches felt that they had made very little progress towards the labour market. Some of these would have appreciated more concerted contact. However, others, particularly those with severe or multiple health conditions that made attendance at meetings difficult, were content to be left alone with no pressure on them to engage with any form of work-related activity.

### **4.2.2 Content of meetings**

As noted earlier, claimants in the research samples who perceived it would not be possible to work again believed that their ill-health posed their primary barrier to work. Some had additional barriers which linked to personal and/or external factors. As such, claimants in this research analysis category described how they had spent time discussing their health with a Work Coach and how their health effectively rendered them unable to work. For this research analysis category, discussions of feelings about and experiences of health conditions were prominent.

For some, these discussions appeared to be lengthy. Particularly in comparison to the other work ready categories, these research respondents said it was very important to them that Work Coaches understood their health conditions and the constraints and limitations these posed. When Work Coaches were believed to understand and accept their health-related limitations research participants who believed it would not be possible to work again expressed some appreciation and satisfaction with their contacts.

Claimants in the work not possible analysis category described discussions with Work Coaches that did not extend beyond the topic of their health, particularly if any form of work-related activity was mutually agreed to be inappropriate. There was some evidence from those involved in the VEI core and MIS Trial research samples that they felt Work Coaches sometimes showed little interest in them once the extent and severity of their health conditions had been established, but again this was not necessarily experienced as a negative if it led to no requirement to engage in work-related activity.

Although health concerns were reported by research participants to be the dominant topic in initial and subsequent meetings, there were also some examples of discussions about possible steps back to work. These occurred when claimants said they expressed some willingness or aspiration to obtain paid work despite their perception that this was not actually possible.

There was little evidence that the CC was particularly effective in getting the work not possible research analysis category to engage with more work-related activity. While the document and/or process appeared more effective with other work ready groups in assisting them to formalise more concrete steps towards work, the barriers and lower motivation of the work not possible CC Trial research sample appeared, from the accounts given during

research interviews, to have made it harder for Work Coaches to encourage a greater focus on capability rather than disability.

### **Case Study E: Prescriptive Work Coach style for a work not possible claimant, VEI Trial OHA variant**

**Claimant E** had multiple musculoskeletal conditions that in combination caused chronic pain. This caused a severe impairment to his ability to work and he could not see employment as realistic outcome. He said that he did not feel his Work Coach took these circumstances into account. He described how the content of his meetings largely focused on work-related activities, such as volunteering, and said that he felt that this 'work focus' was inappropriate given the nature of his health conditions and associated impairments. Furthermore, he could not see the value of undertaking voluntary work rather than paid employment. He believed he would have to be 'fit for work' to undertake either. The claimant said the approach of his Work Coach made him feel under pressure and this had contributed towards a further deterioration in his mental health.

*'They were pushing you into work and kept asking you to do voluntary work. If I was fit for work I would do a proper job.'*

### **4.2.3 Distance travelled**

Despite the seemingly high barriers amongst the work not possible research participants, the qualitative evidence suggested that they could achieve progress which included moving into work for some. More prominent, however, were claimants who said, during research interviews, that they had either made some progress and were still on a forward trajectory, or had made progress which had then stalled for some reason.

Examining their starting points, it was common for the work not possible group not to have reached Stage 1 – changing attitude towards work and/or capability to work (see Section 1.8); the type of progress they made must be framed by this.

As noted, health conditions were the dominant concern for research participants in the work not possible analysis category and they saw this as the principal reason why they were unable to work. Some could not foresee the possibility of any improvement in their health – for these, health conditions were long standing and various medical interventions had not provided sufficient improvement to enable working. While it might be assumed that the pre-WCA claimants would have health conditions of more recent onset, there were repeat claimants in these research samples with sometimes long histories of fluctuating, but significant ill-health.

Perhaps due to the severe impacts on functioning described by some research participants, it appeared that Work Coaches could agree that work-related activity was not appropriate in light of health conditions. Therefore, an acquiescent support style was described by claimants. While some level of contact as part of the trials could be maintained, expectations for progress were low on both sides.

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Other work not possible research participants experienced improvements in their health conditions or their management to the extent that this helped to change their thinking about work. Some of these progressed to Stage 2, i.e. had engaged in work-related activity (see Section 1.8). In the VEI BPP Trial variant research sample, a work not possible claimant had completed the journey back to work (Stage 4, Section 1.8).

Where progress was made, an **encouraging** Work Coach style appeared important, as it had with the work possible in future analysis category. The agreement of seemingly small steps could incrementally build confidence and help to begin to shift deep seated anxieties about working.

Across the trial research samples, it was clear that progress through the stages of preparing for work amongst work not possible claimants was dependent on progress being made along a separate health trajectory.

Notably, across all the trial research samples, claimants who identified themselves as unable to work were satisfied with their engagement with Jobcentre Plus regardless of their stage in the claimant journey. They expressed positive views about the frequency, duration and mode of contact with Work Coaches and felt that the substance of their meetings was appropriate to their circumstances and aspirations.

There were exceptions, when Work Coaches were criticised for not understanding claimants' health conditions and their implications for doing any form of work-related activity, and where Work Coaches acted in a prescriptive style which claimants described as having resulted in what was perceived as engagement in inappropriate or harmful activity.



**Case Study F: Progress made by a work not possible claimant in the CC Trial post-WCA research sample**

**Claimant F** had been receiving ESA for around one year at the time of the research interview. She had experienced a brain injury within the last ten years and as a result had to learn to read and write again. She still had difficulty remembering and recognising people, experienced depression and social anxiety, and was in treatment for another mental health disorder. She found it difficult to travel on her own on public transport or to be in crowded areas. She had no formal qualifications and was a carer for her partner.

Her interaction with her Work Coach was relatively structured. They met monthly and spoke regularly by telephone. She said her Work Coach was accommodating; understanding if she or her partner were ill and being flexible in scheduling appointments. Her Work Coach set her a task at each meeting to attempt for the next meeting. Some tasks were work-related; others were about improving her confidence.

*'She sets me a task each month and then I go in a month later and she'll say, 'How did that go? What happened?' And explain it all if there is any problems where she could help me or if I needed advice where to go for the advice.'*

They agreed Claimant F would attend a course to improve her English and maths. She was initially uneasy because she thought there might be lots of people there. Her Work Coach was supportive, suggesting that she visit the learning centre informally first. She had a good relationship with her Work Coach, who she believed was easy to talk to:

*'She is good she doesn't force you into anything. She makes you feel comfortable.'*

Over the course of the trial, Claimant F's feelings about herself changed: she felt more confident in herself and in social situations and more able to travel:

*'I'm getting better. I feel more at ease when I go out and not so panicky ... I'm getting more confident. Going a bit further than I'm used to for a long time.'*

### 4.3 Key points/summary

The qualitative evidence from claimants engaged in the research suggested that those who believed work was not possible were somewhat different from the other work readiness analysis categories. They presented a different, or additional, set of challenges for Work Coaches. Before any substantive discussion about returning to work could take place, Work Coaches needed to bring claimants to a position of thinking work was possible. This appeared to be slightly easier when claimants expressed a desire to work, and very challenging when a perception of inability to work was coupled with an attitude of not wanting to work.

It is important to note that some claimants' explanations of why work was not possible during research interviews were based partly, but crucially, on a reported lack of labour market opportunities that would accommodate their severely limited capacity to work. These claimants believed that they were capable of some work, but doubted the existence of appropriate jobs.

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The key points regarding this group of claimants in the research can be summarised thus:

- The perceived main barriers to work were health conditions, particularly when these were multiple, and a reported lack of labour market opportunities.
- These barriers were generally not addressed by Work Coaches because they could not mobilise health resources or have any influence over local labour markets.
- As a result, most claimants in this research analysis category made little progress towards work. Some reported little contact with a Work Coach and no concrete support, consistent with the practice of deprioritising<sup>6</sup> claimants for support.
- However, all the types of support made available through the trials could be effective for some claimants, according to their accounts during interviews.
- Interactions with Work Coaches were mostly reported as positive, particularly when they acted in acquiescent or encouraging styles.

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<sup>6</sup> Within the welfare-to-work literature on the risks of contracting-out employment services, this has come to be known as 'parking'; see for example Bredgaard and Larsen (2007), Koning and Heinrich (2010), Newton *et al.* (2012), and Meager *et al.* (2014).

# 5 Lessons for each stage of the claimant journey

This chapter considers the lessons that can be drawn from the qualitative research with claimants involved in the three 2015 Employment and Support Allowance (ESA) trials in respect of claimants' journeys through the ESA process. It explores this from the three points of the journey which the trials touched: pre-Work Capability Assessment (WCA), post-WCA and assignment to the Work Related Activity Group (WRAG), and post-Work Programme (WP).

## 5.1 Before the WCA has taken place

Prior to the introduction of the Voluntary Early Intervention (VEI) and Claimant Commitment (CC) Trials, support was not systematically available to ESA claimants in the period before their WCA. This is known as the ESA assessment phase and should last around 13 weeks, although in practice at the time of this research the waiting time for the WCA could be lengthier. This meant that, when this research was conducted, there was a considerable period of time in which ESA claimants did not receive support as standard. This may have meant they moved further away from the labour market than they might have with support.

Accordingly, the VEI Trial core model and variants and the CC Trial pre-WCA were premised on the idea of providing support at an early stage in order that claimants might remain closer to the labour market, but also so that they felt more informed about the ESA process and supported by Jobcentre Plus.

It is salient to note that there were two types of claimants experiencing the trials in this phase. This might have consequences for outcomes. These were: those who were new to claiming ESA (and new to claiming any welfare benefit) and those who were repeat claimants or moving between welfare benefits. The position of the two groups, in respect of the longevity of experience of significant ill-health, as well as time spent economically inactive, was potentially quite different.

The following section explores the experiences of these claimants to identify how well the trials worked in respect of their expectations and support needs.

### 5.1.1 Expectations

It was notable that these research participants were not troubled by being invited to take part in support for the very large part. Their accounts during research interviews suggested that they expected that their ESA claim would come with some conditions, such as attending meetings with Jobcentre Plus staff. Where research participants were new to an ESA claim they did not understand that being invited to attend a meeting was anything other than standard practice and necessary. Where they had claimed ESA or another welfare benefit previously, they assumed that policy had changed and this was simply a new requirement. As such, while there could be some lack of clarity about the voluntary nature of the support amongst these research participants, this did not greatly affect the nature of their engagement with support. Moreover, the opportunity to complete a Claimant Commitment, as part of the CC Trial pre-WCA did not create differing expectations from those associated

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with the standard support offer (under the VEI Trial), again because research participants had little concept of any standard ESA offer.

Perhaps because it was an indirect intervention from the claimants' perspective, the provisions under VEI Occupational Health Advice (OHA) variant were not well understood research participants. From their accounts during interviews it did not appear that Work Coaches had placed a great emphasis on their access to OHA during their meetings. Thus, there was little evidence of differing expectations to those research participants experiencing the VEI core model.

The situation with the VEI Back Pain Pilot (BPP) variant research participants was somewhat different. Observation and interview evidence showed that access to the triage assessment for the therapeutic interventions was emphasised by Work Coaches, and claimants' accounts indicated that they understood this to be the key part of the trial offer. Some of these research participants were highly satisfied to gain accelerated access to therapeutic support. As with other groups, few had expectations in respect of the support that Jobcentre Plus would offer. Where eligible research participants chose not to go forward to treatment under the BPP variant, it tended to be because they were receiving treatment through the National Health Service (NHS); were assured of a referral very soon; or, they did not feel ready for a health intervention because of the acute nature of the pain they were experiencing.

### 5.1.2 Motivation to engage

Pre-WCA research participants who felt ready to work or who believed they would work again in the future were motivated to take part in the trials for the work-related support they would receive. Their accounts during research interviews indicated that they understood this would include help with CVs and applications as well as using online sources for job search. Some who felt work ready in this early stage of the ESA claim also reported feeling able to conduct job search activities independently.

Those who felt less work ready wanted information on the ESA process. Even where claimants taking part in the research did not believe work would be possible, they reported that they were open to an engagement with Jobcentre Plus to understand whether support could be offered either on the ESA process or with work-related activity that might make a difference to their situations. Thus the two trials appeared well aligned with claimant expectations and could assist them to ensure their job skills would be effective in future work searches.

While the qualitative data gathered as part of this research could not definitively assess whether any of the trials made a difference to claimants outcomes over and above what would have happened in any case, it was apparent that:

- 1 a period of 13 weeks or more without much input or support could lead to some claimants becoming more socially isolated or more accustomed to inactivity, which might lead to more negative self-perceptions of capability; and
- 2 claimants wanted support at this stage and believed it would help them to make progress. In this respect, this stage of the ESA journey could be a defining point in their experience.

### 5.1.3 Did achievement of outcomes vary between trials?

Pre-WCA research participants attributed some 'hard' and 'soft' outcomes to the support they received through the VEI Trial core model and variants and the CC Trial pre-WCA. The outcomes that they perceived did not vary particularly by the trial they experienced. As such, it was challenging to detect differences in outcomes between the pre-WCA Trials, including the CC Trial, despite the latter embedding a new, potentially more structured process to the agreement of work-related activities.

However, from research participants' accounts during interviews, it was possible to discern more work-related activity amongst those taking part in the CC Trial pre-WCA although this difference could not be systematically assessed in a qualitative study. It was also not possible to assess how this seeming additional work-related activity emerged and the way in which the CC process or product led to this outcome. This was due to the limited number and range of observations it was possible to undertake for the CC Trial.

Balancing this, across all of the pre-WCA trial research samples there was evidence of claimants undertaking new or expanded work-related activity. Research participants who felt work ready were more proactively focused on securing employment, whilst those who felt ready to work in the future looked to address more diverse concerns: health, experience and skills. Amongst pre-WCA research participants who felt that work was not possible, work-related activity was less prominent, mainly due to the severe implications of their health conditions.

Similarly, across the trial research samples there was some evidence of 'hard' outcomes in respect of entry to employment. However, where this occurred, in their accounts, research participants did not attribute it to support they received through the trials. Some stated that they were waiting to find 'the right' job, which could produce more sustainable employment outcomes in the long-term.

A fairly consistent degree of voluntary work was also noted by pre-WCA research participants. This might provide a stepping stone to more formal employment over time. Their accounts during interviews indicated that this had resulted from negotiating work-related activity with a Work Coach. Research participants said they felt comfortable in voluntary environments because these were supportive, where functioning was affected by fluctuations in the management of health conditions. Voluntary work environments enabled some respondents to work a small number of hours each week, which was all some said they could consider (and that this represented significant progress). In addition, voluntary sector managers and staff were perceived as more permissive in respect of work performance expectations.

### 5.1.4 Who made progress?

Undoubtedly some research participants made progress under both pre-WCA trials. Analysis of the interview data suggested that progress was prominent amongst those who felt work ready on joining the trial and those who believed they would be work ready in future. Increased confidence (i.e. where claimants felt more able to work, more open to upskilling and/or to engaging in more social activities) was a perceived benefit, alongside claimants expressing a sense of greater control over their own situations. In supporting these effects to emerge, supportive, compassionate and responsive Work Coaches were seen by research participants as crucial.

## **The 2015 ESA trials: A Synthesis of Qualitative Research with Claimants**

Within the VEI BPP Trial research sample, the qualitative evidence suggested it was research participants who experienced therapeutic intervention who appeared to make the most progress. However, within this trial it also appeared that Work Coach support took a back seat during the time that therapeutic treatment took place. Claimants were also encouraged by Work Coaches during initial calls about the trial to proactively request Work Coach support during and beyond treatment if they wanted this. Where claimants were ineligible for the therapeutic intervention or chose not to progress with this, the VEI core model did not appear to come to the fore based on claimants' accounts. As such, research participants who professed progress in respect of soft outcomes, such as confidence, attributed this to improved physical health and condition management resulting from the therapeutic intervention. They said that this in turn increased their confidence to engage in wider activities, including those with a work-related focus.

### **5.1.5 Attitudes to work**

Attitudes to working remained more static. Where pre-WCA research participants at this stage of their claim were keen to work, despite the obstacles some perceived to doing so, they remained constant in this attitude throughout their trial experience. However, the implications of ill-health could remain a persistent barrier for others in respect of considering a return to work.

It was notable too that claimants taking part in the research did not always attribute their progress to the trials. Instead they cited their own motivation and/or the critical role played by family, friends, statutory or third sector organisations or personal circumstances.

### **5.1.6 What stalled progress**

Where pre-WCA research participants had not made progress, health was the most prominent barrier, and in some cases the only barrier, they noted to work. People described how they were (still) waiting for operations, adjusting to (new) medication or experiencing fluctuations in mental health problems, for example.

Where health was the main barrier to work described, some pre-WCA research participants found themselves limited to their homes. This produced a sense of social isolation which they struggled to cope with. There was also some evidence of stress related to finances and the ability to manage household budgets while claiming (amongst those who were new to claiming particularly).

Other barriers or concerns included a lack of experience (particularly amongst young claimants taking part in the research), or the perceived suitability of jobs in their local labour market (which related to sectors or the number of hours it would be necessary to work). In some instances, the support from Jobcentre Plus was said to be problematic by some pre-WCA research participants who believed that they were not ready to work but, against medical advice, were being encouraged to do so by their Work Coaches. There were also examples where claimants said they had attempted to do more than they believed they were capable of and had experienced setbacks as a result.

### 5.1.7 Satisfaction with the support

Claimants in the pre-WCA research samples were largely satisfied with the support they received. Ostensibly, Work Coaches were expected to provide input about the labour market and up-to-date job search skills.<sup>7</sup> However, from claimants' accounts, Work Coaches' empathy in respect of health conditions and their implications for work and work-related activity was a crucial element of personalising the support. This also appeared to underpin effective engagement with individuals.

In the pre-WCA phase, Work Coaches had no health information to assist in the personalisation of support beyond claimants' knowledge of their conditions and/or their personal experience including that of friends and family. Some claimants in the research samples were appreciative of Work Coaches who shared personal experiences as this helped to establish and build rapport. Having the same Work Coach throughout the support experience was thus described by claimants as important.

Beyond this, it was the skill of Work Coaches in assessing claimants' support needs and being able to negotiate appropriate work-related activity that appeared at the heart of satisfaction amongst pre-WCA research participants. This appeared to be most successfully achieved through interactions that were **collaborative** (particularly amongst the most work ready claimants), **encouraging** (important for those who thought work was possible in future or not possible at all) and/or empathetic (important to some claimants who had high levels of anxiety concerning ability to undertake work-related activity because of their health conditions and the implications of these).

In contrast, claimants who were observed to or described in research interviews experiencing Work Coaches who were **prescriptive** about work-related activity tended to feel less well supported and less satisfied through the trials. Similarly, some pre-WCA research participants who thought work would be possible who were observed or described a Work Coach with an **acquiescent** style, could be less content with the support experience because they believed Work Coaches underestimated their capabilities.

The VEI variants provided additional insights into the potential offer that could be made at the pre-WCA stage. Based on claimants' accounts, the interactions under the VEI OHA variant appeared very similar to those under the VEI core model and in only one of the observed meetings was the opportunity to pursue occupational health advice proactively noted by a Work Coach (there was no expectation that Work Coaches would highlight this or share findings if this service was used). Similarly, only one claimant in the interview sample appeared aware of the service having been utilised in their case. However, as pre-WCA research participants identified that an increased focus on the occupational implications of health conditions would be welcome, there appeared some potential for this variant to become a more consistent part of the offer.

In comparison, VEI BPP variant was experienced directly by claimants. This offered accelerated access to National Institute for Health and Care Excellence (NICE) approved therapeutic and condition management treatments alongside the VEI core model – at least in theory. The effect in some cases on pain and condition management was enabling and claimants in the research sample receiving treatments were pleased to have had access to these. Few recalled much about the VEI core offer, however, and there was limited evidence on how the two elements had worked in tandem. Notably, some in the VEI BPP research

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<sup>7</sup> Reflecting policymakers' expectations for the trials.

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sample believed there could be more communication from Jobcentre Plus, particularly on next steps following treatment, as well as to share information on the ESA process itself.

### 5.1.8 Potential lessons: pre-WCA claimants

An offer of support in the early stage of the ESA claim was appreciated and expected amongst claimants in the pre-WCA research samples. Some of those who were new to claiming believed something would be expected from them in return for receipt of ESA and some repeat claimants simply believed the regime had changed. Only the most job ready who felt independent in the search for work were less appreciative of the offers available through the VEI Trial and variants and the CC Trial pre-WCA element.

Where pre-WCA research participants were new to claiming ESA, the health conditions, or particular effect on functioning of these, that had led them to leave employment and claim ESA were not as long-standing as those in the post-WCA research samples. As such, some pre-WCA research participants had more recent experiences of employment to build on. Intervening during this early stage of the claim with a work-focused provision (the VEI core model or CC Trial) appeared to support progress, especially amongst those who felt work ready but also not completely confident about finding work and those that saw work as a future possibility. It was notable that the CC Trial appeared to generate additional work-related activity when compared to the VEI Trial although the reasons for this could not be explained by the research reported here.

The VEI variants offered additional dimensions to understanding how claimants taking part in the research could be assisted to make progress. Claimants in the VEI BPP research sample receiving therapeutic intervention welcomed accelerated access to this, and believed the improvements they saw could be attributed to this. However, where some did not have a full diagnosis at the time of referral, the physiotherapy for lower back pain could be found to be inappropriate, particularly once specialist medical advice had been received.

The BPP variant therapeutic interventions included condition management strategies; these could potentially benefit a wider group of claimants than simply those with lower back pain as other research participants described experiencing pain in other forms. Notably some of those claimants who were ineligible for intervention through the VEI BPP variant, because their health problems were not specifically lower back pain, expressed disappointment. Some believed the chance to access condition management in light of the experience of ongoing pain would have been beneficial.

Where claimants rejected the offer of the BPP therapeutic services it could either be because they were already receiving treatment via General Practitioner (GP) referral, that they did not feel ready for therapeutic intervention because of the acute nature of their pain, or simply for the reason of not feeling ready yet. Being able to offer intervention beyond the WCA might enable a wider group of claimants to benefit and make progress.

A common and unifying aspect of research respondents' trial accounts was the need for health conditions to be understood and support tailored accordingly. In all but the VEI OHA variant, the Work Coaches involved in delivery of the trials did not have information – beyond claimants' accounts – to draw on in respect of configuring and personalising support. The claimants described how Work Coaches drew on their personal experience or that of friends or family in order to demonstrate empathy and understanding. It is challenging to draw any firm conclusions from the claimant qualitative data in respect of this variant



(because they did not know whether occupational health advice had been pursued in their case). Nonetheless, the importance placed by research participants on Work Coaches understanding the occupational implications of their health conditions and that some did not feel well understood by their Work Coaches suggested there could be a role for OHA to be more widely available.

## 5.2 Post-WCA and assignment to WRAG

Only the CC Trial touched this point of the ESA process. It was made available to claimants who had received their WCA and the associated decision on whether they were to be part of the WRAG group (and who did not enter the WP). The CC Trial offered the opportunity to complete a CC on a voluntary basis to this group, although if they chose not to do this, they could continue to receive the standard support offer where some engagement in work-related activity was mandatory. The research involved only those claimants recorded within the Department's data as having opted into completing the CC. Accordingly, the key comparison that could be drawn was between these claimants and those at the other journey points in the CC Trial (pre-WCA and post-WP) if these were strongly differentiated in terms of an experience.

Notably, there were claimants from the VEI core model and variants who had received their WCA decision by the time of the first or follow-up research interview. Their experience could arguably provide a comparative context, however, with such claimants in the research samples still adjusting to the decision which some disputed; their focus could be on appealing their assignment to the WRAG. This suggested a different experience from those in the CC Trial who had more time to think through the implications of the decision. However, there were some lessons that could be drawn from their comparative experience.

More broadly, and considering the post-WCA research participants in the CC Trial, their experience of inactivity was necessarily lengthier and there had been no systematic intervention in the lead up to the WCA. Thus, when joining the trial, they were more distant from the experience of being employed than many of those pre-WCA, although potentially had greater knowledge of the implications of their health conditions due to the WCA report. It was not the case that the experience of ill-health was necessarily lengthier than those claimants who were pre-WCA however: some of the pre-WCA group were repeat claimants and others had lengthy periods of absence from work leading up to their claim for ESA.

### 5.2.1 Expectations of, and motivations to join the trial

Post-WCA research participants did not express particular expectations for the CC Trial experience during their research interviews. Individuals had not experienced this stage of the ESA journey previously and did not have anything to compare the trial with.

Their attitudes to engaging with the trial were not particularly different to those of claimants in the research samples at other points. Some were positive about the offer of help, although they did not relate this to the completion of the CC. Instead they highlighted the support they would receive from Work Coaches. Others were more neutral and assumed it was their responsibility to engage with Jobcentre Plus to receive their benefits.

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There were mixed opinions amongst the post-WCA CC Trial research participants on whether their meetings were voluntary or mandatory. Given the general lack of awareness of the CC product or process few understood the voluntary nature of completing this. Notably, where claimants wanted help with CVs or job search approaches this could overcome any negative effects from the perception that the support was mandatory.<sup>8</sup>

Where they had positive expectations, claimants in this research sample understood they would receive help with their job search including with their CV. In this respect they were not hugely differentiated from others in the CC Trial research samples.

### 5.2.2 Outcomes

It was apparent that some post-WCA research participants made progress during the period in which they received support. In comparison with the pre-WCA CC Trial research sample, this progress appeared slower and more incremental involving smaller steps back towards the labour market.

There was little to indicate changed attitudes to working – which was similar to the pre-WCA groups. Those claimants taking part in the research who wanted to work, including those who thought work would be possible in future, maintained motivation to do so. Unresolved or unmanaged health conditions remained obstacles however.

Engagement in work-related activity, including voluntary work, could present a behavioural change for some taking part in the research. For those who thought work would be possible in the future was a positive, if incremental step, back towards the labour market.

More effect could be detected in respect of soft outcomes. Some claimants in the post-WCA CC Trial research sample noted increasing levels of confidence and control over their own situations. This increased confidence had resulted from the support they received and notably some claimants described having gained an increased level of belief in their ability to return to work. The progress on soft outcomes appeared related to these research participants believing that work would be possible in the future, if not immediately due to the impairments caused by health conditions.

The same collaborative and encouraging styles of Work Coach support were important to outcomes for the post-WCA group as they had been to the pre-WCA groups. **Collaborative** and **encouraging** styles supported claimants to make progress, allowing them a sense of control and ownership of the activities they agreed.

Where post-WCA CC Trial research participants did not think they had made much progress, they attributed this to unresolved or unmanaged health conditions, in some cases aggravated by traumatic events in personal lives and/or deterioration in mental health.

Similarly, there was a tendency for unresolved or unmanaged health conditions, or impairments due to these health conditions, to stall these research participants progress. Their accounts during research interviews indicated that setbacks could be caused by changes to medication causing renewed instability in conditions, or suffering a new injury related to effects of existing health conditions.

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<sup>8</sup> In their accounts, claimants did not differentiate between the mandatory and non-mandatory elements of the CC Trial, i.e. that completion of the CC was voluntary.

Notably, the progress of pre-WCA research participants who received their WCA result during the fieldwork period could be stalled by the WCA result itself. Within the CC Trial research sample some explicitly stated that going through the WCA and being assessed as capable of work had stalled progress because they now felt under pressure rather than supported. More broadly in the pre-WCA research samples, going through the WCA and being assigned to WRAG caused consternation as some research participants disputed this judgement. This led to a changed focus as they wished to enter the appeals process. The assignment to a different Work Coach who led the standard post-WCA regime was the cause of discontinuity; research participants described having lost the rapport established with their trial Work Coach. They also described struggling to come to terms with the changed regime and expectations. This undermined to a degree the pre-WCA trials' effect of creating trust in the supportive nature of Jobcentre Plus.

### 5.2.3 Satisfaction

According to the accounts of those involved in the research, satisfaction with the CC Trial post-WCA experience was relatively high. These claimants welcomed the personalisation of support which accommodated their health as well as their views on their capacity and ability to work. Satisfaction of those claimants in the post-WCA research sample did not vary particularly from claimants in other research samples, because few had specific expectations for support and as such were grateful that some support was offered at all.

Where they identified areas for improvement these were not dissimilar from those of claimants who were pre-WCA. Where claimants had experience of the JSA regime, they believed the support through the CC Trial was better aligned with their capabilities and more accommodating of their personal circumstances.

### 5.2.4 Potential lessons: post-WCA claimants

The work-focused support received by CC Trial post-WCA research participants appeared to be supportive of differing needs. Discussion of health formed a crucial part of these claimants' trial experiences in respect of the ways in which this affected their functioning, according to their accounts. The completion of a CC appeared to have encouraged some research participants to take small incremental steps in respect of work-related activity. Attitudes to working appeared less affected by support but soft outcomes in respect of confidence emerged.

Overall, and possibly due to the voluntary nature of completing a CC, beyond a lengthier period of inactivity the post-WCA research sample was not hugely differentiated from the CC Trial pre-WCA research sample. In addition, their experience of the trial was ostensibly the same. For some of those who believed work was possible or would be in the future, and based on their descriptions of being unsure about suitable careers in light of health or the ongoing experience of pain, some form of intervention such as occupational health advice or condition management or back pain therapy might be effective.

A lesson that could be gleaned from the pre-WCA research participants who had received the WCA during the research fieldwork period was the effect firstly, of a decision that was felt to be unjust and secondly, from a change of regime. These claimants' focus could shift from consideration of work-related activity to appealing the WCA decision. As a result of the WCA decision, they were assigned to the standard regime for this phase of the ESA claim and the continuity and rapport built up with a trial Work Coach was lost when a different Work Coach was assigned to their case.

### 5.3 Following WP completion

Two of the trials offered support to claimants who had completed the WP, namely, the More Intensive Support (MIS) and the CC Trials. However, the conditions of participation varied between them, which might make a difference in respect of who was involved and the outcomes they might achieve (although as the research undertaken for this report was qualitative, there was no means to systematically check for such differences).

More specifically, whereas involvement in developing a CC as part of post-WP support was voluntary (although undertaking some work-related activity was mandatory), taking part in the MIS Trial was mandatory and based on random assignment to the treatment. Thus, it might be expected that claimants opting to be involved in the CC would be different from claimants who had no choice over whether to engage in a more intensive regime of meetings with a Work Coach.

Claimants in both research samples shared a common experience of a lengthy period of economic inactivity i.e. out of the labour market for significant periods of time. They were asked during research interviews about their last job and when it was they had last worked. Such questioning revealed lengthy periods without work, and in common with ESA claimants experiencing the WP, not having entered work during their period of participation in the programme.

All post-WP claimants, at this point in their claim, were expected to engage with Jobcentre Plus Work Coaches and to agree to appropriate work-related activities as a condition of receiving welfare benefits. For the MIS Trial particularly, there was some expectation from policymakers that support would continue to build on progress made on the WP but, from claimant accounts, perceptions of progress were quite varied, and suggested small, incremental progress at best.

#### 5.3.1 Expectations of, and motivations to join the trial

The research respondents taking part in the post-WP trials had little notion of being part of a trial or of receiving a new or additional form of support. Rather, they tended to understand their involvement to be a standard part of the ESA process.

As with other CC Trial claimants, few amongst the CC Trial post-WP research sample recognised the term CC although a small number understood this would be a record of meetings and agreements made about work-related activity. While a voluntary element of support under this trial, these research participants conflated the completion of the CC with conditionality associated with this point of the ESA claim.

Despite the differing conditions of these two trials neither CC post-WP nor the MIS Trial research participants claimed to have particular expectations on joining the trials. This appeared to relate to a lack of information received or understood in the early stages of joining them. Overall, the CC Trial post-WP research participants appeared fairly neutral about their participation. In contrast, some MIS Trial research participants expressed concerns that they might be forced into inappropriate work-related activity or into unsuitable jobs. Their accounts suggested that this stemmed in part from the trial being mandatory.

Given claimants had worked with advisers for the past two years as part of the WP some believed they would receive the same level of support from Jobcentre Plus. The rapport established with WP advisers tended to underpin feelings about re-entering Jobcentre Plus support. Where research participants perceived WP advisers positively they hoped for the same positive engagement with Jobcentre Plus Work Coaches although they could fear the discontinuity and need to form new relationships that would result.

It is salient to note, however, that claimants' expectations, or lack of them, did not ultimately shape their experiences positively or negatively; rather this was more determined by factors relating to their health and the support offered.

### 5.3.2 Outcomes

Some post-WP research participants reported making progress during their support experiences. As with the claimants at earlier stages of the ESA process, the greatest advances were in respect of soft outcomes and were related to confidence and an increased sense of self-efficacy. These outcomes were most closely associated with those who felt that work would be possible in the future if not at the present time. These claimants, however, tended to attribute this progress to their own efforts and motivation; rather than the experience of either trial. The outcomes included new or changed work-related preparations and some interim progression, such as involvement in courses or training.

More generally and particularly amongst the CC Trial post-WP research sample there were claimants who, as a result of support through the trial, felt better prepared for work. It was unclear why this emerged in the period following WP engagement.

Some claimants taking part in the research who were post-WP had found employment, but these attributed this to their own efforts to change their situations. Some were not confident that they could sustain their employment due to the fluctuating effects stemming from their health conditions.

Again, post-WP research participants' attitudes towards working did not change particularly. Those who wanted to work remained motivated to do so, and those who believed work was not possible said little had changed in their circumstances that would enable a change in this to emerge. There were some notable exceptions however: some research respondents became more positive about being able to find employment in a new occupation which previously they doubted would be possible.

The fewest attitudinal changes emerged from the post-WP research participants who believed from the outset that work was not possible (a significant group in these research samples, emphasised in the MIS Trial research sample due to the mandatory nature of involvement). Their views did not change despite support received through the trials. However, their other circumstances also did not change. As such, for example, the impairments associated with health conditions remained much the same or caring commitments remained unchanged.

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As with claimants at other stages of the ESA process, progress amongst these post-WP research participants could be limited by the unresolved effects of health conditions. Those who felt severe effects, mostly those who felt work was not possible, could perceive that they managed '**one day at a time**' and that this had not changed for many years and would not now. If research participants believed there was hope of change in their health circumstances, they believed work could become possible in future.

Within these research samples, claimants perceived labour market barriers that hampered their progress. These included very few vacancies of a nature that would enable them to re-enter the labour market (e.g. offering a few hours of work, jobs that were not physically demanding, and that offered flexible working). Some of these claimants were older and believed that their age – combined with their ill-health – constituted a major barrier to employment.

The perceived helpfulness of the support also had an effect on progress. As with other stages, **collaborative** and **encouraging** styles appeared to link positively with progress made whereas **prescriptive** and **acquiescent** styles could have a counter effect. Within the CC Trial post-WCA research sample some claimants rejected their Work Coaches' suggestions of work-related activity on the basis that it was not sufficiently fine-tuned to their capabilities. Others taking part in the research appeared to have agreed to work-related activities that they were not convinced would help, in order to please their Work Coach.

Where momentum was lost, from the accounts of those taking part in the research, this either stemmed from adviser discontinuity, caused by transfer from the WP back to Jobcentre Plus support, or from deterioration in health conditions or traumatic events which had further implications for health condition management. Set-backs in terms of health were also central to stalled progress according to these claimants.

### 5.3.3 Satisfaction

While not all claimants in the post-WP research samples made progress, almost all were appreciative of the support received (although those receiving only infrequent meetings had limited experience to report on). There was a high degree of satisfaction with the service through both trials, which centred on building a relationship with a trusted adviser (in this case a Work Coach) and negotiating a programme of activities that were believed to be supportive and personalised.

Where claimants could identify areas for improvement these concerned:

- Work Coaches' understanding of the effects and impairments stemming from their health conditions. Where this was perceived as limited or poor, suggestions for work-related activity could be perceived as inappropriate and insufficiently tailored to individuals' circumstances and capabilities.
- Delivery of support, and particularly the timing and duration of meetings. Some claimants involved in the research felt drawn into a pattern of meetings which was not optimal for their circumstances although they did not appear to challenge or seek to change this. Similarly, some claimants believed that suggestions for work-related activity underestimated their capabilities and they would have preferred a more challenging programme of actions.

- Content of support, particularly referral to third party provision. As with other research samples, there did not appear to be much referral to third party provision and more specifically training. This was despite claimants believing they would need to be retrained. For the MIS Trial particularly, the theory of change had indicated that use of third party provision might be greater. Some claimants in the research believed they needed training interventions to retrain and thereby re-enter the labour market.

### 5.3.4 Potential lessons: post-WP claimants

By the post-WP stage of the ESA claim, research participants had for the most part experienced a lengthier period without work and were likely to need highly tailored and personalised support. In addition to health conditions with severe effects for functioning, these claimants described other personal and external barriers, including fearing, when older, that their age constituted a barrier and believing there to be few jobs that could accommodate their needs in the local labour market.

The key differentiating factor on outcomes appeared to be attitude to working at the outset. Despite severe ill-health, some post-WP research participants, especially those who were motivated to work either immediately or in the future, were encouraged to engage in some, often limited work-related activity. At the heart of this was the trajectory associated with their health conditions. Those who believed an improvement was likely were more encouraged to take action than those lacking hope of improving health. It was challenging to detect strong differences between the effects of the two post-WP trials based on the qualitative data in respect of whether the CC had encouraged additional work-related activity over the action plan as part of MIS Trial. More certainly, a personalised schedule of meetings with a Work Coach which were individualised in respect of discussion of health and other potential obstacles to work were important.

The MIS Trial research sample, because it contained claimants who had to participate in the trial, demonstrated that Work Coaches were tasked to support some extremely demotivated and reluctant claimants. These could offer resistance to engaging with work-related activity. Such research participants described their situations as hopeless because their health conditions had not responded to intervention over many years and were no better managed. Their accounts indicated that (any) support they had previously received through Jobcentre Plus and the WP had not changed this. Consequently, some did not want to work because they did not feel at all capable of work. They also lacked any confidence that employers would take them on. In some cases, in both post-WP research samples, it appeared that Work Coaches could agree with these claimants' assessment that work was not feasible, and place no expectations for engagement in work-related activity on them. This raises a question about how best to support such claimants to make progress towards the labour market. They are despondent about their potential to make such progress because of lengthy combined experiences of ill-health and of not gaining employment.

## The 2015 ESA trials: A Synthesis of Qualitative Research with Claimants

The qualitative research data from these two trials suggested less success with the post-WP groups, particularly amongst those who did not believe work would not be possible again despite being assigned to the WRAG. These claimants have necessarily received some work-focused support in the post-WCA phase and while participating in the WP. This may suggest a new, more differentiated offer is required, that is more focused on human capital<sup>9</sup> intervention (upskilling as well as support to address ill-health and condition management) and tailored occupational health support.

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<sup>9</sup> Human capital is defined as the skills, knowledge, and experience possessed by an individual or population, viewed in terms of their value or cost to an organisation or society.



# 6 Overall lessons and conclusions

The following chapter explores some general lessons that can be drawn from the delivery of the 2015 Employment and Support Allowance (ESA) trials, considering particularly the questions set out in Section 1.7 that this synthesis of qualitative evidence attempted to address. The conclusions drawn by the authors on the ESA trials based on the qualitative, claimant data are included and located within the evidence base of active labour market programmes.

## 6.1 Introduction

One of the main aims of this research on the Voluntary Early Intention (VEI), Claimant Commitment (CC) and More Intensive Support (MIS) ESA trials was to understand better how Work Coaches can help ESA claimants at various stages on the claimant journey make progress towards the ultimate goal of returning to work. This chapter presents some of the main lessons learned, firstly about the role of Work Coaches, how they delivered the trials, and how they interacted with claimants.

Following this, some of the structural constraints created by the design of the trials (particularly the additional time allocated to Work Coaches and the compulsory/voluntary nature of claimant engagement) are explored.

The discussion then turns to the lessons that can be drawn about how best to address the two main barriers to work identified within the interviews with the claimants in the trials: health barriers and the lack of labour market opportunities. Following this, lessons deriving from the perceived impacts experienced by claimants through the trials are captured and offer some options for how policy and practice might develop in the future.

A final section sets out some conclusions that may be drawn from the qualitative, research with claimants involved in the research across the ESA trials.

## 6.2 The role of the Work Coach – continuity and personalisation

Previous research on employment programmes preceding the ESA Trials (such as the Work Programme, Flexible New Deal and Pathways to Work)<sup>10</sup> has shown that the role of the front line member of staff in Jobcentre Plus (or contracted out provider organisations) is important – crucial even – in helping claimants move towards and into work. Furthermore the degree of personalisation that they deliver is at the heart of the relationship between claimant and staff.

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<sup>10</sup> See Cordon and Nice (2006), Vegeris *et al.* (2011), Newton *et al.* (2012) and Meager *et al.* (2014).

## The 2015 ESA trials: A Synthesis of Qualitative Research with Claimants

The overall conclusion from the qualitative research into claimants' experiences of the ESA trials is that Work Coaches appeared to deliver a service that was as tailored as possible to the aspirations and needs of claimants, and was provided in a supportive, collaborative and encouraging way. Furthermore, research participants reported that they had been able to establish a good rapport over the course of their meetings and other contacts, particularly when they worked with the same Work Coach throughout.

It is a familiar finding that claimants value continuity of staff in their dealings with Jobcentre Plus, but it is arguable that continuity becomes even more important when the amount of time available for contact is so much greater than under 'business as usual' arrangements. The research participants in this study perceived that continuity of Work Coach not only enhanced understanding of their health and work aspirations, but led to appropriate support being offered.

As mentioned, it was very important to claimants in the research samples that their Work Coach had a good, and empathetic, understanding of their health condition or conditions. When these claimants perceived that this was the case they felt that appropriate and useful discussions about what steps to take next were possible. Conversely other research participants said that some of their Work Coaches' suggestions for work-related activity (particularly when they seemed to be prescriptive about this) were based on a lack of understanding.

This raises the question of the appropriate level of medical knowledge Work Coaches should be expected to have, where they acquire this and how they should use it. Work Coaches are not expected by policymakers to be health specialists and they did not receive formal training on the occupational implications of health conditions as part of the ESA trials. Perhaps as a consequence, research participants said that their Work Coach drew on personal or family experiences of ill health to have a more informed discussion on this point.

Nonetheless, the qualitative research undertaken for this study suggested that much of the time in meetings between claimants and Work Coaches was spent discussing health-related matters. Furthermore, the extra time available to Work Coaches in the trials, as perceived by claimants in the research, allowed them to develop a degree of rapport that in turn allowed them to have more in-depth discussions about the claimants' health. There seems a need therefore for Jobcentre Plus to ensure that Work Coaches have levels of medical knowledge appropriate to the sorts of conversations they can expect to have with claimants if they are given more time to work with them in the future.

Within this qualitative study, the pace of engagement between claimants and Work Coaches emerged as an important contributory factor in respect of how claimants taking part in the research perceived their overall experience. Although there were exceptions, including those claimants in the research samples who viewed any engagement as a waste of time, research participants indicated their Work Coaches did not rush or put pressure on them. Work Coaches were perceived by these claimants as agreeable, e.g. acting in an encouraging or acquiescent style to working at a pace at which claimants felt able to commit. Some research participants who had previous experiences of claiming ESA or other welfare benefits sometimes drew comparisons between these and taking part in a trial. The views they expressed during research interviews indicated a preference for the less pressured pace of their ESA Trial.

Notably, some of the evidence from the qualitative research into the trials raises questions rather than generating conclusions. One example is the evidence that few research participants were referred to external sources of support. For the VEI and CC Trial research samples this was perhaps not surprising since the theories of change did not include this as an expected lever for change. It was more surprising for the claimants in the MIS Trial research sample where there was an expectation in the theory of change that third party referrals would be used as a way of moving people closer and into the labour market. Claimants who described a lack of support often identified barriers created by their health conditions and/or the lack of labour market opportunities. There is an important question raised by this finding of how such claimants can be supported if what was offered within the ESA Trials was not sufficient for them to make progress towards the labour market. A review of the resources available to Work Coaches might help answer this question.

### 6.3 Increased levels of support

In different ways the three ESA trials and their variants offered increased levels of support to ESA claimants compared with 'business as usual' arrangements, i.e. early intervention, additional Work Coach time, the use of the Claimant Commitment, support to improve or manage back pain, and better information on return to work gained by Work Coaches through using the OHA line.

The theories of change for each of the trials assumed that such additional support would increase levels of engagement with work-related activity and, produce 'soft outcomes' such as increased confidence that would eventually lead to people coming off ESA and ideally moving into work.

The qualitative research with claimants was not designed to assess impact. Without a counterfactual it cannot be known with any degree of confidence that changes in attitudes and behaviour described by research participants were caused by participation in the trials. However, the narratives of some lent support to the argument that the trials did indeed work in the ways envisaged in the theories of change.

From the accounts of claimants across all trial research samples there was appreciation of the contact with Work Coaches. It is possible to infer from these qualitative data, though not prove, that increased levels of contact made possible through the trials was beneficial to claimants' experiences in a number of ways. Rapport was made easier according to those taking part in the research, and Work Coaches were perceived to have gained greater knowledge of the claimant and thereby made more personalised suggestions for making progress. It is not possible to offer any conclusions about the optimum time needed for this to happen based on the data captured for this study. There was huge variety in practice. What can be said with more conviction is that some people needed support over very long periods of time, certainly beyond the time limits of the trials.

CCs and the therapeutic interventions available through the VEI Trial Back Pain Pilot (BPP) variant also helped some research participants, as expected, but qualitative research could not provide evidence on whether these forms of support led to job entries, over and above what would have happened in any case.

## 6.4 Conditionality versus voluntary engagement

WP completers were mandated to participate in the MIS Trial, but otherwise participation in the ESA Trials was voluntary, if not fully understood by claimants taking part in the research. However, it should also be remembered that actions agreed as part of a Claimant Commitment became mandatory for claimants in the post-Work Capability Assessment (WCA) and post-WP phases of support and therefore subject to the regime of sanctions if they did not meet their commitments.

As mentioned in earlier chapters, the accounts of research participants indicated a lack of awareness that their participation was either voluntary or compulsory, and some wrongly thought they had to take part as one of the conditions for claiming benefit. Some of those in the post-WCA and post-WP CC Trial research samples conflated conditionality in these stages of their ESA claim with the trial. It was notable from the range of claimant experiences within the research samples that they viewed the voluntary or compulsory nature of each trial as making no difference to their engagement. Instead, this was much more determined by perceived job readiness. Greatest engagement with 'work first' activities came for the job ready analysis category, while there was more mixed engagement with work first and human capital<sup>11</sup> development activities (such as volunteering and/or training activity) in the 'work possible in the future' group. The least engagement, which manifested itself as reluctance and resistance in some claimants, came for the research participants who were part of the compulsory MIS Trial.

Claimants who were part of research samples for trials that contained elements of mandation (i.e. those in the MIS and CC post-WCA/WP Trials) could have sanctions placed on them for non-compliance and notably, within the MIS Trial theory of change policymakers acknowledged the role of conditionality and sanctions as a lever for change. It was striking therefore that although some claimants described resisting active engagement with Work Coaches, none received any form of sanction. The only person in the qualitative research who reported having received a sanction was a young person in the CC Trial post-WCA research sample who missed an appointment. While the authors of this report cannot comment on whether any of these research participants should have been sanctioned, this evidence raised the question of whether Work Coaches saw conditionality as a useful tool with these claimants in respect of influencing and changing the engagement with work related activity of some claimants.

It is necessary to be cautious in drawing conclusions from qualitative research although it is noticeable that only within the research sample for the compulsory trial, MIS, were a substantial number of claimants who thought that work was not possible for them, in contrast to the voluntary trials including the post-Work Programme (WP) CC Trial research sample. Furthermore, it was claimants in the work not possible analysis category who engaged the least, according to their own accounts, and made the least progress towards the labour market.

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<sup>11</sup> As noted earlier, human capital is defined as the skills, knowledge, and experience possessed by an individual or population, viewed in terms of their value or cost to an organisation or society.

## 6.5 Health needs of claimants

As might be expected for claimants of a long-term sickness benefit, for those in the research samples health was a central and dominant topic for discussion with Work Coaches. For some claimants taking part in the research it was the only topic they broached in their meetings.

Apart from the VEI Trial BPP variant and possibly the VEI Occupational Health Advice (OHA) Variant, the ESA trials were not set up to offer claimants any support different to that offered to mainstream ESA claimants – while the CC was new in use with this claimant group, it was becoming the standard offer rolling out through Universal Credit (UC) implementation. It would thus, in future, be the standard offer when segregated benefits were integrated under UC.

What was clear from the qualitative research into claimants' experiences of the trials was that claimants believed that their health conditions and impairments constituted the major barrier to moving towards work and that therefore any progress towards work was reliant on health interventions and support outside Jobcentre Plus. As noted, some described how Work Coaches agreed with this assessment. Where claimants involved in the research were on waiting lists for assessments and treatments from General Practitioners (GPs) and hospitals neither they nor their Work Coaches had any control or influence over when these would be received. Other claimants in the research samples were not making progress back to work while they waited for the effects of new medications to take hold.

A group of claimants in each trial research sample believed that work was impossible for them, both at present and in future, due to prevailing health issues, even though those in the post-WCA Trials had been assessed as being in the Work Related Activity Group (WRAG) of ESA. Some of these, during research interviews, described experiences of the trials consistent with the practice of 'parking' described in other studies of back-to-work programmes.<sup>12</sup> This group of claimants poses a particular policy challenge for the Department and Jobcentre Plus. Although assessed as having capability, albeit limited, to work in the future by the WCA procedures, they present to Work Coaches as not able to work now or ever. The accounts of some MIS Trial claimants in the work not possible analysis category suggest that Work Coaches did not challenge these perceptions but acquiesced with them by not requiring claimants to undertake any work-related activity and not invoking the sanctions process.

In the VEI Trial BPP variant research treatment sample some claimants reported very positively that the physiotherapy and/or condition management strategies they had received had improved their health condition and thus their progress back towards the labour market. While this was not in itself surprising it highlighted that health interventions are generally something to which Work Coaches cannot offer access. It would be unrealistic to suggest that Work Coaches should be able to refer claimants for treatment for every conceivable health condition, but the success of the VEI BPP therapeutic interventions, including condition management strategies, for some claimants participating in the research suggests that there might be scope for extending this model to other claimants suffering from chronic pain.

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<sup>12</sup> See for example Bredgaard and Larsen (2007), Koning and Heinrich (2010), Newton *et al.* (2012), and Meager *et al.* (2014).

## The 2015 ESA trials: A Synthesis of Qualitative Research with Claimants

It is very difficult to draw conclusions about the role OHA played in the trajectories of the claimants in the VEI Trial OHA variant research sample. From their accounts, claimants were for the large part unaware that they were part of this trial and did not know whether their Work Coach had pursued the OHA in their case. Nonetheless, two bits of evidence point to a possible greater role for OHA in the future. As mentioned above some claimants in the research samples were dissatisfied when their Work Coach seemed not to understand their health conditions and the implications for the work they could consider. If Work Coaches could access OHA in these cases then they might be more likely to make suggestions for next steps that are perceived as more appropriate and thus more engaging for claimants. Second there were instances among the claimant research sample of people wanting to change careers, or at least thinking about such a possibility. OHA might be of potential use for such claimants either directly or indirectly, such as the VEI Trial OHA variant model.

### 6.6 Claimants' perceptions of the labour market

The second most commonly perceived barrier to getting a job, after health, mentioned by the claimants taking part in the research was the perceived lack of suitable jobs in their local labour market. It was notable that some of these claimants were willing and actively wanted to work, but perceived themselves as limited in the types of work they could do or the hours they could work. Some had been in occupations they felt they could not return to because they felt they now could not meet the physical and/or mental demands of these. A clear narrative emerged from claimants taking part in the research that they wanted to work, but needed the right jobs to be able to do so. The reported experiences of some claimants in this research, and in other studies of employment programmes,<sup>13</sup> is that those 'right jobs' are in short supply, particularly jobs that are suited to people with capacity for only a few hours of work a week or who have fluctuating conditions.

Some people involved in the research said they wanted to work, but needed to accommodate other commitments, particularly the care of children or older family members. These demands were not always regular and predictable. Their accounts suggested that finding work that they considered sufficiently flexible to allow them to combine work and care was far from straightforward.

Some older claimants in the research samples feared age discrimination. They saw very little hope of getting work because they believed that employers preferred to hire younger, cheaper staff. Some people in the research interviews (based on previous experiences) described fearing discrimination from potential employers and work colleagues in the future that might have high expectations for productivity that they could not meet.

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<sup>13</sup> For example, see Meager *et al.* 2014.

## 6.7 Timing of support

The qualitative data from across the ESA trial research samples shows that when claimants access certain elements of the Work Coach support offer, such as assistance in improving their job search skills, as well as therapeutic interventions, it needs to be appropriately timed and matched to their own assessments of their capabilities for progress to be made. In describing their conversations with Work Coaches, research participants who were still some distance from the labour market said that although there was some discussion about their prior employment history and the type of work they might do in the future, immediate steps that could be taken to find a job were not always discussed and agreed. However, Work Coaches had made it clear that support was available and that claimants should make it known when they feel ready to engage.

This approach was well-received by those research participants who were eager to progress and access additional support as well as among those who were not. They felt reassured that support could be accessed at the point when it was needed (i.e. when their health improved) and that, at this stage of their journey, they had the self-efficacy to say when this should be.

It was also notable that some claimants in the post-WP research samples (MIS and CC Trial post-WP) were able to make progress through the support offered as part of the trials, when they had not done so previously. Their accounts suggest that the trial support was delivered at a point when they felt able to take on a little more activity; it was a timely intervention, in respect of how they felt about their capabilities that made the difference.

The back pain support therapeutic interventions were taken up by a more diverse group of claimants across the three work readiness analysis categories than took up work-related activities in the VEI BPP variant. The timing of this offer was important. One group of claimants did not take up back pain intervention because their health conditions were too severe or their experience of pain too acute. Some found the implications of their health so debilitating that they were housebound. For these reasons, they believed it was not appropriate to access therapeutic support. During their initial contact with Work Coaches it was left to the claimants to make this judgement. Where claimants took up the intervention it was because they felt ready. Some had received an offer of similar support through occupational health at work but had declined it at that time for the same reasons as some declined the trial intervention. Again, this indicated the importance of timing support to claimants' experience of ill-health and sense of capability.

## 6.8 Claimants' perceptions of impact and distance travelled

A range of perceived impacts were described by claimants taking part in the qualitative research for the trials. These were expressed in different ways; sometimes as significant changes in attitudes or circumstances, and sometimes as progress made towards work, i.e. distance travelled.

## The 2015 ESA trials: A Synthesis of Qualitative Research with Claimants

If 'hard outcomes' are defined as not simply entry into work, but also some form of work experience or training then there were examples of all these in the qualitative data collected for this study, though overall few job entries. In contrast the achievement of 'soft outcomes' appeared more prominent, such as increased confidence, reduced anxieties about attending Jobcentre Plus offices, or a more positive and optimistic view of work capability.

From a qualitative study it is not possible to generalise about the causal links between participation in any of the trials and the hard and soft outcomes achieved, not least since there is no counterfactual or comparative evidence for hard outcomes. However, there is sufficient evidence to suggest that the personalisation of support, especially when sufficient time was allowed to develop constructive, supportive relationships between claimants and Work Coaches, contributes to the sorts of soft outcomes envisaged by the theories of change. The achievement of progress in respect of soft outcomes was most noticeable among claimants in the work ready in the future analysis category where there was strong evidence of, for example, increases in personal confidence and a more active sense of self-efficacy.

By no means all outcomes, hard or soft, were attributed by research participants to participation in one of the trials. Notably, where entry to work was achieved few claimants in the research believed the trials had any part in this. Instead, they placed importance on the role played by family and friends as sources of support and information, of health professionals such as GPs and hospital staff in gaining improvements in health, and of their own networks and efforts to securing work.

In the theories of change it was either explicit or implicit that 'soft' or intermediate outcomes were important milestones on the journey back to work. The challenge remains therefore of how to turn soft outcomes into the ultimate hard outcome of sustained employment.

## 6.9 Future approaches

There are a number of key lessons from the qualitative research with claimants taking part in the ESA trials that indicate how ESA claimants can best be helped make progress back to work:

- Early intervention is beneficial.
- Claimants' motivation to work and perceived job readiness are crucial to the progress that can be made.
- Timing of support is crucial – claimants need inputs and interventions at a time and a pace that matches their assessment of their own capabilities.

There is sufficient evidence from the qualitative data to be able to suggest interventions such as back pain support and OHA would be beneficial for some ESA claimants regardless of their stage on the claimant journey or their perceived job readiness. These and other forms of support clearly need to be timed appropriately to be compatible with claimants' perceptions of their job readiness.



The research reported here did not involve any research with Work Coaches. Therefore, no information was available to triangulate with claimants' account of how, if at all, Work Coaches assessed job readiness, whether this is standardised or formalised, and if such assessments were made, how Work Coaches use the ensuing information. However, some form of formal triage system based on work readiness may be a useful tool for Work Coaches.

One final lesson is in relation to the work not possible group of claimants. Claimants who described themselves as such did not, by definition, consider themselves capable of working ever despite having been placed in the ESA WRAG. This judgement means they were assessed as capable of undertaking work-related activity to move closer to work. This clear conflict of views, and the evidence of little progress being made by this group, is a challenge for Jobcentre Plus. Existing strategies for engaging them may not be sufficient suggesting that Jobcentre Plus at least needs to have new strategies of working with them to prevent them being completely disengaged. The findings from this research might also usefully feed into public debates and the ongoing independent review of the WCA. The finding that the outcome of the WCA assessment of work readiness conflicts (sometimes strongly) with some claimants' own assessments of their capabilities and prospects for working (as well as those of their Work Coaches) presents a particular challenge for policy.

### 6.10 Conclusions

Overall, the qualitative, claimant evidence would support the continuation and extension of all the different types of support offered as part of the ESA trials. It was encouraging to find evidence that early intervention, additional time, and therapeutic treatment for lower back pain could all contribute to helping claimants make progress in their journey back to work, even where initially they did not see themselves as having prospects of working. In respect of the VEI BPP therapeutic interventions, including condition management strategies, there were indications that this could be supportive of claimants at later stages of their claim as well as those experiencing other forms of pain.

There also appeared opportunity to capitalise much more on the OHA available through the VEI Trial OHA variant. Amongst those claimants taking part in the research who felt their health conditions were not fully understood or who felt they would need to change jobs but had little idea of new lines of work to pursue, it appeared that more tailored input on occupational health issues as well as work place adjustments would be of value.

Claimants in the research samples who were the most confident amongst the job ready wanted and needed very little help. They were characterised by existing competence in job search skills and confidence in their ability to find a job through their own effort and networks. This group need very light touch work first support and the qualitative evidence suggested that Work Coaches configured their support accordingly. Work ready claimants who were less confident and/or required some ideas for careers and work were more appreciative of the deeper level of support made available to them. Assessing attitudes to work and tailoring support to current capabilities and beliefs in the ability to find and hold down a job appeared to be a message emerging from this claimant research.

## The 2015 ESA trials: A Synthesis of Qualitative Research with Claimants

The greatest progress appeared possible with those claimants in the research samples who foresaw working as a future possibility. These could be assisted, through a process of meetings and agreeing actions that were personalised in respect of the health and feelings of capability, to change attitudes towards working, and be involved in human capital-focused work-related activity, such as volunteering and work experience.

For both these groups of claimants, less confident work ready claimants as well as those who thought work would be possible in future, it appeared that the process of completing a CC could engender what appeared to be additional work-related activity although this could not be tested within a qualitative study.

However, less progress was made with those claimants who did not believe they would work again because of the severe and ongoing effects on functioning of their health conditions. The More Intensive Support (MIS) Trial research sample contained substantial numbers of these, and because claimants were mandated to participate included a group that showed little inclination or motivation to consider any form of work-related activity. It was unlikely that alone or even together the interventions available through the ESA trials would lead to any significant increase in the number of ESA claimants who saw themselves as unable to work finding employment. Instead, health and labour market barriers were largely not addressed and remained as seemingly insuperable for a large proportion of these claimants.

This finding in particular raises a challenge for policymakers. This group, who in the post-WCA phase had been assigned to the WRAG, could not see the potential to work given the lack of progress or improvement in their health conditions and a labour market that was not supplying work in a form that they could consider. It was challenging for Work Coaches to lift deeply held views on inability to work, particularly where their own views, at least through the lens of claimants' own accounts, accorded with those of claimants. There was a risk therefore of this group being deprioritised for support, demonstrated by few meetings throughout the trial experience, although being content at this outcome. The acceptability of this within the current policy climate requires some consideration alongside consideration of whether a different form of support, more centred on human capital intervention, could make a difference.

More generally, the key conclusions that can be drawn from this study are:

- Early intervention, additional time with the Work Coach, occupational health advice and therapeutic treatment for lower back pain were all perceived as beneficial by claimants.
- Claimants' motivation to work and perceived job readiness were crucial to the progress that could be made. Some form of formal triage system based on this may therefore be a useful tool for Work Coaches.
- The voluntary or mandatory nature of each trial was often not viewed by claimants as making any difference to their engagement. Instead, this was much more determined by perceived job readiness.
- Timing of the support was critical – claimants needed support at a time and a pace that matched their assessment of their own capabilities.
- It was very important to claimants that Work Coaches were empathetic, had a good understanding of their health conditions, and had a style that was supportive, collaborative and encouraging, rather than prescriptive.

# Appendix A

## ESA Claimant research opt-out letter

Claimant name

Address



Department  
for Work &  
Pensions



City Gate, 185 Dyke Road  
Brighton, BN3 1TL  
Telephone: 01273 763400  
Website: [www.employment-studies.co.uk](http://www.employment-studies.co.uk)



University of York  
Heslington, York YO10 5DD  
Telephone: 01904 321975  
Website: [www.york.ac.uk/inst/spru/](http://www.york.ac.uk/inst/spru/)

24th November 2015

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### Research with Employment and Support Allowance claimants

Dear <>

We would like to speak to you for a research study about the support offered by Jobcentre Plus and the experiences of Employment and Support Allowance (ESA) claimants. Your name has been selected from people claiming ESA and we are contacting you for research purposes only.

The research has been commissioned by the Department for Work and Pensions and is being carried out by the Institute for Employment Studies (IES) and the Social Policy Research Unit (SPRU), which are independent research organisations. Someone may call you in the next few weeks to ask if you are willing to take part in a telephone interview. If you choose to take part, the interview will last for approximately 30-45 minutes.

If, due to your circumstances or health condition(s), it is difficult for you to take part in a telephone interview and/or you would need some form of support in order to speak with us (such as a translator, or signer) we will do our utmost to meet your requirements in order that you can take part.

## The 2015 ESA trials: A Synthesis of Qualitative Research with Claimants

Not everyone who receives this letter will be contacted to arrange an interview, so if you particularly wish to take part please get in touch on the contact details below to let us know as soon as possible. You can let us know about any support needs you have then, or when a member of the research team contacts you about the interview.

Please be assured that any information you provide will be held in the strictest of confidence and will be handled securely throughout the study. The research findings will not identify you and no personal information will be shared with any third parties. Participation in this research is voluntary and will not affect any benefits or tax credits you are claiming, now or in the future.

Everyone who participates in an interview will receive a gift of £20, as a small token of thanks. This will not affect your benefits. Where interviews take place by telephone, the gift will be sent to you by recorded delivery.

If you do not want to take part please let us know by Wednesday 2nd December. You can contact the Project Administrator Karen Patient on 01273 763460 or via email [karen.patient@employment-studies.co.uk](mailto:karen.patient@employment-studies.co.uk). Alternatively you can complete and return the opt-out form enclosed and return it in the pre-paid envelope provided.

If you have any questions about the research please contact one of the IES research team (Becci Newton on 01273 763441 or Jonathan Buzzeo 01273 763405) or the DWP Project Manager Ailsa Redhouse on xxxx xxx xxxx.

Your contribution will provide us with valuable information that will help us to shape the services and support offered to ESA claimants. We hope that you decide to take part.

Yours sincerely



Becci Newton  
Institute for Employment Studies



Ailsa Redhouse  
DWP Labour Market Trials Unit

Research with Employment and Support Allowance claimants

.....  
I do not wish to be contacted for the research.

Name: .....

Address: .....

.....  
Post code: .....

Please return in the pre-paid envelope provided.

# Appendix B

## Video-recorded observations research brief



Department  
for Work &  
Pensions



### Research brief: ESA Trials evaluation

The Government has introduced the ESA Trials to help people find and stay in work. The Department for Work and Pensions (DWP) has asked the Institute for Employment Studies (IES) and the Social Policy Research Unit (SPRU) to lead qualitative research on the trials to see whether they work or not.

The research will look at the delivery and success of the trials by asking participants about their experiences and finding out what happens to them during and after their participation. The research also includes understanding how Work Coaches in Jobcentre Plus help people prepare for and find work by video-recording face-to-face meetings between them.

We would like to invite you to take part in this research to help us answer some of these questions by allowing us to video-record your meeting with your Work Coach. The purpose of this is to see first hand how people are helped. The researcher will not be present during people's meeting, but afterwards, the researcher will talk to the people involved in a short follow-up interview lasting approximately 10 minutes to get their views on the support they have received.

If you are worried or have any questions about this please ask the researcher. They will discuss the research with you and your willingness to be part of it before your meeting.

You do not have to take part in the research or agree to your meeting being video-recorded if you do not want to. If you agree, the researcher will ask you to complete a consent form as well as for your permission to switch on the video recording advice. The researcher will then leave the meeting, which will go ahead as planned with your Work Coach.

The study has not applied for approval under the Mental Capacity Act (MCA) 2005 which means it can only include respondents who have the capacity to consent to their own participation. People such as relatives or carers will not be able to consent on behalf of those without the capacity to give their consent to participation but may, where relevant, be invited to provide their own views.

All information collected will be kept by the research team and will remain confidential until it is destroyed. No research papers or reports will name you or identify you in any way. Even though IES and SPRU are doing this work for the DWP, no information that could identify you will be shared with the Department.

## **The 2015 ESA trials: A Synthesis of Qualitative Research with Claimants**

Before taking part we need you to give your consent. For the face-to-face meetings, by signing a consent form. Your consent, if you give it, states that you:

- Have received and understood this research information sheet and have had time to decide whether or not you want to participate.
- Understand that taking part is voluntary and that you are free to withdraw at any time, without giving a reason and without there being a penalty of any kind.
- Understand that IES and SPRU are doing this work for DWP, and that findings from the interviews will be shared between these research organisations, no information that could identify you will be shared with DWP.
- Are aware that any research publications, reports and other documents will not name or in any other way identify you.
- Understand that any information generated by the research will be held securely and disposed of in accordance with DWP guidelines.

### **Opting out of the research:**

Your contribution will provide us with valuable information that will help us to evaluate the Work Programme and we do hope that you decide to take part, however, you are under no obligation to do so and you can withdraw at any stage.

### **For further information about this research project, please contact:**

Becci Newton (Project Manager – IES)

Institute for Employment Studies, City Gate, Dyke Road, Brighton BN3 1TL



01273 763400



[becci.newton@employment-studies.co.uk](mailto:becci.newton@employment-studies.co.uk)

# Appendix C

## ESA claimant research Topic Guide: Initial interview

- Explain background to the research. Institute for Employment Studies (IES) and Social Policy Research Unit (SPRU) are independent research organisations commissioned to undertake the claimant research for the Employment and Support Allowance (ESA) trials.
- This comprises in-depth interviews with ESA claimants and observational research in Jobcentre Plus.
- Remind them how we have obtained their details (this will have been covered in recruitment). You are or were part of a new provision that is aiming to improve the support available to ESA claimants and the Department for Work and Pensions (DWP) supplied us with the contact details of people taking part.
- The aim of the discussion with you (and others) is to build up a picture of how the ESA trial is helping different people.
- The interview will last between 30-40 minutes, depending on how much you have to say.
- The interview will be undertaken confidentially and will be reported **anonymously**. If we use any quotations in our report, these will not be attributed to individuals – rather a generic term such as ‘ESA Claimant’ will be used. You will receive £20 in cash as a thank you for taking part.
- We would like to follow-up with some people later in the year. I will discuss this with you at the end of our discussion.
- We would like permission to record the discussion – for the researchers’ purposes only. No one outside of the research team will see the notes/transcripts.
- **Ask whether they grant permission to record if they do, switch on the recorder and ask them to confirm their consent for the recording. If they do not grant permission, let them know you will take detailed notes of what they say. Let them know this may lead to some pauses in the discussion.**

### Reminder of the trials and variants for researchers

VEI (pre-WCA)	CC	MIS (post-WP)
VEI core	Pre-WCA	
VEI OHA	Post-WCA	
VEI Back Pain	Post-WP	
Voluntary	Conditionality for some	Mandatory

## The 2015 ESA trials: A Synthesis of Qualitative Research with Claimants

**Researcher note 1:** In terms of managing the interview, we envisage timings as follows: Sections A-C will require a third of the interview – with Section B Qs 8-11 taking a substantial chunk of this time; a third of the interview should then be spent on Sections D and E respectively.

**Researcher note 2:** Please tailor wording throughout the discussion as claimants may not think of themselves as involved in a trial, rather they may understand themselves as being in receipt of additional support from Jobcentre Plus Work Coaches, and in VEI BPP the physiotherapy provider.

### Background and personal circumstances

- The purpose here is to gather brief contextual information to check what we know from the sample and to inform the discussion. As such, there is no need to probe in detail. The answers will contribute to understanding attitudes to working and decisions taken.

3. Can I confirm – are you currently receiving ESA?

- **If yes**, check the sample information we have on the stage of their claim is correct, e.g. pre/post-WCA, post-WP; approximate length of time on ESA
- **If no longer receiving ESA**, find out whether they are employed, have transferred to another benefit or stopped their claim. **Check the information we have on the stage of their claim is correct, e.g. pre/post-WCA, post-WP; approximate length of time on ESA.**

4. Can you tell me **a little** about the health condition and/or circumstances that caused you to claim ESA most recently?

- We are interested in relatively high level information on health conditions to confirm and extend a little upon the sample health categories. We would like to understand whether claimants have one main condition or multiple health conditions interacting. If there are multiple conditions, which is the most problematic (MH/LDD, MSK, Other)

5. And, can you tell me some background information about you and your family:

- Can you tell me your age?
- Who lives with you? Any children? How old are they?
- Do you have any other caring responsibilities?
- Where do you live? e.g. own house/flat, rented accommodation (private/social landlord?), other ...
- What are your main sources of income (including benefits)?
- And finally, can you tell me what, if any, educational qualifications you have?

6. Before you started on the [VEI; MIS; CC] trial, when did you last do any paid work? What was your last job?

- Is that the sort of work you normally do?
- If not, ask what respondent would consider their normal employment.



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- We are looking for a brief employment history to understand if they are professional, skilled, manual etc. Remember, they might not have a 'normal' occupation and their last period in work may have been a long time ago especially if they are post-WP.
7. If relevant, before you started your most recent ESA claim were you claiming Jobseeker's Allowance (JSA?)
- Probe for how long they claimed JSA; and the circumstances that meant they needed to move to ESA.
8. I understand you have joined a new support provision at the Jobcentre [VEI; MIS; CC] – is that right? Prompt with brief details if necessary.
- Probe on approximate date that they started on this support.
  - Claimants are unlikely to know the name of the trial and you may need to prompt with additional information such as more time with a Work Coach, more support following the Work Programme, completing a Claimant Commitment. Please reflect the claimant's terminology for the remainder of the interview. Instances where you may need to do so are indicated by [VEI; MIS; CC].

### Circumstances at entry to the ESA Trial

9. So I want to talk to you about your circumstances before you started on the [VEI; MIS; CC] Trial. Were you receiving any other support before you joined it?
- Probe nature of support received, e.g. for health condition; occupational health; employment/employability; skills; other barriers; anything else (specify).
    - Did/does support involve work-related activities?
  - Probe who has supplied this support, e.g. DWP, via GP, training provider, support organisation, charity, Work Programme provider.
  - Check whether they are still receiving this support.
  - What are their views of this support – if helpful, in what ways?
10. And how you were feeling about work just before you started on the [VEI; MIS; CC] Trial?
- Probe: did you want to work?
  - Probe: did you feel able to work?

• This is intended to start a discussion (continued in Q9-11) about motivation and distance from the labour market which will provide a benchmark against which we can gauge distance travelled. We are interested in the barriers people perceive to working.

11. Thinking about just before you started on the [VEI/MIS/CC] Trial, other than your health condition, was anything else stopping you from working?
- Probe for details (skills, employer attitudes, competitive labour market, other responsibilities e.g. caring commitments etc).
  - What was the main difficulty you faced to working?
  - What help did you want/need to get (back) into work?

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12. Did you have any job goals, or hopes, at that stage?
13. And in your view how close were you to getting into work just before you first started on the [VEI/MIS/CC] Trial?

- This may cover proximity to work-related activity which could help to prepare the claimant for work

### Entry into and early views of the trials

14. How did you hear about the [VEI; MIS; CC] Trial? Prompt if necessary with:
- **for those pre-WCA:** phone call from Jobcentre Plus, phone call to Jobcentre Plus, letter, text, visit to Jobcentre Plus, word of mouth.
  - **for those post-WCA:** meeting with Jobcentre Plus.
  - **for those post-WP:** meeting with Jobcentre Plus, from Work Programme provider.
15. What were you told the [VEI; MIS; CC] Trial would involve?
- Probe whether those on VEI variants were told about the variants at this point and if so, what they were told.
  - Probe their understanding and expectations for taking part and what they understood were voluntary and, if relevant, mandatory elements of the trial.

- The aim here is to begin to tease out claimants' understanding of the trial offer, with their experience to be drawn out in Section D. There are different conditions attached to each trial – researchers will tailor the discussion appropriately.
- **VEI:** All variants of VEI are voluntary including whether to take up physiotherapy under the BP variant.
- **CC:** pre-WCA CC is entirely voluntary; for post-WCA CC and post-WP CC, completing a CC is voluntary but meetings with a Work Coach and work-related activities may be mandatory.
- **MIS is mandatory;** although frequency and duration of Work Coach meetings, and the work-related activities that are suggested, should be personalised.

16. What were your views on joining [VEI; MIS; CC] Trial? How did you think it would help you?

- For the voluntary trials particularly (VEI and pre-WCA CC) we are interested in what made them decide to take part for example the messaging, detail of offer, personal circumstances etc. to help inform future engagement strategies for ESA claimants.

## The support experience

- In this section, which forms a substantial part of the interview, allow the claimant to volunteer information which may cover the support experience, referrals, general level of satisfaction as well as explore the relationship with their Work Coach and the differences between making an action plan and negotiating a claimant commitment.

17. Let's talk about your experiences of being on the [VEI; MIS; CC] Trial? What has happened since you joined? Probe:

- Frequency and duration of contact with Work Coach.
- Continuity of support i.e. same Work Coach throughout.
- **[VEI BP and OHA]** If not covered earlier, when/what they were told about the BPP or OHA variants?
- Balance of face to face and telephone meetings with Work Coach.
- Email contact.
- Referrals to third parties including VEI BP – gather details.
- Anything else?

18. Can you tell me about the coverage of meetings with your Work Coach?

- Probe on how well they think their Work Coach understood their personal circumstances, health condition and ability to undertake work-related activities.
- **[VEI BP only]** Probe on whether they were offered physiotherapy and whether they took this up. If they refused the BP offer, explore their reasons to do so.

- We are interested in examples and the emphasis on job search skills; work-related activity; health condition; coping strategies; local labour market; guidance offered on the process of ESA and the WCA.
- We are interested in whether Work Coaches are believed to understand claimants' circumstances and health conditions to understand more about whether a personalised service is delivered. In analysis, this should allow effects of VEI OHA to emerge.
- We are interested in sources of support that were mentioned including support organisations, charities, training providers, occupational health, health interventions incl. back pain for VEI BP.
- For CC particularly we are interested in the focus on capability to work and what the claimant can do, rather than what they cannot.

19. Did you make (any) decisions about your next steps as part of your meetings?

- Probe for whether an action plan (AP) or Claimant Commitment (CC) was agreed. What was in it?
- Probe for their views on the tasks and actions in the AP or CC: Were these appropriate and achievable? Did they believe they would help? How?

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- Probe for their views on the extent they had choice in what tasks/actions to undertake and which provision was more appropriate for their circumstances?
- Probe for views about action plan or Claimant Commitment. How far does this help them think about themselves and work? Probe on the extent to which they believe they 'own' their job search/work-related activities?

- The Claimant Commitment Theory of Change includes an assumption that the CC will build claimants' ownership of their job search and work-related activity. This question will allow us to explore this and make comparisons between trials.

20. Were there any practical issues that made it difficult for you to take-up the support offered by your Work Coach or to do the things they suggested?

21. How would you describe the style/approach of your Work Coach? **Probe on approaches and emphasis on engagement, rapport, support, challenge, negotiation etc.**

- The Theory of Change models indicate that the nature of the relationship and engagement between claimants and Work Coach may vary between the trials. Q18 allows us to capture this.

22. We talked earlier about the types of thing that were preventing you from getting work. Have any of these been tackled in the support you have received so far? **Probe which have been tackled and explore:**

- Do you think the activities your Work Coach has suggested have been useful in addressing your needs?
- Has the timing of their suggested activities been appropriate?
- To what extent were you able to determine what actions would best help you? How far have you wanted to determine this?
- Do you think the support has been (sufficiently) work-focused?
- Is it (sufficiently) focused on condition management/accommodating your health condition(s)?
- How satisfied are you overall with the support you have received?
- What (further) help do you want/need to get (back) into work?
- In your opinion, how close you are to getting into work now?

- For CC we are interested in whether the claimant was proactive in determining the nature of the support that would help them (bullet 2).
- Bullet 4 (condition management) is particularly relevant for VEI Back Pain but is intended for all trials and variants (accommodating conditions) to allow differences to emerge in analysis.

## Perceived outcomes: changes in attitudes, behaviour and self-efficacy

- In this substantial section, we want claimants to tell us about the difference that being part of the trial has made to them, to understand the impacts of the unique features of each trial as well as of the time spent with Work Coaches. This will help us to understand distance travelled, e.g. changes in self-efficacy, behaviour and attitudes.
- Please tailor the discussion appropriate – some claimants may move towards work whereas others may feel more capable of work-related activity.

23. We're interested in what has changed for you since you started on the [VEI; MIS; CC] trial. Let's start with how you **feel** about working now..?
- Do you want to work?
  - Do you feel able to work/More able to prepare for work?
  - In what way(s) is that different from when you joined the trial?
  - What has changed? Why?
  - What caused this/these change(s) to happen? **Probe whether this relates to the particular features of the trial including referrals/Claimant Commitment etc, the Work Coach or something else.**
24. We talked earlier about your experiences as part of the trial and the types of activities you had been involved in. What if anything you are doing differently in respect of:
- Work-related activities?
  - Your health and/or wellbeing?
  - In what way(s) is that different from when you joined the trial?
  - What has changed? Why?
  - What caused this/these change(s) to happen? **Probe whether this relates to the particular features of the trial including referrals/Claimant Commitment etc, the Work Coach or something else.**
25. In your view, has your participation in the [VEI; MIS; CC] Trial changed **how you feel about yourself?** Probe:
- Do you feel more or less confident in yourself and your ability to find work/move towards finding work either now or in the future?
  - Do you feel you have more or less control over what's happening to you now?
  - In what way(s) is that different from when you joined the trial?
  - What has changed?
  - Why?
  - What caused this/these change(s) to happen? **Probe whether this relates to the particular features of the trial including referrals/Claimant Commitment etc, the Work Coach or something else.**

## **The 2015 ESA trials: A Synthesis of Qualitative Research with Claimants**

26. And finally, has there been anything about being on the trial that has been different from any/all the support you have received before? Probe for details.

### **Thank you**

Turn the recording device off and let the claimant know it is switched off.

Remind the claimant that you would like to send the £20 cash incentive to them. Ask them for the address where they would like it sent. It will be sent to them by recorded delivery.

Remind the claimant that we would like to follow-up with some people towards the end of the year to find out how they are getting on. These interviews will be shorter needing around 20-25 minutes of their time. People taking part in follow-up interviews will receive £15 in cash as a thank you.

Ask the claimant if they would be willing to be contacted in the future?

If yes, take down details of how to contact them on the re-contact permission form. Ideally two methods of contact e.g. landline and mobile, mobile and email.

# Appendix D

## ESA claimant research follow-up interview Topic Guide

### Notes to interviewers

The purpose of these follow-up interviews is slightly different to a standard longitudinal research design. We are **selecting** respondents for follow up rather than collecting data on the full sample. Only one in four are being selected; i.e. nine for each ESA Trial.

Selection will be based primarily on cases that we are hopeful will provide us with useful learning on a range of issues. We will select therefore:

- Seven cases per trial where progress has already been made or where actions are planned that will move claimants closer to the labour market. We want to know what happened next.
- Two cases per trial where no progress had been made at first interview. The reason for identifying some cases here is that the follow-up interviews will reveal any later progress, and possibly 'turnarounds' (where for example a claimant had expressed no wish to work but subsequently changes their position).

The follow-up interview will capture data on activities between the two interviews and changes in personal characteristics (such as health, or household composition).

Some questions will work best if relevant data from the first interview is extracted and summarised for the claimant to respond to, rather than relying on them to remember what they said two months ago. Where this is required is marked in **grey**. See Q2 for an example.

# The 2015 ESA trials: A Synthesis of Qualitative Research with Claimants

## Introduction

- Remind them of the background to the research. IES and SPRU are independent research organisations commissioned to undertake the claimant research for the ESA Trials. As part of this we have interviewed some claimants and we are now following up with some of them who gave permission for us to re-contact them.
- Explain that we will ask about what has happened to them since their first interview in October and any other changes in their lives (such as with their health). We will also ask about any changes in how they feel about work and their thoughts about work in the future.
- The interview will last between 20-30 minutes, depending how much you have to say.
- The interview will be undertaken confidentially and will be reported anonymously. If we use any quotations in our report, these will not be attributed to you – rather a generic term such as ‘ESA Claimant’ will be used. You will receive £15 in cash as a thank you for taking part.
- We would like permission to record the discussion – for the researchers’ purposes only. No one outside the research team will see the notes/transcripts.
- Ask whether they grant permission to record if they do, switch on the recorder and ask them to confirm their consent for the recording. If they do not grant permission, let them know you will take detailed notes of what they say. Let them know this may lead to some pauses in the discussion.

## Reminder of the trials and variants for researchers

VEI (pre-WCA)	CC	MIS (post-WP)
VEI core	pre-WCA	
VEI OHA	post-WCA	
VEI Back Pain	post-WP	
Voluntary	Conditionality for some	Mandatory

**Researcher note 1:** In terms of managing the interview, we envisage timings as follows: Sections A should take 5-10 minutes, Section B 10-15 minutes, and Section C 5-10 minutes.

**Researcher note 2:** Please tailor wording throughout the discussion as claimants may not think of themselves as involved in a trial, rather they may understand themselves as being in receipt of additional support from Jobcentre Plus Work Coaches, and in VEI BP the physiotherapy provider.

## Changes to background and personal circumstances

- The purpose here is to update the contextual information gathered as part of the initial interview which will inform the further discussion. As such, there is no need to probe in detail. Answers will contribute to understanding of how attitudes to working and decisions taken may have changed or not.



## The 2015 ESA trials: A Synthesis of Qualitative Research with Claimants

1. First of all can you tell me if anything has changed in your personal circumstances such as:
  - Where you live.
  - People living with you/caring responsibilities.
2. Can you tell me a little about your health now? Last time you mentioned you ... **[INSERT DATA ON HEALTH CONDITIONS FROM INTERVIEW #1]**. Has anything changed since we last spoke in October?
  - Probe to understand nature and cause of any changes.
  - Probe to understand if health is unchanged, whether they would have expected any change in the last two months.
  - Probe whether attitudes to condition management have changed – do they feel more able to cope with their particular conditions now?

- We know that people in the sample have a range of health conditions that will affect them in different ways so these questions should be tailored and probing based on information from the initial interview. If they were awaiting an operation, has that now taken place? If they were in rehabilitation, has progress been made etc.

3. Can I just check which benefits you are on? Last time you said you were getting ... **[INSERT DATA FROM INTERVIEW #1]**. Has anything changed?
  - **If on ESA (or do not know), IF NOT KNOWN FROM INTERVIEW #1** check whether they have had their WCA; check whether VEI and pre-WCA CC have transferred to the Work Programme.
  - **If no longer receiving ESA**, find out whether they are employed, have transferred to another benefit (JSA, IS etc) or stopped their claim. **Check whether they are pre-/post-WCA if not known from interview #1.**
  - Any other changes to your income (including other benefits, e.g. Personal Independence Payment)?

### Updates on the support experience

- In this section, which forms a substantial part of the interview, allow the claimant to volunteer information which may cover the support experience, referrals, general level of satisfaction as well as explore the relationship with their Work Coach and the differences between making an action plan and negotiating a claimant commitment. While only CC claimants would make a CC other groups may establish an action plan of steps they will take towards work.

## The 2015 ESA trials: A Synthesis of Qualitative Research with Claimants

4. Last time we talked about your contacts with the Jobcentre Plus **FOR MIS add** after the Work Programme had finished for you. You told me you had seen ... **[INSERT DATA FROM INTERVIEW #1 – e.g. name of WC and number of meetings]**, and you had **[INSERT DATA FROM INTERVIEW #1 about work-related activity undertaken or planned]**. Can I ask about what has happened since we last spoke in October?

### (If still meeting ...)

Probe:

- Frequency and duration of contact with Work Coach.
- Continuity of support i.e. same Work Coach throughout.
- **[VEI BP and OHA] If not covered earlier**, when/what they were told about the BPP or OHA variants.
- Balance of face-to-face and telephone meetings with Work Coach – why this balance.
- Email contact.
- Referrals to third parties including VEI BP – gather details.
- Any planned activities (meetings with Work Coaches, referrals and signposts etc).
- Anything else?

### (If no longer meeting ...)

- Why did the meetings come to an end? (this may have been a scheduled ending to support entitlement).
  - If relevant, **You said last time that the Work Coach would be calling you back**. Did the Work Coach call back when they said they would?
  - Views on no longer/never receiving the trial support – would they have wanted some additional support? Probe in depth on the support they would have liked – format, frequency, when and why etc.
5. If relevant, Can you tell me about your recent meetings with **[name of Work Coach]** since we spoke in October? What did you talk about?
- Probe for balance between health, condition management and work-related activity.
  - **[VEI BP only]** Probe on whether they were offered physiotherapy and whether they took this up. **If they refused/accepted the BP offer**, explore their reasons to do so.

## The 2015 ESA trials: A Synthesis of Qualitative Research with Claimants

- We are interested in examples and the emphasis on job search skills; work-related activity; health condition and management; coping strategies; local labour market; guidance offered on the process of ESA and the WCA.
- We are interested in sources of support that were mentioned, including support organisations, charities, training providers, occupational health, health interventions incl. back pain for VEI BP.
- We are interested in claimants' reactions to the support offer as set out – did they take up any sign-posts, referrals, recruitments as offered by the Work Coach – why/why not?
- For CC particularly we are interested in the focus on capability to work and what the claimant can do, rather than what they cannot.

6. **If relevant**, Did you make (any) decisions about your next steps as part of your more recent meetings? **If relevant**, Did this build on activities you were already involved in when we last spoke – how?
- Probe for whether an action plan (AP) or Claimant Commitment (CC) was agreed. What was in it?
  - **If an AP or CC was not agreed**, explore the reasons why a decision was reached that work-related activities were not necessary.
  - Probe for their views on the tasks and actions in the AP or CC: Were these appropriate and achievable? Did they believe they would help? How?
  - Probe for their views on the extent they had choice in what tasks/actions to undertake and which provision was more appropriate for their circumstances?
  - Probe for views about action plan or CC. How far does this help them think about themselves and work? Probe on the extent to which they believe they 'own' their job search/work-related activities?

- We are interested in changes to the extent of work-related activity particularly.
- We are interested in the degree to which Work Coaches have promoted work-related activity or have agreed that claimants are not ready to undertake it.
- The Claimant Commitment Theory of Change includes an assumption that the CC will build claimants' ownership of their job search and work-related activity. This question will allow us to explore this and make comparisons between trials.

7. Can I ask about how you get on with [say 'Work Coach' or name if known]? How would you describe their style/approach? Probe on approaches and emphasis on engagement, rapport, support, challenge, negotiation etc.
- Probe on how well they think their Work Coach understood their personal circumstances, health condition and ability to undertake work-related activities?
  - What difference did the style of the Work Coach make to your experience?
  - Would you have liked anything different in the support you received from your Work Coach? What would this be? Probe on relevance of BP for VEI-BP or more detailed support on work-related activity or health management.

## The 2015 ESA trials: A Synthesis of Qualitative Research with Claimants

- The Theory of Change models indicate that the nature of the relationship and engagement between claimants and Work Coach may vary between the trials.
- We are interested in whether Work Coaches are believed to understand claimants' circumstances and health conditions to understand more about whether a personalised service is delivered. In analysis, this should allow effects of VEI OHA to emerge.

8. Back in October, we talked about the types of thing that were preventing you from getting work. You mentioned ... **[INSERT DATA FROM INTERVIEW #1]** Have any of these been tackled in the support you have received? Probe which have been tackled and explore:
- Do you think the activities your Work Coach has suggested have been useful in addressing your needs? How? For VEI BP – was suggested referral to BP via Jobcentre Plus seen as useful/valuable/appropriate?
  - Has the timing of the suggested activities been appropriate?
  - To what extent were you able to determine what actions would best help you? How far have you wanted to determine this?
  - Do you think the support has been (sufficiently) work-focused?
  - Is it (sufficiently) focused on condition management/accommodating your health condition(s)?
  - How satisfied are you overall with the support you have received from Jobcentre Plus and (if relevant) the organisations it suggested to you?

- For CC we are interested in whether the claimant was proactive in determining the nature of the support that would help them (bullet 2).
- Bullet 54 (condition management) is particularly relevant for VEI Back Pain but is intended for all trials and variants (accommodating conditions) to allow differences to emerge in analysis.

### Changes in perceived outcomes: changed attitudes, behaviour and self-efficacy

- In this substantial section, we want claimants to tell us about the difference that being part of the trial has made to them, to understand the impacts of the unique features of each trial as well as of the time spent with Work Coaches. This will help us to understand distance travelled e.g. changes in self-efficacy, behaviour and attitudes.
- Please tailor the discussion appropriately – some claimants may move towards work whereas others may feel more capable of work-related activity.
- While claimants have answered these questions previously, asking them again allows us to track any progress, distance travelled over time and whether changes can be attributed to the trials.

## The 2015 ESA trials: A Synthesis of Qualitative Research with Claimants

9. We've talked about your contact with **[say 'your Work Coach' or name if known]** and the ideas that you have talked about. Can we try to sum up what you are doing now? Probe for:
- Work-related activities?
  - Health and/or wellbeing interventions/activities?
  - In what way(s) is that different from when you joined the trial?
  - What caused this/these change(s) to happen? Probe whether this relates to the particular features of the trial including referrals/Claimant Commitment etc, the Work Coach or something else.
10. Last time we asked you about your feelings towards work. Can I ask you some of the same questions? We are interested in whether anything has changed. Let's start with how you feel about working now..?
- Would you say that you want to work?
  - Do you feel able to work/More able to prepare for work?
  - In what way(s), if at all, is that different from when we last spoke in October? **[Be prepared to offer a summary of what they said last time if requested]**
  - What has changed? Why?
  - What caused this/these change(s) to happen? **Probe whether this relates to the particular features of the trial including referrals/Claimant Commitment etc, the Work Coach or something else.**
11. In your view, has your participation in the [VEI; MIS; CC] Trial changed **how you feel about yourself?** Probe:
- Do you feel more or less confident in yourself and your ability to find work/move towards finding work either now or in the future?
  - Do you feel you have more or less control over what's happening to you now?
  - In what way(s), if at all, is that different from when we last spoke in October?
  - What has changed? Why?
  - What caused this/these change(s) to happen? **Probe whether this relates to the particular features of the trial including referrals/Claimant Commitment etc, the Work Coach or something else.**
12. And lastly can I ask you to look ahead. In your opinion, how close you are to getting into work now. Do you think you will find work soon, or any time in the future?
- Probe for what extent do claimants attribute any differences to the trial experience.
  - Do you need **further or different** help to get (back) into work? What would this be?
  - What else needs to change?

## The 2015 ESA trials: A Synthesis of Qualitative Research with Claimants

- The purpose of this question is to explore what people think is needed to help them into work, not just to think about what has been offered and what they have experienced in the past. Lessons for ESA or for wider DWP policy might emerge.
- Referring back to their responses about barriers (Q.9) might prompt thought, especially about what else needs to change. People might talk about employers, lack of job opportunities, transport, wage levels for example.
- Try to encourage some creative thinking. Imagine you could ask for anything!

### Thank you

Turn the recording device off and let the claimant know it is switched off.

Remind the claimant that you would like to send the £15 cash incentive to them. Ask them for the address where they would like it sent. It will be sent to them by recorded delivery.

# Appendix E

## Initial interview extraction framework

**Chart 1 Background and Personal Circumstances**

Identifier Interviewer/ Extract or initials	1.1 Currently receiving ESA?	1.2 Health condition/disability circumstances for claiming ESA	1.3 Background information	1.4 Previous work/last job	1.5 Previously claiming job seekers?/All – Why and When claimed ESA	1.6 Started new support at Jobcentre?	Researcher notes/summary points to aid understanding of claimants' backgrounds
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**Chart 2 Circumstances at Entry to the Trial**

Identifier	2.1 Receiving support before starting trial?	2.2 Feelings about work before trial	2.3 Barriers to work before the trial (apart from health)	2.4 Pre-trial job perceptions of work	Researcher notes/summary points to aid understanding of claimants' circumstances when joining the trial
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**Chart 3 Entry into and Early Views of the Trials**

Identifier	3.1 How found out about trial?	3.2 Knowledge/understanding of trial	3.3 Views of the trial (prior to joining)	Researcher notes/summary points to aid understanding of early trial experiences
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**Chart 4 The Support Experience**

Identifier	4.1 Experience of trial (practical details)	4.2 Coverage of meetings with Work Coach	4.3 Decision making with work coach about future	4.4 Any practical barriers to take up support?	4.5 Style and approach of Work Coach	4.6 Tackling barriers to work	Researcher notes/summary points to aid understanding of support experiences
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**Chart 5 The Support Experience**

Identifier	5.1 Feelings about working now	5.2 What are you now doing differently?	5.3 Have your feelings about yourself changed?	5.4 What has been different about being on the trial?	Researcher notes/summary points to aid understanding of outcomes
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# Appendix F

## Observation extraction instructions

### Sheet 1 – Background and overview

#### 1.1 Factual information

- Trial.
- Appointment (i.e. initial, second, third).
- Usual Work Coach or not?
- Mode (telephone or face-to-face).
- Length of meeting (may not correspond to length of recording).
- Rec ID.

#### 1.2 Contextual information

- Note here any information shared by Work Coach that gives context to the recorded meeting (e.g. age, health, work history, content of prior appointments during trial).
- Or any information that the claimant shared about their circumstances and context.

#### 1.3 Overview of content of meeting

- List in order the main stages of interview, such as recap, discussion of health, discussion of work-related activity etc).

#### 1.4 Additional researcher reflections

### Sheet 2 – Substance of meeting/call

#### 2.1 Coverage of health

- What is discussed regarding health?
- (Roughly) what proportion of the meeting is focused on health (if possible to assess)?
- To what extent does the Work Coach engage with participant's talk about health problems? To what extent do they try to deflect this (and move onto work focus/other topics)? To what extent does Work Coach 'collude' and provide space to enter into further problematic talk about health/health barriers?

#### 2.2 Coverage of work/work-related activity

- What is discussed regarding work/work-related activity, e.g. work history, current aims/goals?
- (Roughly) what proportion of the meeting is focused on work/work-related activity (if possible to assess)?

## The 2015 ESA trials: A Synthesis of Qualitative Research with Claimants

- What work-related activities are being planned/are underway/have been completed?
- Does the Work Coach open up discussion of alternative types of work, where the claimant believes they can no longer go back to their previous role?

### 2.3 Other key topics covered

- e.g. childcare.

### 2.4 References to participation in trial/conditionality and sanctions

- Record any mention/discussion of claimant being in trial.
- Record mention of voluntary/mandatory nature of WRA (what is context in which discussion takes place, e.g. attending interviews, courses, applying for jobs).
- Record any mention/discussion of conditionality and sanctions.
- How did claimant respond?

### 2.5 Additional researcher reflections

## Sheet 3 – Claimant/Work Coach interaction

### 3.1 Blocks and challenges (from claimants)

- Please describe here any points during the meeting where the claimant puts up 'blocks' to the Work Coach's suggestions about work/health/other (e.g. childcare) and how this is responded to by the Work Coach.
- Note also if there is passive resistance/acceptance e.g. indifference to suggestions made as this is likely to indicate whether any behaviour or attitudinal change might emerge.

### 3.2 Turnarounds

- Describe instances where the advisor brings the claimants from a position of declining to accepting and activity (e.g. a third-party referral, course or placement) and how?

### 3.3 Signposts, referrals and recruitments:

- Describe any concrete signposting, referral and recruitments that take place during the meeting. What is claimant's response to advisor's suggestions? If declined or reluctant, what reasons are given (e.g. health, other circumstances)? Who initiates signposting/referral?

*[Note: 'recruitments' is a concept developed in SPRU's earlier observation study in Jobcentre Plus – by this we mean where the claimant is actually enrolled onto a course or an appointment is actually booked during the meeting – i.e. a very concrete step takes place. This is distinct from signposting, where the claimant is simply given information that they may or may not pursue after the meeting. A referral may be a recruitment of sorts, e.g. the WC may complete a referral form and say they will send this off on the claimant's behalf – as such we would consider this a concrete 'recruitment'.]*

**3.4 Style and approach of Work Coach (drawing on column 4.5 of interview extraction chart)**

From observation/audio comment on the tone/style of the interview, including:

- rapport;
- support;
- challenge;
- negotiation;
- engagement.

**3.5 Additional researcher reflections**

## **Sheet 4 – Outcomes**

**4.1 Action points and next steps**

- Describe any other action points discussed/agreed during the meeting, including whether another meeting is scheduled.
- Re: next meeting – is this left flexible or is an appointment made? Is it made clear the claimant can make contact?

**4.2 Impact/distance travelled**

- Draw out/summarise evidence of any progress made in interview/phone call.

**4.3 Additional researcher reflections**

# Appendix G

## Observation extraction tool

**Chart 1 Background and overview**

Identifier	1.1 Factual information	1.2 Contextual information	1.3 Overview of content of meeting	1.4 Additional researcher reflections
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**Chart 2 Substance of meeting/call**

Identifier	2.1 Coverage of health	2.2 Coverage of work/work-related activity	2.3 Other key topics covered	2.4 References to participation in trial/conditionality and sanctions	2.5 Additional researcher reflections
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**Chart 3 Claimant/Work Coach interaction**

Identifier	3.1 Blocks and challenges (from claimants)	3.2 Turn arounds	3.3 Signposts, referrals and recruitments	3.4 Style and approach of Work Coach	3.5 Additional researcher reflections
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**Chart 4 Outcomes**

Identifier	4.1 Action points and next steps	4.2 Impact/distance travelled (claimant reaction)	4.3 Additional researcher reflections
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# Appendix H

## Technical appendix

### Methods

The methods for this project comprised: theory of change development, scoping interviews with Work Coaches involved in delivery to assist with the design of research tools and processes, in-depth interviews with claimants, follow-up (longitudinal) interviews with a small number of claimants, and recording or otherwise documenting interactions between Work Coaches and claimants. Throughout both forms of qualitative research, firm assurances of confidentiality and anonymity were offered to claimants and Work Coaches. Each of these elements is discussed in detail below.

### Theory of change development

In order to develop the theories of change for the three trials the following approaches was adopted:

- six preliminary discussions with key policymakers (late August 2015);
- a focused review of trial documentation and other sources (August – September 2015); and
- a workshop to build consensus on the theory of change (invitations were extended to 17 policymakers who could attend the meeting in person in London or by video link from Sheffield. The meeting took place on 2 September 2015).

The aim of the interviews with key policymakers was to identify whether there were consistent or divergent views about how each trial would produce the desired outcomes. The review of trial documentation and relevant literature focused on capturing the intended effects as well as the levers and mechanisms that would achieve these. The workshop was attended by policymakers involved in designing the trials, lasted two hours and aimed to cover each of the trials and all variants. Within the workshop, policymakers identified the planned outcomes and impacts for the trial, the nature of the input and the interim stages and steps between the input, outcomes and impacts. To capture information on the progress that claimants were expected to make, there was discussion of expectations for claimants' position pre- and post-trial intervention and the levers that would cause the desired change to take root.

Following the workshop, and based on the feedback gathered, the team developed the model for the theory of change for each trial (see Section 1.2).

## **Scoping discussions with Work Coaches**

To understand more about the delivery approaches for the trials and to take account of the freedoms that Jobcentre Plus offices had to design aspects of delivery, a series of interviews were conducted with Work Coaches involved in delivery (around eight Jobcentre Plus staff were engaged in individual or group discussions in late August 2015). These were intended to provide information about how the trial was being taken forward, and what the typical claimant experience was. The data arising from these discussions provided context to the claimant research as well as information that informed the design of the claimant research tools.

## **In-depth interviews with claimants**

In order to capture data on all forms of contact that claimants experienced, retrospective, in-depth interviews were conducted. A quasi-longitudinal approach was adopted which sampled respondents by their time from the start of their participation on a trial, complemented by follow-up interviews with a small sample of selected claimants.

This meant that included in the achieved research sample was a proportion of claimants who were relatively new participants, those who had spent longer on the trial and claimants who would have completed the maximum six months on a trial.

The sample source for these interviews was management information held by the Department which meant that claimants from across all geographic areas involved in the trial could be included. Potential respondents were approached by letter and offered the chance to opt out of the research (by returning a reply slip, telephoning or by email) within a week. The letter was accompanied by an information sheet. A member of the research team then made telephone contact to explain more fully about the research, answer any questions and, with the respondent's consent arrange a time for a telephone interview.

Taking part in the interview by telephone was a convenient and preferred mode for some in the sample. However, to ensure the research was accessible to all, other options were offered including face-to-face discussions. In addition, all participants were asked if they had any additional support needs, and if so, offered an appropriate option to enable their participation such as translators, interpreters, braille or signers as needed.

During the introduction to the interviews, the purpose and process of the research was re-stated and as appropriate claimants were asked to sign the consent form or to give verbal consent. Participants were offered £20 for initial interviews and £15 for follow-ups as thank you payments for their participation.

## **Interview sampling strategy and achievement**

The initial proposal was to conduct all initial claimant interviews in the period between September and December 2016, with follow-up interviews scheduled for some eight weeks later. The planned sampling strategy was for a balanced research sample to emerge across trials and variants. Hence, 36 initial and nine follow-up interviews would be achieved each for VEI core model, VEI BPP, VEI OHA, CC pre-WCA, CC post-WCA, CC post-WP and MIS, leading to a total of 252 initial and 63 follow-up interviews.

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At an early stage of the research it became apparent that insufficient numbers had been recruited to the VEI variant trials to enable the interview sample to be drawn at the same time as the others. For this reason, the fieldwork with these claimants was rescheduled with initial interviews taking place in December 2015 and January 2016 and follow-ups some six to eight weeks later. Similarly, small sample frames meant that it was not possible to recruit the desired number of claimants to the post-WCA and post-WP CC Trial research samples for the first round of fieldwork. Consequently, a second tranche of sample for these groups was released by the Department for the second round of interviews.

The sample frame released for each trial is shown in Table A 1 along with the achieved number of interviews, opt outs and non-contacts.

**Table H.1 Sample frame and achieved interviews**

Trial/variant/ phase	Sample frame	Sample frame	Achieved research sample	Opt out	Unable to contact	Failed to interview
	Sept 2015	Nov 2015				
VEI core model	197	-	36 (9)	37	13	5
CC pre-WCA	137	169	51 (10) †	50	39	7
CC post-WCA	75	56	36 (9)	27	9	6
CC post-Work Programme	27	28	18 (8‡)	11	10	1
MIS*	189	-	36 (9)	46	48	4
VEI BPP	-	150	36 (9)	25	12	6
VEI OHA	-	190	37 (9)	29	8	3

Notes: achieved follow-up interviews shown in brackets.

† when it was not possible to achieve the planned number of interviews from the post-Work Programme CC sample frame, most additional interviews were drawn from the pre-WCA research sample although one was drawn from VEI OHA.

‡ maximum number it was possible to achieve on this research sample, representing close to half the initial interview sample. For other trials, one-quarter of respondents were followed up.

\* only those from the treatment group were sampled and interviewed.

Source: IES and SPRU 2016.

Full demographic details for each of the achieved research samples are given in Table H.3, Table H.4, Table H.5, Table H.6 and Table H.7 below. In developing these research samples, the key aim was to reflect diversity within the claimant groups with a view to capture and account for varied trial experiences. Thus, in addition to using a quasi-longitudinal sampling approach, the research samples were also segmented in respect of age, gender, primary health conditions as recorded within the Department's data, and length of ESA claim, again as recorded within the Department's data. For the post-WP research samples i.e. for the MIS Trial and CC Trial post-WP, duration of the WP spent claiming ESA also fed into the sampling strategy.

It should be noted that the VEI BPP achieved research sample was further segmented. Two thirds of the interviews targeted claimants who had taken up the offer of an assessment and a third centred on those who were declined or were refused the therapeutic intervention as it was deemed unsuitable for their conditions.

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All claimants in the sample frame were contacted by letter in order to generate the initial claimant telephone interviews. Interviews typically lasted between 45 and 60 minutes. Interviews were conducted using semi-structured topic guides, included in Appendix C and Appendix D.

From the achieved research sample, approximately nine cases per trial/variant were selected for follow-up interviews some eight weeks later. The selection of these focused mainly on claimants who had made some progress at the time of their first research interview as a result of support through the trial or who were expected to make progress soon (seven claimants in this category were selected). Two claimants were purposively selected because they had made little or no progress at the time of the first interview. This approach was used to identify people who made progress later into their six months on the trial rather than earlier on.

In the case of the VEI BPP follow-up research sample, the strategy for selecting the follow-up interviews centred only on those in receipt of the therapeutic intervention and aimed to capture the experience of the range of treatment types available, to assess the degree of any sequencing in the treatment or support experience delivered by Work Coaches.

### **Recorded observation of interactions between claimants and Work Coaches**

Recorded observations were used to produce real time data from Work Coach-claimant meetings and thus to gather rich and reliable data, to further overcome any challenges associated with claimant recall which could affect interview data.

Where claimants and Work Coaches gave permission meetings were video-recorded so that content, process and non-verbal communication could be later analysed. Researchers were not present during video recording. Where this permission was not given, other means to record the meeting were used that included audio-recording and/or written notes, where the researcher remained present during the interaction. As part of note-taking, non-verbal aspects of the interaction were captured.

The observations took place in selected Jobcentre Plus offices (see Table H.2 below). The basis for selection included a diversity of contexts (for example, urban/rural/metropolitan, labour market make-up, and so on) as well as a sufficient flow of claimants to make the research efficient. The agreement of staff to have their meeting(s) recorded was sought in advance of each visit and confirmed on the day.

Claimants were approached by researchers when they attended their scheduled meetings at Jobcentre Plus offices. Researchers explained the research, and why recording the meeting was important to understanding more about the trial. An information sheet was given to claimants that made clear that participation was voluntary. The recording of meetings (using video, audio or notation) went ahead only where informed consent was given by claimants. No personal, demographic or other information was collected from or about claimants taking part in the observations due to data protection restrictions imposed by the Department. Participants whose meeting was video or audio-recorded were offered £15 as a thank you payment for their participation.



**Table H.2 Achieved observations for each trial**

Trial	Meetings observed (FTAs)	Video	Audio	Notes	Number of Jobcentre Plus offices visited
VEI core	10 (11)	5	5	-	2
VEI BPP	8 (5)	1	-	7	2
VEI OHA	13 (5)	7	6	-	2
CC	18 (14)	11	4	3	3†
MIS	21 (17)	9	11	1	2†
Total	70	33	26	11	11

Note: Number of claimants failing to attend (FTA) planned meetings shown in brackets; these are not included in the total number of meetings observed.

† Offices visited twice to achieve this research sample.

Source: IES and SPRU 2016.

## Approach to analysis

### Interview analysis

The qualitative interviews were recorded (with permission) using encrypted dictaphones and transcripts were produced on this basis. A framework was used to analyse the interviews. A bespoke framework matrix was developed for the interviews which enabled the extraction and summary of key information to be captured thematically. The framework is contained in Appendix E of this report.

### Observation analysis

As noted above, observation data was captured in a range of forms depending on the consents gained. This included video, audio and written notes taken by researchers. These data were also analysed using the framework. Again a bespoke tool was developed which allowed key data to be extracted and summarised thematically. The emphasis in analysis was two-fold: the content of the meeting as well as interaction between Work Coaches and claimants. The observation extraction protocol is shown in Appendix F with the framework contained in Appendix G.

### Synthesis analysis

The data for each trial were analysed and findings were provided in four separate reports, which were intended for internal purposes within the Department. There was a report for each trial, with the VEI core findings reported separately from the VEI Variants because of the differing fieldwork schedules.

The synthesis analysis drew on these findings in order to understand the similarities and differences between trials both in terms of claimants' starting points as well as in respect of their experiences and outcomes. The key dimensions considered within the synthesis analysis are discussed in Section 1.7.

### Implications of the selected methods

While the methodology was designed to provide robust evidence on the implementation and perceived effectiveness of the ESA Trials, it is salient to note that the approach was qualitative and as such it was not possible to say how many claimants held particular views. Instead, the intention was to capture the diversity of claimant views and experiences to generate the fullest picture of the operation of the trial. The research can only reflect the views of those claimants taking part and cannot be considered representative of the trial populations nor of the ESA claimant population.

It is also important to acknowledge the implications of the selection for the follow-up interviews. Cases were purposively selected with the intention of generating greater in-depth understanding of claimants' progress, and the reasons for that progress. Interviews were typically around two months apart so the potential for identifying change was limited, although some useful data did result. Nevertheless, it must be noted that no data was collected from claimants receiving the business as usual (BAU) support model and as such it is not possible to comment on the difference made by the trials based on any comparative data. The effects that have been discerned must be understood as perceived.

Further, with respect to the VEI OHA variant, it must be noted that the claimant research provided very limited evidence of Work Coaches using the OHA at their disposal. However, as the main source of evidence was the in-depth interviews with claimants to whom this indirect intervention might not have been visible, it is not possible to know whether the OHA had been pursued or otherwise in their cases.

A final point to note is that the observations took place in a small number of Jobcentre Plus offices taking part in the trial and with a small number of Work Coaches who were involved in delivery. These therefore provide a snapshot of practice, but were unlikely to represent the full range of Work Coach-claimant interactions. It should also be noted with respect to the observations for the VEI Core Model that one of the Jobcentre Plus offices devised a schedule for the visit that did not appear to reflect normal practice. Claimants met with Work Coaches who did not usually manage their cases, and meetings and telephone calls were arranged seemingly for the purpose of the visit rather than focused on the needs of the claimants. This is likely to have limited further the representativeness of the data captured.

## Sample demographic tables

**Table H.3** Voluntary early intervention trial core model

Variable	Category	Achieved sample
Gender	Male	20
	Female	16
Age	18-29	9
	30-49	12
	50+	15
Primary health condition	Mental health or learning disability or difficulty	12
	Musculoskeletal	9
	Other	15
Time spent on ESA	<3m	11
	3-12m	16
	12-24m	7
	24m+	2
Trial start date (2015)	April-June	24
	July-Aug	12
	Sept →	0

Note: based on sample data provided by the DWP.

Source: IES 2016.

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**Table H.4 Voluntary early intervention trial variants: Back Pain Pilot**

Variable	Category	Achieved sample
Whether claimant took up referral to assessment	No	10
	Yes	26
Gender	Male	19
	Female	17
Age	18-29	3
	30-49	15
	50+	18
Primary health condition	Mental health or learning disability or difficulty	6
	Musculoskeletal	13
	Other	17
Time on ESA	<3m	9
	3-12m	15
	12-24m	12
Trial start date (2015)	April-June	8
	July-Aug	11
	Sept →	17

Note: based on sample data provided by the DWP.

Source: IES 2016.

**Table H.5 Voluntary early intervention trial variants: Occupational Health Advice**

<b>Variable</b>	<b>Category</b>	<b>Achieved sample</b>
Gender	Male	21
	Female	16
Age	18-29	10
	30-49	14
	50+	13
Health	Mental health or learning disability or difficulty	8
	Musculoskeletal	14
	Other	15
Time claiming ESA	<3m	7
	3-12m	17
	12-24m	13
Trial start date (2015)	April-June	3
	July-Aug	19
	Sept-Oct	15

Note: based on sample data provided by the DWP.

Source: IES 2016.

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**Table H.6 Claimant Commitment ESA Trial**

Variable	Category	Achieved sample pre-WCA	Achieved sample post-WCA	Achieved sample post-WP
Gender	Male	25	23	11
	Female	28	13	7
Age	18-29	10	9	3
	30-49	24	17	8
	50+	19	10	7
Health condition	Mental health or learning disability or difficulty	13	14	11
	Musculoskeletal	8	10	5
	Other	32	12	2
Time spent on ESA	No information	n/a	n/a	1
	<3m	28	15	7
	3-12m	23	13	1
	12-24m	2	6	2
	24m+	0	2	7
Trial start date (2015)	April-June	17	11	9
	July-Aug	19	7	2
	Sept →	17	18	7
Duration of Work Programme spent on ESA	0-50%	n/a	n/a	2
	50-99%	n/a	n/a	2
	100%	n/a	n/a	14

Note: based on sample data provided by the DWP.  
Source: IES 2016.

**Table H.7 More Intensive Support Trial**

Variable	Category	Achieved sample
Gender	Male	17
	Female	19
Age	18-29	11
	30-49	11
	50+	14
Health condition	Mental health/learning difficulties	16
	Musculoskeletal	12
	Other	8
Time on ESA	<3m	1
	3-12m	12
	12-24m	6
	24m+	17
Trial start date (2015)	April-June	20
	July-Aug	16
	Sept →	0
Duration of Work Programme spent on ESA	Up to one year	5
	Between 1 and 2 years	15
	Full 2 years	16

Note: based on sample data provided by the DWP.

Source: IES 2016.

## Description of the research samples

Below we set out a description of some analysis categories that arose from the research samples during analysis of the interview data. These concerned claimants' work readiness, as set out in Section 1.6 of the report. Below, the research samples are compared although it must be remembered that the sampling strategy and qualitative approach did not intend to supply a representative cohort; rather a diverse one in order to allow the range of claimant views to emerge. The descriptions therefore intend to give the reader some insight into the research samples and differences therein to aid understanding of the findings contained in the main body of this report.

### Those who felt work ready, or close to work

In this analysis category, claimants who felt work ready, or close to being work ready if some adjustments and flexibility could be granted to accommodate the implications of their health condition.

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For example, claimants taking part in the VEI core model and OHA research samples shared an active desire to work, and some were already engaged in seeking work opportunities, both paid and voluntary. A similar picture was presented by those in the CC Trial who were pre-WCA. Some had found work, for some shift-based and a few hours a week, although some of these had mixed feelings about their ability to sustain this. Others had started some voluntary activity. Where claimants were not in work they were positive about finding a job, provided it suited their health condition and was in an occupational area they wanted to work in. Some of these claimants health conditions were not fully managed but they wanted to work, with some expressing a need for advice on the types of work they could consider in light of the implications of their health conditions. Beyond these implications, claimants did not perceive too many hurdles to re-entering work, subject to being able to find a job that would accommodate their needs. This could include only being able to consider a small number of hours each week or a desire to avoid stressful situations.

In an overarching sense, job ready claimants in the VEI BPP variant research sample shared the same enthusiasm about working, and the same positive attitudes and engagement in work-related activity. All had one or more health conditions that involved back pain and so claimants in this research sample were more similar to each other in respect of health conditions than the other research samples. However, their situation in respect of work readiness was nuanced in that despite their enthusiasm to work, they also believed that their back conditions limited their ability to work. Despite this, their self-expressed attitudes towards work were as positive as others in the samples who believed themselves job ready.

Claimants in the CC Trial post-WCA research sample also appeared slightly different from the pre-WCA research samples. While again these shared the positive attitude and motivation to be working, some believed they would need to change jobs to be able to return to work, due to the implications of their health conditions. These included an inability to remain in one position for lengthy periods, undertake heavy lifting or work in busy environments. It could be judged that some were borderline in respect of being job ready, however, it was their desire to be in work as soon as possible that led to their inclusion in this analysis category. In a positive sign, there were some in this group already in work, and some very active in their search for work.

Those claimants who had returned from the Work Programme (WP), i.e. those in the MIS and the CC Trial post-WP research samples, appeared slightly different despite their positive attitudes and their motivation to be working. They were, as with claimants in the other research samples who felt job ready, already involved in job search activities but they appeared to face greater obstacles to employment. Some in the CC Trial post-WP research sample believed they would need to change occupations, but perceived age-related discrimination from employers that could prevent this. In contrast, job ready claimants in the MIS Trial research sample discussed how the implications of their health conditions meant they would need to change occupation, or could consider only working for a few hours a week. Those in the research sample described having been inactive or unemployed for more than two years and viewed this as a hurdle to work entry.

### **Claimants who believed they would be job ready in future**

This analysis category contained claimants who believed they were currently not ready to work, but wanted to in future and thought that this should be an achievable goal once their health condition(s) and related impairments had improved. The VEI core, VEI OHA, and CC Trial pre-WCA research samples were very similar. They believed work would be



possible in future for reasons that coalesced around: receiving advice on recuperation time by doctors, or awaiting a planned treatment intervention (new medication or operation); a positive prognosis in that a recovery was to be expected, or they felt hopeful that with time their condition would improve and this would enable a return to work. There were some who believed their health conditions could take a long time to be managed or improve, but due to their relatively young age (relative to those nearing the end of their working life), they would be able to work again in the future.

The VEI BPP research sample again appeared to differ a little in this analysis category. These discussed experiencing a high degree of pain from their back (and/or other health) conditions. This had been the reason for some to reluctantly give up their most recent jobs. For some, their difficulties arose from poor mental health and particularly anxiety and a feeling of being unready to return to work. Despite these feelings, these claimants expressed a desire to be working in the future. One had re-entered work at the time of the initial research interview, but described having to give this up because their experience of pain remained too problematic.

Those in the CC Trial post-WCA research sample who believed they would work in the future cited their health as the primary barrier to employment but also identified other, associated obstacles which included in some cases, criminal records, caring responsibilities, lack of relevant skills or qualifications, as well as, amongst those who were older, their age which they perceived as a barrier. Their accounts suggested slightly less positive feelings about working in the future than the pre-WCA groups which they related to having already spent a long period being inactive and out of the labour market.

Within the research samples, CC Trial post-WP and MIS claimants who believed they would work in future described complex health conditions and/or severe impairments and believed their lengthy period of inactivity would serve as a barrier to the labour market. Claimants in this analysis category for these research samples discussed multiple health conditions, for example, experiencing mental ill-health alongside physical conditions with impacts for functioning and mobility.

### **Those who felt that work was not possible for them**

Claimants whose views indicated that they did not believe work was possible saw their health conditions as having notable and severe effects on their functioning.

Within the VEI core, VEI OHA and CC Trial pre-WCA research samples claimants in this analysis category expressed a wish to work, but no belief that their health conditions and circumstances would improve sufficiently to enable this. They remained willing to work, but felt the severity of their conditions prevented this and would continue to do so permanently. They described health conditions that were long term, chronic and/or unresolved in respect of their management. Where these claimants had worked previously, they doubted they could return to these occupations. Some reported multiple and compounding conditions that resulted in several concurrent impairments which led them to believe work was unrealistic. Others described how health conditions interacted with social problems, such as substance misuse and criminal records. Some believed that because they could not give '100 per cent' they should not attempt to work as they could not be productive in the ways employers and other colleagues would expect.

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Claimants in the VEI BPP research sample did not differ greatly from the other pre-WCA research samples in this analytic category. They described health conditions that coalesced around the implications of back pain interacting with other conditions. Overall, those who believed working again would be impossible appeared to be a relatively small group in the pre-WCA research samples.

CC Trial post-WCA claimants in the research who expressed this view that they would not be able to work again described the experience of long-term and/or multiple health conditions. Claimants could disagree with the WCA result and assignment to the WRAG. For example, a claimant described how ten years earlier to the research interview she had experienced a brain injury and as a result had to learn to read and write again. Despite making some progress since that time, she still doubted and lacked confidence that it would be possible for her to work again.

Similarly some claimants who believed work was not possible in the post-WP research samples (MIS and CC Trial post-WP research samples) disagreed with their assignment to the WRAG. From their accounts, the prospect of recovery was at best minimal – health conditions were described as severe, chronic and had remained unresolved for many years and were not sufficiently well managed to enable a return to work. Some claimants in this analysis category in these research samples were older and saw retirement, rather than work, as their future. Some described lengthy histories of claiming ill-health benefits and had not worked in a long time, which they perceived as a further barrier. These did not think they would be an attractive prospect to an employer. In addition, some did not feel able to work because of the severe side-effects of medication that clouded their thinking and severely affected their ability to concentrate.

It is salient to note, however, there was a potentially different mix of claimants in the two post-WP trial research samples because of the nature of involvement. Involvement in the MIS Trial was mandatory, whether assigned to the treatment or control group, whereas claimants could volunteer to complete the CC; while some elements of work-related activity were mandatory for these as part of business as usual, it was the choice to complete the CC that denoted their participation in the trial. These differing conditions might indicate different motivations to receiving support from Work Coaches, which findings contained in Chapter 4 suggest was the case.

# References

Bredgaard, T. and Larsen, F. (2007). *Implementing Public Employment Policy: What happens when non-public agencies take over?* International Journal of Sociology and Social Policy, 27: 7/8.

Corden, A. and Nice, K. (2006). *Pathways to Work: Findings from the final cohort in a qualitative longitudinal panel of incapacity benefits recipients*. Department for Work and Pensions, Research Report No 398.

Government Response to the House of Commons Work and Pensions Select Committee's Report on Employment and Support Allowance and Work Capability Assessment, First Report of Session 2014-15. Presented to Parliament by the Secretary of State for Work and Pensions by Command of Her Majesty (November 2014). Cm 8967. Available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/380265/esa-and-wca-work-and-pensions-committee-response.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/380265/esa-and-wca-work-and-pensions-committee-response.pdf)

HM Treasury, Autumn Statement 2014. (December 2014). Cm 8961. Available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/382327/44695\\_Accessible.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/382327/44695_Accessible.pdf)

Koning, P. and Heinrich, C. (2010). *Cream Skimming, Parking and other Intended and Unintended Effects of Performance-Based Contracting in Social Welfare Services*. Discussion Paper 4801, Bonn: IZA.

Meager, N., Newton, B., Sainsbury, R., Corden, A. and Irvine, A. (December 2014). *Work Programme Evaluation: the participant experience report*. Department for Work and Pensions.

Newton, B., Meager, N., Bertram, C., Corden, A., George, A., Lalani, M., Metcalf, H., Rolfe, H., Sainsbury, R. and Weston, K. (October 2012). *Work Programme Evaluation: Findings from the first phase of qualitative research on programme delivery*, Department for Work and Pensions.

The disability and health employment strategy: the discussion so far, Presented to Parliament by the Secretary of State for Work and Pensions by Command of Her Majesty (December 2013). Cm 8763. Available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/266373/disability-and-health-employment-strategy.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/266373/disability-and-health-employment-strategy.pdf)

Vegeris, S., Adams, L., Oldfield, K., Bertram, C., Davidson, R., Durante, L., Riley, C. and Vowden, K. (2011). *Flexible New Deal evaluation: Customer survey and qualitative research findings*, Department for Work and Pensions, Research Report no. 758, Sheffield: DWP.

Work and Pensions Committee – First Report Employment and Support Allowance and Work Capability Assessments (July 2014), House of Commons. Available at: <http://www.publications.parliament.uk/pa/cm201415/cmselect/cmworpen/302/30202.htm>