



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

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This summary presents findings from qualitative research into three labour market trials that aimed to assist Employment and Support Allowance (ESA) claimants' progress towards the labour market. Introduced in spring 2015 by the Department for Work and Pensions, the trials were:

- Voluntary Early Intervention (VEI) core model and its variants, Back Pain Pilot (BPP) and Occupational Health Advice (OHA). All three were delivered before the Work Capability Assessment (WCA).
- More Intensive Support (MIS), which was mandatory and supported ESA claimants who had completed the Work Programme (WP).
- Claimant Commitment (CC), which offered claimants pre- and post-WCA, as well as post-WP, the voluntary option to negotiate a CC.
- 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.

The qualitative claimant research reported here is part of a wider evaluation conducted by the DWP which included quantitative monitoring and staff research related to the three trials, and an impact assessment of two of them (the VEI core model and MIS).

Key findings

- 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.

Methods

These findings derive from qualitative research into the three trials: initial telephone interviews with 252 ESA claimants; 63 selected follow-up telephone interviews with claimants; and observations of 70 Work Coach meetings with claimants in 11 Jobcentre Plus offices. The research samples included new and repeat claimants where the trials recruited both of these groups.

Detailed findings

The key determinant of respondents' trial experiences was their self-perceived work readiness. Three categories were identified:

- 'Job ready' claimants who were motivated to find a job immediately.
- Claimants who felt work would be possible in the future once their health issues had been addressed.
- Claimants who felt that work was not possible now or in the longer term due to their health conditions.

The following points cut across the three work-readiness categories.

- Early intervention was beneficial, with the less confident among the job-ready and those who felt work was possible in future appearing most receptive to it, and making progress due to it. Increasing levels of personal confidence and confidence with job searches, CVs and applications were prominent outcomes.
- Claimants valued continuity of Work Coach, feeling this led to an enhanced understanding of their health and work aspirations, and thus to appropriate support being offered.
- For those who felt they were job ready but were less confident, and those who believed they would work in future, being part of the CC Trial appeared to encourage additional work-related activity.
- Claimants did not perceive the voluntary or mandatory nature of participating in the trials as making a difference to their engagement. For example, even though participation in the MIS Trial was mandatory, it had the least claimant engagement, which manifested itself as reluctance and resistance in some claimants. (MIS Trial claimants tended to be considered both by themselves and by their Work Coaches as being far from the labour market.)

- In contrast, some claimants in voluntary trials wrongly thought that their participation was mandatory and was one of the conditions of benefit receipt.

The remainder of this summary focuses on:

- 1 findings specific to each work-readiness category, and
- 2 findings specific to each stage of the ESA journey.

Job ready

Some claimants who believed they were 'job ready' were strongly motivated to be working and were already actively engaged in job searches on joining the trials. They did not see a role for support from the trial and where they entered work, they attributed this to their own efforts. Others were less confident. Work Coaches made progress with these claimants through personalised meetings and using a collaborative style which led them to undertake work-related activities which in turn built their confidence and their sense of preparedness to return to the labour market. Undertaking voluntary work could underpin these improvements, particularly among those who had the least confidence at the outset.

In contrast, some job-ready claimants did not make any progress in respect of 'soft' or 'hard' outcomes. By far the most prominent factor identified by these claimants was deterioration in their health conditions. Some felt they had not yet found the 'right' job that could accommodate their particular health needs or personal circumstances. Some mentioned non-health barriers, such as perceived lack of labour market experience (for younger claimants) or perceived age discrimination (for older claimants).

Work in future

This group believed that there would be some improvement in their health conditions over time, which would then allow them to work.

They were relatively strongly motivated, if not to work immediately, to consider options for future employment and consider and undertake small and often incremental work-related activities. Personalised support from Work Coaches appeared key to these claimants' progress. Such support helped some claimants to gain new insights into the job search and others to confirm existing, or formulate new, career ideas better suited to their circumstances and capabilities with respect to the expected trajectory of their health conditions. Soft outcomes in respect of self-confidence and greater social engagement were prominent.

Work not possible

Most claimants in this category made little progress, though a couple did find work. As a whole, the group presented particular challenges for Work Coaches. Before any substantive discussion about returning to work could take place, Work Coaches needed to get claimants to think that work was possible. Some expressed stronger motivation to work than others in the category despite the impairments caused by their health conditions; these appeared more likely to achieve soft outcomes. Others were reluctant to work as a result of long-standing health conditions and impairments that had not improved with time or treatment. Some who were older perceived their age was a barrier to work and some believed employers would discriminate against them. Some thought they were capable of some work but doubted the existence of jobs that would accommodate their severely limited capacity to work. Where Work Coaches were encouraging, some of these claimants achieved soft outcomes. Where Work Coaches appeared to agree that they were incapable of work, claimants had few meetings and were content with this. Interactions with Work Coaches were mostly reported as positive, particularly when they acted in acquiescent or encouraging styles.

In the post-WCA trials, 'work not possible' claimants were assigned to the ESA Work Related Activity Group (WRAG) but, by their own assessment, with which some Work Coaches could appear to agree, they were not capable of work. Deeply-held views on an inability to work appeared hard to lift and some claimants with these views reported little contact with a Work Coach and no concrete support.

Pre-WCA lessons

There appeared to be value in intervening early and claimants said they expected and wanted support. Lessons from the trials for pre-WCA claimants included:

- for those who perceived themselves as 'work ready' now or in the future, the qualitative evidence suggested that being part of the CC Trial generated additional work-related activity,
- given claimants' wish for support to be tailored to their health circumstances, it might be beneficial to spread the use of the occupational health advice line to other stages of the claim, as advice when sufficiently well-tailored could have a powerful effect on outcomes, and
- claimants said they appreciated the offer of therapeutic intervention through VEI BPP but some were disappointed when their health conditions were inappropriate for treatment despite the pain they experienced. Others in the research samples experienced other forms of pain. Condition management may be beneficial to these individuals.

Post-WCA lessons

Only the CC Trial operated in this phase of the ESA claim. The offer of personalised support alongside the completion of the Claimant Commitment seemed reasonably well-aligned with the requirements of this group. While potentially claimants had been inactive for

longer, the respondent group appeared quite similar to those pre-WCA. Most progress was made with those who saw work as a future possibility.

Some pre-WCA claimants, by the time of their research interview(s), had experienced the WCA and received their result: assignment to the WRAG. For some, this changed their focus from considering work-related activity to appealing what they viewed as unjust decisions. It also caused discontinuity when they were assigned to new (non-trial) Work Coaches.

Post-WP lessons

These claimants, in addition to experiencing severe effects arising from their ill-health, believed additional obstacles hampered their progress such as age discrimination from employers and a lack of suitable jobs, such as ones requiring just a small number of hours each week. Those who believed their health might improve appeared easier to help as were those who self-identified as more job ready. Those who believed work was not possible were hard to shift from this view because of their experience of long-standing ill-health. The Claimant Commitment did not appear to have a differentiating effect in experiences at this stage.

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You can download the full report free from: <https://www.gov.uk/government/organisations/department-for-work-pensions/about/research#research-publications>

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