



Department  
for Work &  
Pensions



Government  
Social Research

# Work aspirations and support needs of health and disability customers

Interim findings report

---

February 2025

DWP ad hoc research report no. 112

A report of research carried out by National Centre for Social Research on behalf of the Department for Work and Pensions.

Crown copyright 2025.

You may re-use this information (not including logos) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, visit <http://www.nationalarchives.gov.uk/doc/open-government-licence/> or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email [psi@nationalarchives.gov.uk](mailto:psi@nationalarchives.gov.uk).

This document/publication is also available on our website at: <https://www.gov.uk/government/organisations/department-for-work-pensions/about/research#research-and-analysis-publications>

If you would like to know more about DWP research, email [socialresearch@dpw.gov.uk](mailto:socialresearch@dpw.gov.uk)

First published February 2025

ISBN 978-1-78659-809-7

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

# Executive summary

A key objective for the Department for Work and Pensions (DWP) is supporting individuals with health conditions into work where appropriate. This interim report provides an overview of customers' employment aspirations, the barriers they face in accessing work, and the support they feel they need most.

The report is based on a survey of 3,401 health and disability benefit customers, including those receiving Personal Independence Payment (PIP), Employment and Support Allowance (ESA), and those on the Universal Credit (UC) Health Journey. It also draws on 61 qualitative interviews with customers. The fieldwork was conducted from October to December 2024. A final report will be published in Spring 2025. The report will include findings from an additional 27 qualitative interviews, 9 focus groups and findings from a segmentation analysis of the survey data

## Findings:

- **27% of customers felt they might be able to work in future but only if their health improved.** Customers with mental health conditions were more likely to feel this way: 44% of customers whose main health condition was a mental health condition felt they might be able to work again if their health improved.
- **5% of customers felt they could work right away if the right job or support was available.** Customers whose main health condition was a cognitive or neurodevelopmental impairment—including memory and concentration problems alongside learning difficulties and disabilities, as well as autism—were around twice as likely to feel this way compared to other customers.
- **49% of customers felt they would never be able to work or work again.** 62% of these customers were over the age of 50, and 66% felt their health was likely to get worse in the future.
- **The findings indicate a link between take up of health and disability benefits and challenges in the healthcare system:** two in five customers (41%) were on a waiting list for treatment for their health condition(s), and half (50%) who were out of work felt their ability to work was dependent on receiving treatment.
- **There is a potential opportunity in the rise of homeworking.** A quarter (25%) of customers felt they couldn't work, but when asked if they could work from home said they could. But customers were worried about the risk of social isolation and tended to see homeworking as a stepping stone to in-person work.
- **A key challenge is the complex relationship many customers have with DWP.** Of those customers not in work who didn't rule out work permanently, 60% were worried that DWP would make them look for unsuitable work, and 50% were worried they would not get their benefits back if they tried working.
- **Despite this, most customers (69%) were open to receiving contact from DWP about offers of support for employment, benefits or disability services.**

Customers wanted help to develop skills, including emotional, social and communication skills. They wanted help finding and applying for jobs, and help to stay in work, including engaging with employers to ensure their needs were met.

- **But crucially, customers wanted help from DWP to be personal, with genuine attempts to understand their unique needs and circumstances.** They wanted to feel supported rather than coerced, monitored or blamed. They wanted to see more joined-up services so that they didn't need to explain their health conditions repeatedly to different staff and agencies.

# Contents

- Executive summary ..... 3
- Acknowledgements ..... 6
- Author details..... 7
- Glossary of terms ..... 8
- Abbreviations..... 11
- Summary ..... 12
- 1 Introduction..... 18
- 2 Customer profile ..... 21
- 3 What are the attitudes and aspirations of customers towards work and work-related activity?..... 29
- 4 What kinds of work are customers able and willing to do? ..... 35
- 5 What are the main barriers to work experienced by customers? ..... 43
- 6 What support do customers need to move closer to work? ..... 52
- 7 Next steps for the research ..... 63
- 8 Endnotes ..... 64

# Acknowledgements

First and foremost, the research team would like to thank all the participants who gave their time and shared their experiences with us. We would like to thank Sonia Shirvington and her team of telephone interviewers for making the thousands of telephone calls required in a project like this. We would also like to thank Patrick Brown and Laura Parkhouse at DWP for all their help. And we would like to thank Joy Mhonda for her oversight and guidance.

# Author details

This report was produced by the Communities, Work and Income team at the National Centre for Social Research.

The authors were Bernard Steen, Olivia Lucas, Beth Chapman, Emily Cretch, Thomas Freegard, Yasmin Spray, George Leeder, Nev Ilic and Laure Malleveys.

# Glossary of terms

**Access to Work** - Access to Work (AtW) is a publicly funded employment support programme that aims to help more disabled people start or stay in work. It can provide practical and financial support for people who have a disability or long term physical or mental health condition. Support can be provided where someone needs help or adaptations beyond the reasonable adjustments that employers are required to make under the Equalities Act 2010. To get an AtW grant, you must have a disability or health condition that affects your ability to work, be 16 or over, and live in England, Scotland or Wales.

**Appointee** - An appointee is somebody who has been granted the right to deal with the benefits of someone who can't manage their own affairs because they're mentally incapable or severely disabled.

**Conditionality** - Work-related activities some customers will have to do in order to get full entitlement to Universal Credit or Employment and Support Allowance.

**Dedicated support workers** - Someone who can help you learn and retain a role or help you with aspects of your job that you cannot do on your own. Examples of these include BSL interpreters, job coaches, or travel buddies.

**Employment and Support Allowance** - A type of income replacement benefit offering financial support to people who are out of work due to long-term illness or disability. People claiming ESA take part in a Work Capability Assessment which assesses the extent to which their illness or disability affects their ability to work. Its' non-contributory element (income-related ESA) is being replaced by Universal Credit while its contributory element (contributory ESA) is being replaced by New Style ESA.

**Employment and Support Allowance Support Group** - The ESA Support Group is for contribution-based or income-related ESA customers whose Work Capability Assessment outcome considers they have limited capability for work and work-related activity. People in this group are not required to take part in work-related activities. Its' equivalent in Universal Credit and New Style ESA is known as the Limited Capability for Work and Work Related Activity group who have no work related requirements.

**Employment and Support Allowance Work Related Activity Group** - The ESA Work Related Activity Group is for customers whose Work Capability Assessment outcome considers that they have limited capability for work but will be capable of work at some time in the future and who are considered capable of taking steps towards moving into work (work-related activities). Time in this group is limited to 12 months. People are required to have regular interviews with an adviser and undertake work-related activities. Its' equivalent in Universal Credit and New Style ESA is known as the Limited Capability for Work Group which is not time limited but has no additional payments in UC.



**Fit note** – Fit notes are issued to customers looking to join the Universal Credit Health Journey. Healthcare professionals issue fit notes to people to provide evidence of the advice they have given about their fitness for work. They record details of the functional effects of their patient’s condition so the patient and their employer can consider ways to help them return to work. Under UC, a customer with a health condition can self-certify for 7 days, after which they must provide a fit note and join the UC Health Journey if they still have a restricted ability to work.

**Full-time work** - There is no specific number of hours that make work full-time, but full-time workers will usually work 35 hours or more a week.

**Jobcentre Plus** - Jobcentre Plus is a brand under which the DWP offers working-age support services, such as employment advisory services. In the context of this report, ‘Jobcentre Plus (JCP) office’ refers to the physical premises in which Jobcentre Plus services are offered.

**Part-time work** - A part-time worker is someone who works fewer than 35 hours per week.

**Personal Independence Payment** - A tax-free, non-means-tested benefit that contributes towards the extra costs of long-term ill health or a disability for working age people (16 to the day before State Pension age when first claiming) who need help with mobility and/or daily living costs. It replaced DLA for working age people and is available to those both in and out of work.

**Universal Credit** - A payment to help with living costs for people on low income or out of work. UC has replaced, for most customers, six means-tested benefits and tax credits: Child Tax Credit; Housing Benefit; Income Support; income-based Jobseeker’s Allowance (JSA); income-related Employment and Support Allowance (ESA) and Working Tax Credit.

**Universal Credit Health Journey** - If a health condition or disability limits how much work a person can do, they might get an extra amount of Universal Credit. A Work Capability Assessment decides how much their health condition or disability limits their capability to work. If a person is not deemed fit for work, they will be placed into one of two groups: UC-Limited Capability for Work, members of which will have regular appointments with an advisor; or the UC-Limited Capability for Work and Work Related Activity, members of which do not.

**Universal Credit taper** – The amount of Universal Credit received depends on how much the customer or their partner earns from working each month. For every £1 the customer or their partner earns, their UC payment will decrease by 55p.

**White Paper** - White papers are policy documents produced by the Government that set out their proposals for future legislation. White Papers are often published as Command Papers and may include a draft version of a Bill that is being planned.

**Work allowances** - Customers on UC Health Journey can earn a certain amount before their allowance starts to be reduced.

**Work capability assessment** - If a person claims ESA/UC because of a health condition/disability they must have a Work Capability Assessment (WCA). This is a

test used by the DWP to determine to what extent a person's illness or disability affects their ability to work. Depending on the outcome of the WCA, people are either deemed to be fit for work, or entitled to ESA/UC Health Journey. Those deemed not to be fit for work are then placed in one of two groups: the ESA Work-Related Activity Group/UC-Limited Capability for Work, members of which will have regular appointments with an advisor; or the ESA Support Group/UC-Limited Capability for Work and Work Related Activity, members of which do not.

**Work coach** - Front-line DWP staff based in Jobcentres who support customers into work by challenging, motivating, providing personalised advice and using knowledge of local labour markets.

# Abbreviations

ADHD	Attention Deficit Hyperactivity Disorder
DWP	Department for Work and Pensions
ESA	Employment and Support Allowance
JCP	JobCentre Plus
LCW	Limited Capability for Work
LCWRA	Limited Capability for Work and Work Related Activity
PIP	Personal Independence Payment
SG	Support Group
UC	Universal Credit
WCA	Work Capability Assessment
WRAG	Work Related Activity Group

# Summary

A key objective for the Department for Work and Pensions (DWP) is **supporting individuals with health conditions into work** where appropriate. Drawing on a survey and in-depth interviews with health and disability benefit customers, this report supports this objective by providing a detailed overview of customers' employment aspirations, the barriers they face in accessing work, and the support they feel they need most.

## Key findings

**For most people claiming health and disability benefits—Personal Independence Payment (PIP), Employment and Support Allowance (ESA) and the Universal Credit (UC) Health Journey—it is their *health* that is the main barrier to work, as opposed to their *motivation* or *skills*.** Nearly half (49%) of customers felt they would never be able to work, or return to work, because of their health, while 27% felt they might be able to work in future but only if their health improved. The findings indicate a link between rising take up of health and disability benefits and challenges in the healthcare system: two in five customers (41%) were on a waiting list for treatment for their health condition(s), and half (50%) felt their ability to work was dependent on receiving treatment.

Despite this, **there are opportunities to promote employment among health and disability customers.** A small but significant number of customers (5%) felt they could work right now, if only the right job or support were available, and many of the 19% of customers who were already in work wanted to increase their hours. Customers overwhelmingly saw work as a key part of their identity and a route to higher self-esteem, happiness and security. For many, it was something they deeply missed, while those who had never been employed saw work as central to feeling valued and connected to society.

**The key policy challenges differ substantially between younger and older customers.** For younger customers, many of whom have never worked, there is a desire for quality work that can be the start of a career. Younger customers are relatively more educated than older ones but have often struggled to find work with understanding employers. Many have mental health conditions and/or cognitive or neurodevelopmental impairments. For older customers, the challenge is often to pivot from previous careers. Customers' health conditions often limit their mobility, dexterity and energy levels. The effort involved in retraining or trying something new is substantial and can feel risky. Since many older customers are not too far off retirement, the challenge often does not seem worth it.

**There is also a potential opportunity in the rise of homeworking.** A quarter (25%) of customers feel they can't work now but when asked if they could work from home say they could. This is promising, but there are complexities. Customers felt

there was a risk of social isolation and tended to see homeworking as a stepping stone to in-person work. Many customers are older with relatively low levels of educational attainment; they may struggle to access remote jobs and may not have the digital skills required.

**A key challenge is the complex relationship many customers have with DWP.**

There was quite often a mismatch between customers' views on their ability to work and the conditionality group they had been placed in. Of those customers not in work who didn't rule out work permanently, 60% were worried that DWP would make them look for unsuitable work, and 50% were worried they would not get their benefits back if they tried working, including some who were not receiving any means-tested benefits. Those in work often felt the financial return from additional hours worked was not worth it, given the way the Universal Credit (UC) taper works, and given that working longer hours could affect their health.

However, **most customers (69%) were open to receiving contact from DWP/JCP about offers of support** for employment, benefits or disability services. Customers wanted help to develop skills, including emotional, social and communication skills. They wanted help finding and applying for jobs, and help to stay in work, including engaging with employers to ensure their needs were met. But crucially, customers wanted help from DWP to be personal, with **genuine attempts to understand their unique needs and circumstances**. They wanted to feel supported rather than coerced, monitored or blamed. They wanted to see more joined-up services so that they didn't need to explain their health conditions repeatedly to different staff and agencies.

## About the research

This research was delivered by the National Centre for Social Research (NatCen) on behalf of DWP. It focuses on health and disability benefit customers, including those claiming Personal Independence Payment (PIP), Employment and Support Allowance (ESA) and those on the Universal Credit (UC) Health Journey. PIP can be claimed alongside ESA or UC as the criteria and purpose of the benefits differ. It is possible that a person can receive PIP and other means tested benefits. Some customers receiving PIP will have open UC claims outside of the Health Journey. Of the 4 million working-age people receiving at least one health or disability benefit, 1.9 million claim both PIP or DLA and ESA and/or UC (with a health condition).<sup>1</sup>

A survey was conducted in October and November 2024 with health and disability customers. A total of 3,401 customers took part. The survey was designed to be inclusive and accessible, and customers could take part online, by phone, by post, or in-person. 61 qualitative interviews were conducted with health and disability customers who had taken part in the survey, to understand their views and experiences in more depth. The interviews took place from October to December

---

<sup>1</sup> [Benefit Combinations: Official Statistics to February 2024 - GOV.UK](#)

2024. The sample of interviewees included a mix of customers with different characteristics and personal circumstances.

A final report will be published in Spring 2025. The report will include findings from an additional 27 qualitative interviews with customers, and from 9 focus groups in which a range of possible policy solutions were tested with customers. It will also include findings from a segmentation analysis of the survey data, which will identify distinct groups of customers based on the combinations of barriers to work they experience.

## Detailed findings

### **How do health and disability customers feel about work?**

**49% of customers felt they would never be able to work (or work again).** This was the largest group of customers. This group was older than average, with 62% over the age of 50. They were more likely to have long-term conditions, including those affecting major organs as well as breathing difficulties, heart conditions and cancer. They tended to have more health conditions, and these were more likely to strongly affect their ability to carry out day-to-day tasks. They tended to think their health was likely to deteriorate in future. 76% had no work-related activity requirements, but 8% did, whilst 14% received PIP and were not on the UC Health Journey.

**27% of customers felt they might be able to work in future but only if their health improved.** This was the second largest group. Nearly half of those whose main health condition was a mental health condition were in this group, although many of these customers also had other health issues. This group was slightly younger than average with 70% under the age of 50. Over a quarter (26%) had no educational qualifications. Only 15% had work-related activity requirements. 85% were open to the idea of working in future.

**5% of customers felt they could work right away if the right job or support was available.** This was the smallest group. Those whose main disability was a cognitive or neurodevelopmental impairment—including memory and concentration problems alongside learning difficulties and disabilities, as well as autism—were around twice as likely to be in this group compared to those with other disabilities. This group was younger than average, with 69% under the age of 50, and were less likely to have prior work experience. 24% had a degree. 18% were receiving ESA/UC with work-related activity requirements and 40% with no work-related activity requirements. 33% received PIP and were not on the UC Health Journey.

**19% of customers were in work.** Most (64%) received PIP and were not on the UC Health Journey. Most were employed (84%) as opposed to self-employed (13%), and most worked part time (61%). Of those who worked less than 16 hours a week, 62% were interested in working more hours.

## Has the number of customers who feel they could work increased?

A similar survey was conducted by DWP five years earlier, in 2019, as part of a [separate research project](#). That survey focused on health and disability customers who received a means-tested benefit (ESA or UC) with no conditionality requirements. The survey categorised customers based on their proximity to the labour market, but did not use the same four categories as above. The survey found that 20% of these customers felt paid work “could be possible” for them in future, which was defined as not being in work, not thinking that their health condition definitely ruled out work permanently, and being potentially willing to work in future if their health allowed it. Using the same definition, the 2024 survey found that 23% of customers in these same groups felt paid work could be possible for them in future.<sup>i</sup> This should **not** be interpreted as an increase on the 2019 figure: the change is within the margin of error. There are no comparable figures for the other benefit groups – those in the pre-assessment phase, those without conditionality requirements, and those receiving PIP only – to enable an assessment of whether the number of customers who feel they can work has changed over time.

## What kinds of work are customers able and willing to do?

One quarter of customers (25%) initially said they were unable to work now, but when asked if they could **work from home** said they could. This included 14% of those who felt they would never be able to work (or work again). Customers felt that working from home would be easier for a wide range of reasons: it would be less stressful, allow more flexibility and control over hours, be less physically demanding, be less crowded, and would not require a commute, among other reasons. However, in qualitative interviews, customers felt there was a risk of social isolation associated with home working, and it was often framed as a transitional option, with a return to in-person work preferred.

Customers who were in work, or who felt they would be able to work now or in the future, were asked to imagine they were offered jobs with certain features. Relatively few customers felt able to do jobs that involved **standing up all or most of the day** (only 18%), **working shifts** that could not be changed (22%), or **commuting or travelling** as part of the job (32%). Most customers felt able to **work at a computer** (60%), and around half felt able to do a job that involved **writing and understanding written information** (53%) or **speaking to members of the public** (46%). The types of work customers felt able to do depended, in part, on their health conditions.

Customers did not want to be forced to take any available role. For younger customers it was important to feel they were **working towards a career**. Having a job that was **aligned with one’s interests** was important for customers with cognitive or neurodevelopmental impairments, such as severe autism or ADHD, otherwise it could be a challenge to remain focused. Older customers often wanted any new job to be **relevant to their previous careers**. For some, returning to their previous job would be a marker of their recovery. Many felt they had invested time and effort to acquire expertise and didn’t want to feel this was wasted. Personal

identities and self-esteem were often closely related to the career paths people had chosen.

## What are the main barriers to work?

The main barriers to work faced by most customers were related to their **health**. Most had left work due to their worsening health, and three-quarters (76%) were worried that working could make their health worse. In addition, many customers had **low confidence** and **little awareness** of what kinds of work was available or how to access it. Just 16% felt confident applying for jobs, only 20% felt they knew what jobs were available, while 29% knew how to present themselves and their health conditions in applications.

For many customers, the **benefit system itself** created barriers to work. 60% were worried that DWP would make them look for work that was not suitable for them, and 50% were worried they would not get their benefits back if they tried paid employment and it did not work out. At the same time, more than a third (38%) of customers felt they **had personal issues with debts, housing or childcare** that needed to be resolved before they could consider working.

Customers were also concerned about **employers**: 69% were worried that employers would not employ them because of their health condition, while one in four (26%) felt the adaptations they would need would be too expensive. Even if they were offered a job, 76% of customers felt they might find it difficult to **travel to work**.

## What support is needed and how should it be delivered?

There are opportunities to support customers across all stages of the journey into work: developing new skills; finding and applying for work; ensuring reasonable adjustments are put in place; and helping customers stay in work when their health situation changes.

Amongst the skills that most customers wanted help to develop were **communication, social and emotional skills**. Customers wanted these skills to help them navigate the recruitment process and cope well in a work environment, but also to build confidence and self-esteem in their everyday lives. Many customers also wanted to develop their **digital skills**.

Customers wanted support to find work but emphasised that it should have two crucial features: it should be a **personalised service** that fully takes account of their health needs, qualifications and interests; and it should include **help to find employers who can and will accommodate their needs**. It was clear that **job interviews** were a barrier to some customers who had particularly low confidence or who struggled to communicate effectively. Customers wanted opportunities to **trial roles** through work experience, volunteering, or trial periods, with no risk of losing benefits should they choose not to accept the position.

Alongside support in the labour market, some customers wanted support with their everyday lives. This included **support with their health conditions**, but also support with **feeling overwhelmed by day-to-day pressures**, and with **money worries**.



Customers generally cared much more about the quality of the support than who was providing it. While many customers had negative views of DWP/JCP, they were often open to their support, provided it was **compassionate, non-judgemental, and flexible**. Relatively few customers (13%) were already receiving help or support, including things like building confidence or skills, help with CVs or finding suitable work. But most customers (69%) were open to receiving contact from DWP/JCP about offers of support for employment, benefits or disability services. But it was important that customers felt trusted and believed as experts on their own circumstances and abilities. They did not want to repeatedly explain themselves to different staff and agencies. Those with less visible disabilities wanted more understanding and sensitivity from staff.

## **What are the main opportunities for DWP?**

The final report from this research project will include further findings on the kinds of policy solutions that may be most effective in helping customers into work. But the findings included in the present report suggest several ways in which DWP could seek to increase employment rates, which will be refined and developed further in future.

**DWP could do more to support younger customers with mental health conditions and/or cognitive/neurodevelopmental conditions.** This could involve help with travel, help with confidence building and social skills, and enabling young people to go on work trials with no risk of losing benefits if it doesn't work out.

**DWP could also support older customers with mobility and long-term health conditions,** by helping them to retrain in fields closely related to their previous careers, by helping them to develop digital skills, and supporting them to work from home where appropriate.

**DWP could work with other departments to ensure that employers are meeting their obligations** to provide reasonable adjustments and avoid discrimination. DWP could also build further relationships with inclusive employers to ensure that customers can be matched with jobs that will be accessible to them.

**DWP could work to shift customer's attitudes towards DWP, JCP and the benefits system.** Customers who feel they can work overwhelmingly want to and feel that some conditionality requirements are counterproductive. DWP could make it clearer to customers what they stand to gain from working and make sure they understand how working will and will not affect their benefits. DWP could make it clearer to customers what support is already available. Lastly, DWP could simplify processes and ensure customers do not need to repeatedly explain themselves or prove their needs are valid.

# 1 Introduction

## 1.1 Background

A quarter of all people aged 16 to 64 have a long-term health condition that limits their daily activities ([ONS, 2024](#)), and disabled people are nearly three times as likely as non-disabled people to be economically inactive ([ONS, 2024](#)). People with disabilities face challenges in finding employment that meets their needs, getting the appropriate support to manage their conditions, and securing the necessary workplace adjustments.

The prevalence of disability is on the rise, with 2.6 million more people in the working-age population classed as disabled compared to a decade ago ([ONS, 2024](#)). The disability employment rate was 53% in September 2024, compared to 81.6% for non-disabled people ([ONS, 2024](#)). Additionally, there has been a decline in the health of those who are working, with 4.1 million people now in employment while managing a work-limiting health condition, which is an increase of 300,000 over the past year ([ONS, 2024](#)).

A combination of complex factors has contributed to this increase in health-related economic activity since 2019, including an aging population, a higher incidence of ill health among people aged 16 to 64, the lasting effects of the COVID-19 pandemic on both physical and mental health ([ONS, 2023](#)), and potentially, factors related to the benefits system ([OBR, 2023](#)).

In this context, the Department for Work Pensions (DWP) has an ambition to support individuals with health conditions into work, where appropriate. This was set out in the Get Britain Working White Paper in November 2024, which included a target to raise employment to 80%. DWP commissioned the National Centre for Social Research (NatGen) to conduct research to support this ambition.

## 1.2 Research objectives

This report explores the employment aspirations, barriers to work, and support needs of health and disability benefit customers. It is based on a survey and in-depth interviews with health and disability customers. There were five main research objectives:

- To understand the current demographic profile of health and disability customers.
- To determine the health conditions, wellbeing, and current situation of health and disability customers.
- To examine the work history of health and disability customers and their relationship with work, including attitudes to work-related activity, and aspirations.

- To assess what type of support health and disability customers are currently receiving and what their support needs are.
- To understand the type of support health and disability customers want to move closer to work, as well as improve their general day-to-day life.

### 1.3 About the participants

Participants were all in receipt of at least one health and disability benefit. That means the research included those on the Universal Credit (UC) health journey, or in receipt of Employment and Support Allowance (ESA) and/or Personal Independence Payment (PIP). The sample included customers with varying levels of conditionality. Table 1 shows the different customer groups included in the survey, in terms of which benefit line they received (UC, ESA, PIP) and their level of conditionality. Note that within the UC and ESA customer groups, there were customers who also received PIP, and customers who did not. A small, but not insignificant number of PIP customers received UC, but were not on the health journey. Out of the customers who consented to having their responses matched to pre-existing DWP data (76% of the PIP only group), 26% received both PIP and non-health journey UC. This means that they are subject to the conditionality rules associated with their UC claim, despite PIP itself not being a means-tested benefit with any associated conditionality.

**Table 1: Customer groups included in the survey**

<b>Work-related activity requirements</b>	<b>Universal Credit (UC)</b>	<b>Employment and Support Allowance (ESA)</b>	<b>Personal Independence Payment (PIP)</b>
Work-related activity required	UC Limited Capability for Work ( <b>UC LCW</b> )	ESA Work-Related Activity Group ( <b>ESA WRAG</b> )	PIP is not an out of work benefit and as such has no work-related activity requirements. Individuals may have requirements linked to other open claims.
No work-related activity required	UC Limited Capability for Work-Related Activity ( <b>UC LCWRA</b> )	ESA Support Group ( <b>ESA SG</b> )	
Pre-assessment	UC Pre-Work Capability Assessment ( <b>UC Pre-WCA</b> )	New Style ESA Assessment Phase ( <b>NS ESA Assessment Phase</b> )	

## 1.4 Research methods

### **Quantitative methods**

A survey of 3,401 health and disability customers was conducted online, by telephone, by post, and in-person. A random stratified sample of 15,900 customers was drawn by DWP. The sample included customers with appointees who managed their benefits on their behalf. The response rate was 21%. Participants were offered a £5 shopping voucher as an incentive and to thank them for taking part. Responses have been weighted to account for oversampling and non-response. This means that the results can be considered representative of the wider population of health and disability customers.

Any descriptions of differences between subgroups have been tested for statistical significance at the 95% level, and no differences between groups are reported if they are not statistically significant. No estimates are reported if they are based on samples of less than 50 people. All estimates that are based on samples of less than 100 people are indicated with a footnote.

### **Qualitative methods**

In addition to the survey, qualitative interviews were conducted with health and disability customers. This report is based on a sample of 61 interviews (roughly two thirds of the total number of interviews) conducted between September and December 2024, with quotas based on gender, age, disability type, benefit group, income, receipt of PIP, region and working status. The final report will include data from all interviews, as well as findings from 9 focus groups.

Participants were offered £40 vouchers to thank them for their time taking part in the interview. Interviews took place online, by telephone, or in-person. The interviews explored broadly the same themes as the survey but in greater depth. All interviews were transcribed and analysed thematically.

Throughout the report, case studies drawn from qualitative interviews with recipients are included. To protect participants' privacy and ensure anonymity, names have been changed and other key details have also been changed where necessary.

## 2 Customer profile

This chapter describes the overall profile of health and disability customers. This includes customers on the Universal Credit (UC) health journey, in receipt of Employment and Support Allowance (ESA) or in receipt of Personal Independence Payment (PIP). It gives an overview of customers' health conditions and impairments, and how these impact on their daily lives. It also provides an overview of customers' general wellbeing.

### 2.1 Health conditions and impairments

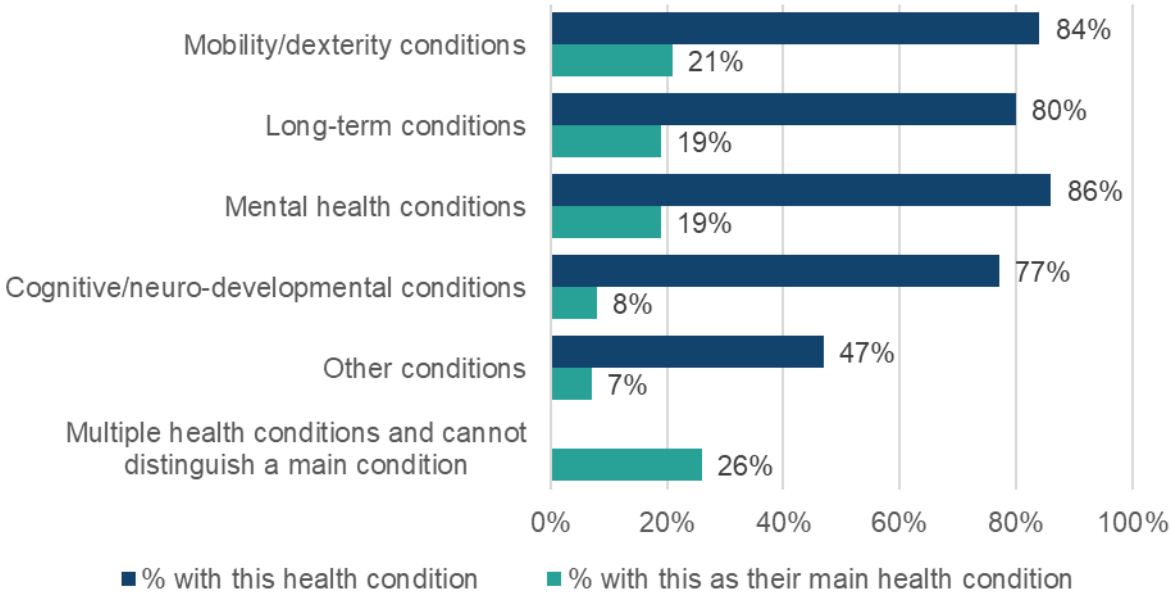
#### Types of health conditions and impairments

For the purposes of this research, customers' health conditions and impairments were categorised into five groups, as follows:

- **Mobility/dexterity conditions:** problems with arms, hands, legs, feet, neck, shoulders or back; pain or discomfort; any bone or muscle problems or physical injuries; dizziness and balance problems.
- **Long-term conditions:** problems with bowels, stomach, liver, kidneys or digestion; chest or breathing problems; heart problems and blood pressure problems; skin conditions or allergies; cancer; diabetes; epilepsy.
- **Mental health conditions:** stress or anxiety; depression; bipolar disorder; psychotic disorder or schizophrenia.
- **Cognitive/neurodevelopmental conditions:** fatigue, memory and concentration issues; learning difficulties including dyslexia; learning disabilities; autism.
- **Other conditions:** speech problems; drug or alcohol addiction; progressive illnesses other than those listed above; other unspecified health conditions.

Figure 1 shows the proportion of customers with different health conditions. It also shows, for each category of health condition, the proportion of customers who said this was their *main* health condition. Of those customers with multiple health conditions, roughly one in four said they were unable to identify a single 'main' health condition (26%).

**Figure 1: Customers’ health conditions and main health conditions**



Base: All health and disability benefit customers (3401).

There were differences between age groups in the kinds of health conditions and impairments that customers had. Younger customers aged 25 and under were more likely to cite their main condition as a mental health condition (28%) or a cognitive/neurodevelopment impairment (31%) than older customers aged 50+ (12% and 3%, respectively). Older customers aged 50+ were more likely to cite their main condition as mobility/dexterity impairments (28%) or a long-term condition (24%) than under 25s (5% and 7%, respectively).

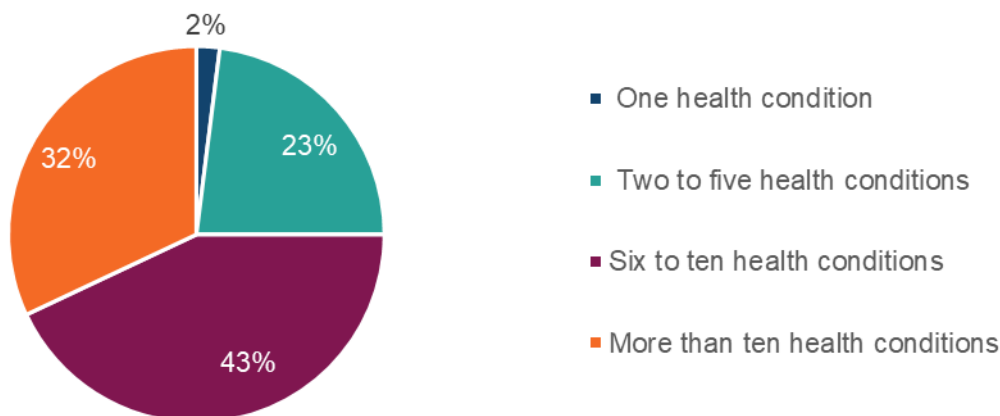
More than half of customers expected their health to get worse over the next two years (54%). Just 9% of customers expected their health condition(s) to improve and 37% expected it to stay the same over the next two years. Those whose main condition was a mobility/dexterity impairment, or a long-term condition, were the most likely to think their health would get worse (66% and 63%, respectively). In comparison, only 22% of customers whose main condition was a cognitive/neurodevelopmental impairment said that they felt their condition would get worse.

Around two-fifths of customers were on a waiting list for treatment for their health condition(s) or disability (41%). This finding was mostly consistent, regardless of customers’ main health condition, but was lowest for those whose main condition was a cognitive/neurodevelopment impairment (21%). Older customers aged 50+ were more likely to be on a waiting list for treatment for their health condition(s) (42%) than younger customers aged 25 and under (30%).

**Multiple health conditions**

As shown in Figure 2, virtually all customers had multiple health conditions (98%). 43% had six to ten health conditions, and 32% had more than ten. Customers aged 50+ were much more likely to have more than ten health conditions (39%) compared to younger customers aged 25 and under (15%).

**Figure 2: Number of health conditions reported by customers**



Bases: All health and disability customers (3401)

In interviews, customers discussed the difficulties they had managing multiple health conditions. They were often engaged in a constant process of trying to understand and manage their health, with uncertainties about which medications or therapies were needed and for which problems. Managing this uncertainty took up a lot of people’s time and energy:

*“It’s trying to manage which symptom, which medication, when to take them, what impacts what” (Female, 35-50 years old, cognitive/neurodevelopmental impairment, ESA SG).*

Some health conditions and impairments co-occurred more often than others, with mental health conditions particularly widespread. Almost all customers who had multiple health conditions and were unable to identify a single ‘main’ condition reported that they had a mental health condition, such as depression or anxiety (91%). 80% of those whose main condition was a cognitive/neurodevelopmental impairment reported that they also had a mental health condition, as did 82% of those whose main condition was a long-term health condition, and 79% of those whose main condition was a mobility/dexterity impairment.

In interviews, customers explained how the interaction of different health conditions further affected their ability to carry out day-to-day activities, particularly the combination of mental health conditions with other, physical health conditions:

*“Depression is its own little nightmare... but the fatigue and pain from fibro made it worse. I couldn’t exercise, which caused weight gain and diabetes, making my knees worse” (Female, over 50 years old, mobility/dexterity impairments, ESA SG).*

## Fluctuating health conditions

A clear majority of customers had health condition(s) that fluctuate, meaning they had good and bad days, weeks or months (67%). This finding was fairly consistent regardless of customers’ main health condition but was highest for those whose main condition related to their mental health (81%).

In interviews, customers explained how their symptoms fluctuated. Some days customers were unable to get out of bed due to severe pain, chronic tiredness or poor mental health. On more manageable days, they had to avoid overexertion, or they would “pay for it” the following day. External factors such as time of day, weather conditions and noise levels could impact the severity of their symptoms. Customers explained how these fluctuations in health affected their ability to plan and maintain routines:

*“One day I can get dressed, have a shower, maybe put a bit of make-up on and go out and have a nice day, but then I wouldn't be able to do anything for the next five days because I would be laid up in bed...”*  
(Female, 35-50 years old, cognitive/ neurodevelopmental impairment, UC Pre-WCA).

## **The impact of health conditions on day-to-day activities**

Most customers felt their health conditions reduced their ability to carry out day-to-day activities by “a lot” (82%), as opposed to “a little” (15%) or “not at all” (3%). Those whose main health condition was a mobility/dexterity impairment were most likely to think their condition reduced their ability by “a lot” (84%), while those with cognitive/ neurodevelopmental conditions were least likely (71%), but the difference was small.

In interviews, customers spoke about the challenges of physical tasks, such as completing household chores or personal care. Those with mobility impairments often struggled with the physical demands of tasks like cleaning, cooking or washing, while those experiencing mental health conditions reported a lack of motivation or energy:

*“Things like getting into the bath, I have to step up really high to get into it, so I tend to wash myself over the sink now, rather than jump into the bath [...] Also, cooking is an issue, standing around up at the worktop and everything else”* (Male, over 50 years old, mobility/ dexterity, UC LCWRA).

Travelling and socialising were also impacted by customers' health conditions or disabilities. Customers found it challenging to use public transport due to physical discomfort, accessibility issues, or fears of crowded or unfamiliar environments. For some, even leaving the house became a huge task, leading to isolation and disconnection from friends and family:

*“It's left me miserable and trapped indoors, unable to do as much... I can't really socialise”* (Male, 25-35 years old, long-term condition, UC Pre-WCA).

Virtually all customers received help with completing day-to-day tasks (95%), with relatively little variation found across health conditions. Of those who received help, more than four in five said they were getting help with getting out of the house/shopping (82%). This was followed by help with cleaning/laundry (75%), meals/eating (68%), and washing/bathing/ personal care (62%). In qualitative interviews this support was seen as essential:

*“It's almost like I have a team around me that I need to be able to function...doing my laundry, if it's just the one load, it's not too much of*



*a problem. But if I'm constantly bending and lifting, bending and lifting, that's when I guarantee the next day I'm really hurting.*" (Female, 35-50 years old, mobility/ dexterity impairments, ESA SG)

One in three customers (33%) received help from their children, while a similar proportion (32%) received help from their parents (including in-laws). 42% received help from other family members or from friends. Only 15% of customers received help from a paid professional such as a home care worker or a personal assistant. While participants highlighted the invaluable support provided by family in managing day-to-day tasks, some also expressed concern about being a burden to their loved ones. The potential for family members to move away or decide to focus on their own lives was also a common worry.

Around half of customers used or had recently used special aids or equipment such as wheelchairs, stairlifts, or hearing aids to help manage their health condition or disability (53%). Customers who had a mobility/dexterity impairment as their main condition were most likely to be using, or to have used, special aids or equipment within the last 12 months (73%).

## 2.2 Benefit lines received

As shown in Table 2, the largest group of customers were those who received ESA/UC with no work-related activity required (60%). A much smaller proportion received ESA/UC with work-related activity required (11%) or were awaiting the outcome of an assessment in the ESA/UC assessment phase (5%). One in four customers received PIP and were not on the UC Health Journey (25%). Note that it was possible for customers to be in receipt of a means-tested benefit (ESA or UC) and in receipt of PIP.

**Table 2: Benefit lines received**

Benefit line	PIP	No PIP	Total
ESA/UC with work-related activity requirements	4%	7%	11%
ESA/UC with no work-related activity requirements	42%	18%	60%
ESA/UC assessment phase	1%*	4%	5%
PIP, and not on the UC Health Journey	25%	-	25%
Base: all health and disability customers (3,401)			
*The base size for this figure is less than 100			

Overall, 72% of PIP customers (with and without other means-tested benefits) were receiving both the daily living and mobility component, with those whose main condition was a cognitive/neurodevelopment impairment being the most likely to receive both (84%).

Most customers had been claiming their health and disability benefits for 4 or more years (65%). A quarter had been doing so for between 1 to 3 years (23%), while just over one in ten (12%) had been claiming for less than a year. Those claiming UC or

ESA who had no work-related activity requirements were the most likely to have been claiming their benefits for 4+ years (72%).

The majority of customers who started receiving ESA or UC in the last 12 months, applied for ESA or started submitting medical evidence, such as a fit note to DWP because their health condition stopped them from being able to work (92%). Other common reasons included being told to do so by the DWP or the Jobcentre (35%) or by a healthcare professional (30%). Nearly a third (32%) of customers said it was because they wanted to access extra financial support.

## 2.3 Demographic profile of customers

The health and disability customer population had the following demographic characteristics:

- **Gender:** Slightly more than half of health and disability customers were women (56%), with some variation between benefit groups.
- **Age:** The 50+ group had the largest group of customers (45%). Those in a pre-assessment phase were younger on average: 21% were between the ages of 25 and 34.
- **Education:** Overall, 69% of customers in receipt of means-tested benefits had a formal educational qualification. Those in receipt of PIP and not on the UC Health Journey had slightly higher levels of educational attainment on average.
- **Ethnicity:** Most customers were white (83%), which is proportional to the general population.
- **Equivalised household income<sup>2</sup>:** Customers who received PIP and were not on the UC Health Journey were generally better off than those on the UC Health Journey or claiming ESA. Around half of those in receipt of ESA or the UC Health Journey had an equivalised income in the lowest bracket (less than £556). This compares to just under half of those who received PIP and were not on the UC Health Journey who had an income in the highest bracket (£1326 or more). This is in line with the broader population of benefit customers.
- **Household composition:** Customers tended to either live on their own (36%) or in a household with two or more adults, with no children (43%).

Table 3 provides a more detailed overview of the demographic profile of health and disability customers, in terms of gender, age, education and income, across the main benefit lines:

---

<sup>2</sup> Equivalised household income brackets: (1) Less than £556, (2) £556 to £912, (3) £913 to £1325, (4) £1326 or more

**Table 3: Demographic profile of health and disability customers**

<b>Benefit group</b>	<b>ESA/UC with work-related activity requirements</b>	<b>ESA/UC with no work-related activity requirements</b>	<b>ESA/UC Pre-assessment phase</b>	<b>PIP and not on the UC Health Journey</b>
<b>Gender</b>	53% women	54% women	61% women	60% women
<b>Age</b>	38% aged 50+	47% aged 50+	34% aged 50+	46% aged 50+
<b>Education</b>	30% had no formal qualifications  11% had a degree or equivalent, or a higher qualification	35% had no formal qualifications  13% had a degree or equivalent, or a higher qualification	29% had no formal qualifications  17% had a degree or equivalent, or a higher qualification	20% had no formal qualifications  24% had a degree or equivalent, or a higher qualification
<b>Total monthly household income after tax</b>	54% had an income below £1,080	39% had an income below £1,080	56% had an income below £1,080	22% had an income below £1,080
<b>Equivalised income</b>	50% had an income in the lowest bracket	49% had an income in the lowest bracket	53% had an income in the lowest bracket	28% had an income in the lowest bracket

## 2.4 The general well-being of customers

Customers were asked a series of questions relating to their general wellbeing, including how happy they felt, how satisfied they felt with their life, and whether they felt that things in their life were worthwhile. The questions used a 1-10 scale, where 1 represented the lowest wellbeing and 10 the highest. Answers between 0-4 have been treated here as ‘low’, meaning low happiness, low life satisfaction, and a low sense of worth.

Overall, most customers had low levels of wellbeing: more than half (59%) had low happiness, low life satisfaction (58%), and low sense of worth (52%). Wellbeing was related to work, and how close or distant customers felt from employment. For example, 61% of those who felt they will never be able to work, and 64% of those who felt they might be able to work if their health improved, had low life satisfaction. This is compared to just 45% of those who were in work, and 43% of those who felt they could work now if the right job or support was available. In interviews, customers were often frustrated that they were unable to leave the house, and felt they missed

out on positive aspects of work, such as socialising with others and improved feelings of self-worth:

*“I hate that I can’t work. I loved my job... and I just love working with people, so I really, really miss it, and I feel like I’m not a valuable member of society if you like.”* (Female, over 50 years old, long-term condition, ESA WRAG)

Wellbeing was also related to age. 59% of customers aged over 50 had low happiness, compared to 46% of those aged under 25. In interviews, older customers explained that their health was declining with age and was unlikely to improve. This impacted their well-being, as they felt they would never be able to do the things they once could:

*“I’ve just become more physically disabled as time has gone on... it’s almost like a grieving process. You lose something that you’re used to and you have to grieve for that.”* (Female, over 50 years old, long-term condition, ESA SG)

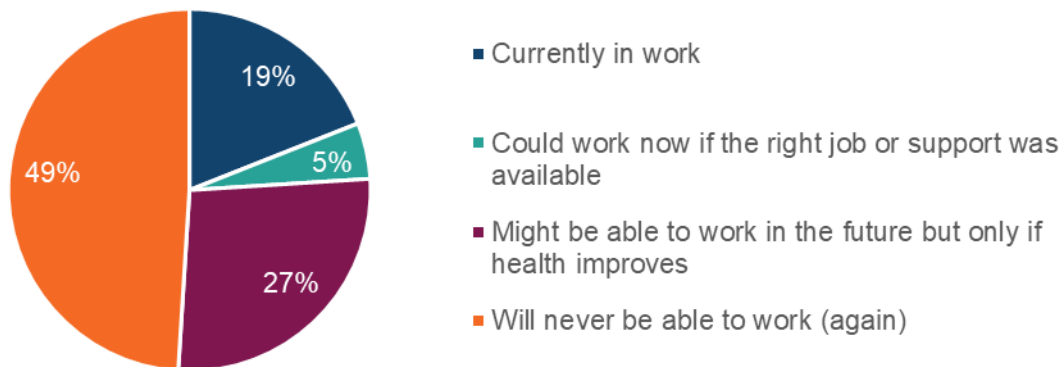
## 3 What are the attitudes and aspirations of customers towards work and work-related activity?

This chapter describes the proportion of customers who felt they were able to work, now or in future. It explores which groups of customers were more likely to feel they could work, and which customers were willing to work or volunteer.

### 3.1 Do customers feel they are able to work now or in future?

As shown in Figure 3, overall, a fifth of customers (19%) were already in work across all health and disability benefit. Just 5% of customers felt they would be able to work now, if the right job or support were available. The largest group of customers (49%) were those who felt they will never be able to work (or work again), while 27% of customers felt they were unable to work now but might be able to work in the future if their health improved. These last two groups—those who felt they would never be able to work (or work again), and those who felt they might be able to work if their health improved—were asked to imagine they were offered a job that involved working entirely from home. A quarter (25%) said they could do such a job. Working from home is covered in more detail in Chapter 4. The following paragraphs explore the characteristics of each group in turn, starting with those furthest from the labour market.

**Figure 3: Customers’ self-assessed ability to work**



Bases: All health and disability benefit customers (1514)

Table 4 shows how customers receiving different benefits and with different conditionality requirements felt about their ability to work. Those with work-related activity requirements were generally more likely to feel they could work. Among those who received a means-tested benefit, those who received PIP in addition were less likely to feel they could work. But those who only claimed PIP were the most likely to be in work. Each of the work groups is discussed in more detail below.

**Table 4: Customers’ self-assessed ability to work, for customers receiving different benefit combinations**

Self-assessed ability to work	All health and disability benefit customers	ESA/UC with work-related activity requirements			ESA/UC with no work-related activity requirements			ESA/UC assessment phase	PIP, not on the UC Health Journey
		All	With PIP	Without PIP	All	With PIP	Without PIP		
Currently in work	19%	17%	9%	22%	6%	5%	9%	22%	49%
Could work now if the right job or support was available	5%	8%	7%	9%	3%	3%	5%	9%	7%
Might be able to work in future but only if health improves	27%	38%	38%	39%	28%	22%	41%	47%	16%
Will never be able to work (again)	49%	36%	47%	29%	62%	70%	22%	22%	28%
<i>Base</i>	<i>3361</i>	<i>472</i>	<i>202</i>	<i>270</i>	<i>1861</i>	<i>1411</i>	<i>450</i>	<i>171</i>	<i>857</i>

Among those receiving PIP who are not part of the UC health journey, many also receive non-health related UC. When referring to this group below, it includes only those customers who consented to having their survey responses matched with

existing DWP data (76% of the PIP, not on the UC Health Journey group). Therefore is not added to the table above but described below.

## **Will never be able to work (or work again)**

Around half (49%) of customers felt they would never be able to work (or work again). Most were receiving ESA or UC and did not have work related activity requirements (76%), which was higher than the wider customer population (60%). However, 8% of this group did have work-related activity requirements, despite feeling that they will never be able to work again. This suggests a mismatch between the customer's understanding of their ability to work and DWP's understanding. 14% were in receipt of PIP and not on the UC Health Journey, and of those, 75% did not receive UC at all (11% of those who will never be able to work or work again receive PIP and no UC).

This group was older than average: 57% of customers were over 50, compared to 45% of the wider customer population. Most customers in this group (74%) had previously been in paid work, but most had been out of work for a considerable amount of time: 47% had had left work more than 10 years ago, which was much longer than for other groups. In qualitative interviews, some customers felt they had been out of the job market too long to return to work. Others felt that returning to their previous career wasn't possible given their health conditions, but felt they were not qualified for other types of work and were reluctant to retrain given they were nearing retirement age.

Customers in this group had a wide range of disabilities, much like the wider customer population. However, on average their disabilities were slightly more severe: 90% felt their health impacted their ability to carry out day to day activities *a lot*, compared to 82% of the wider customer population. They also had a higher number of health conditions than average (40% had more than 10 health conditions) and were more likely to have symptoms that were constant rather than fluctuating (39%). Two thirds (66%) felt that their health would get worse in the future.

## **Might be able to work in the future but only if their health improves**

About a quarter (27%) of customers felt that they might be able to work in the future, but only if their health improved. Most customers in this group were receiving ESA or UC with no work-related activity requirements (61%). This group were twice as likely as the previous group, who felt they would never be able to work, to be receiving a means tested benefit with conditionality requirements: 15%, compared to 8%. 15% received PIP and were not on the UC Health Journey. Of those, 83% did not receive UC at all (11% of those who might be able to work in the future but only if their health improves receive PIP and no UC).

Whilst a clear majority of these customers (87%) were open to the idea of work in the future if they could, only a fifth (19%) actually expected their health condition/s to improve in the future. In qualitative interviews, it was common for customers to frame the possibility of a return to work as a hypothetical or ideal one, rather than a realistic one.

Customers in this group were younger on average: 69% were under 50 years old compared to 55% of the wider customer population. They had fewer educational qualifications than most customers: 13% had a degree or higher qualification, compared to 15% of the wider customer population. 26% had no academic qualifications at all, compared to 31% of the wider customer population. Almost half (40%) had been out of work less than 3 years, while a fifth (18%) had never been in paid work.

Although this group had a wide range of health conditions, mental health conditions were particularly common: 31% said their main condition/disability was mental health, compared to 19% of the wider customer population. Overall, 44% of those whose main disability was a mental health condition felt they might be able to work if their health improved, compared to 27% of the customer population as a whole.

**Case Study:** Casey is aged 35-50, and has a range of different health conditions, most of which are chronic and cause fatigue and pain. This makes it difficult for her to do everyday tasks like tidying her house. She used to work in a hotel and enjoyed the financial independence and friendships at work. Casey had to leave work after her health declined: she reduced her working hours, but her workplace stopped offering her shifts as she became less able to complete tasks. Casey said that she would love to return to work, but that she would need a “magic wand” to fix her health conditions before this was possible.

## Could work now if the right job or support were available

Few customers – only 5% – felt that they could work now if the right job or support were available. Almost all customers in this group (97%) were open to the idea of work. Many customers in this group were receiving ESA or UC with no work-related activity requirements (40%), again showing a potential difference between the customers' perspectives on their ability to work and the perspectives of DWP. A relatively large proportion received PIP and were not on the UC Health Journey (33%). Of those, 87% did not receive UC at all. (25% of those who could work now if the right job or support were available receive PIP and no UC).

This group was significantly younger than average: 22% were under the age of 25 compared to 9% of the wider customer population, and three-quarters (74%) were under 50. Customers with cognitive or neurodevelopmental impairments were overrepresented: 18% had these impairments, compared to 8% of the wider customer population. On average, they had slightly less severe health conditions, and conditions that may not be as challenging in the future: they had the lowest proportion of customers who said that their condition impacts them *a lot* on a day to



day basis (68%), and half (49%) said that their condition would stay the same in the future, which is the highest of the four groups.

Customers in this group were more educated than average but had less work experience: 24% had a degree or higher qualification, but only 64% had prior work experience, compared to 77% of customers generally. This may be because this group has more customers under the age of 25 and more customers with cognitive or neurodevelopmental conditions as their main condition. Both under 25s and those with cognitive or neurodevelopmental conditions were less likely to have prior work experience than the wider customer population.

**Case Study:** Jim is under 25. He has a mental health condition and is in the process of getting a diagnosis for a cognitive/neurodevelopmental condition. These conditions mean that he finds it hard completing day to day tasks, including leaving the house. He is currently getting support to build his confidence. He has applied for jobs before, but so far hasn't been able to find anything that aligns with his interests and can accommodate his needs. Ideally, he would like to work with computers and/or graphic design but doesn't have any qualifications and has limited work experience.

## Currently in work

A fifth (19%) of customers were currently in work. Most customers in this group only received PIP and were not on the UC Health Journey (64%). Of those, 57% did not receive UC at all. (48% of those currently in work receive PIP and no UC). 36% received ESA or were on the UC Health Journey. This group had a similar age profile to the wider customer population, and a wide variety of health conditions.

In qualitative interviews, customers who were in work had differing views on their future: there were those who felt they would need to stop working due to their health, and those who felt able to continue working, who often felt they had the support needed from their employer. Half of customers (50%) who were in work said that they expected their health to get worse in the future.

Most customers who were in work were employed (84%) rather than self-employed (13%), with almost half (45%) working full-time, a third (31%) working part-time, between 16 and 30 hours, and a quarter (24%) working part-time for less than 16 hours a week. Of those who were currently working less than 16 hours a week, more than half (62%) were interested in working more hours. Some customers had previously worked full-time but had moved to part-time work due to their health, or when their circumstances changed, such as having a child.

**Case Study:** Jane is over 50 years old and has multiple mobility/dexterity impairments, as well as a long-term condition, that cause pain and fatigue. She receives PIP. She struggles with household tasks and can only use one arm for a few hours each day. Jane enjoys her part-time job as a lawyer, but notes that it is stressful, and that her health conditions mean that working makes her very physically and mentally tired. Whilst she would like to work until she retires, her health may mean that she stops work sooner.

## 3.2 Which customers want to work or volunteer?

**Willingness to work or volunteer.** A clear majority of those who were not in work but who felt they could work now or in future were “open to the idea” of paid work (84%). Of those who felt they could work right now if the right job or support were available, virtually all (97%) were open to the idea of paid work. Among those who felt they might be able to work if their health improved, willingness to undertake paid work was also high (87%).

Interest in voluntary work was substantially lower than interest in paid work, with only 27% “open to the idea” of voluntary work. Interest in voluntary work was higher among those who felt they could work now if the right job or support was available. While just 13% of those who could never work were open to voluntary work, 52% of those who could work now if the right job or support was available were open to it. One third of customers had undertaken voluntary work (33%). 55% of those who have volunteered had finished more than 5 years ago, while 19% are still undertaking voluntary work.

**How soon could customers work?** A small number of customers felt they could work soon: of the 5% of customers who felt they could work now if the right job or support were available, 72% felt they could work within the next year. In qualitative interviews, customers were often eager to work but wanted a gradual re-entry into work. Customers talked about wanting to work part time while their health improved, with the aim to move into full time employment. For example, one customer spoke about wanting to initially work part time when her children become old enough to start going to school:

*“I’m hoping that I do fully recover within the next year or so, so that I can do something, like even if it’s part-time work from home. ... So, yes, that is basically like a goal for me, like try and get at least a part-time working-from-home job, and then like get back into working slowly as both my kids get in into school”* (Female, 25-35 years old, long-term condition, UC LCWRA)

But those who felt they could work soon were a minority. Of those who felt they might be able to work but only if their health improved, only 28% felt they could work within a year. 36% felt they would be able to work within two years, and 37% thought it would be longer than that.

## 4 What kinds of work are customers able and willing to do?

This chapter looks at the types of work that customers felt able and willing to do. It first considers the potential of home working for health and disability customers. It then looks at the different physical, social and cognitive demands of jobs, and at which of these demands are most challenging for different groups of customers. It considers the importance for customers finding work that is of good quality, interesting, and relevant to their skills and experience. Lastly, it looks at customers' views on the advantages and disadvantages of employment vs. self-employment, and full-time vs. part-time work.

### 4.1 Working from home

Customers who initially said they were unable to work now were asked to imagine being offered a job that could be done entirely from home, and whether they would be able to do such a job. Of those who initially said they would never be able to work (or work again), 14% went on to say they could work from home. And of those who initially said they could not work now but might be able to in the future if their health improved, 45% said they could work from home. Overall, this means that a quarter of customers (25%) initially said they could not work now, but when asked to imagine a job that involved working entirely from home, said they could do such role.

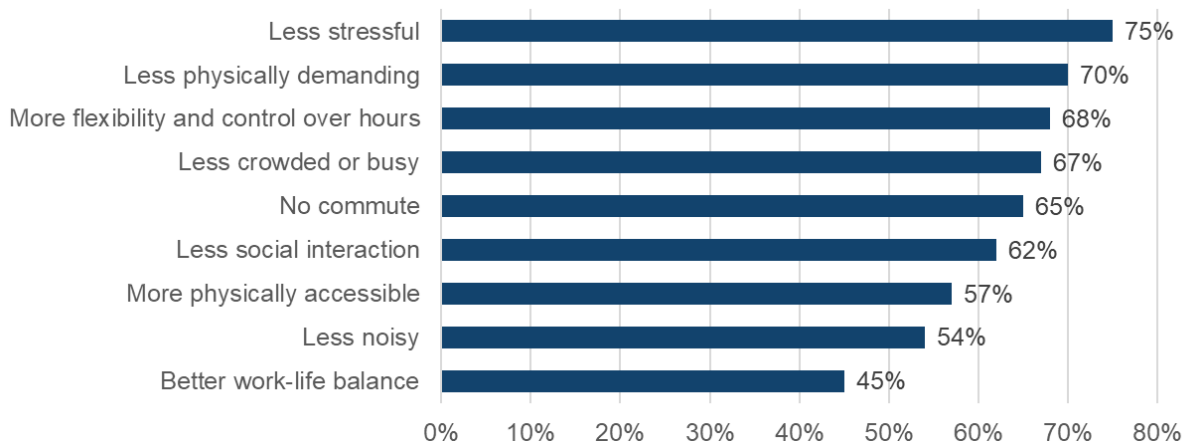
Those who could work from home were, on average, slightly younger, slightly more educated, and had slightly less severe disabilities:

- 31% of under 25s felt they could work from home, compared to 21% of over 50s.
- Of those who could work from home, 28% had no qualifications, and 54% had qualifications up to and including Level 3 (A Levels and equivalents), compared to 40% with no qualifications and 46% with qualifications up to Level 3 among those who could not work from home.
- Those who could work from home had slightly fewer health conditions, and their health conditions had slightly less impact on their ability to carry out day-to-day activities. They were less likely to be on a waiting list for treatment (36%) than those who could not work from home (43%) and were slightly less likely to have health conditions that fluctuated (75%, compared to 63%).

## Reasons for finding working from home easier

These customers were asked why they would find working from home easier (Figure 4). There was no single, main reason why working from home was easier. Customers felt it would be less stressful, less physically demanding and less crowded, and more flexible and accessible. For many, the lack of a commute was appealing, as was the lack of social interaction.

**Figure 4: Reasons that working from home would be easier**



Base: Customers who felt they could work now, but only working entirely from home (588)

While customers with different main health conditions (mental health, mobility, cognitive, etc.) were no more or less likely to say they could work from home, their reasons for why working from home would be easier varied. Those whose main health conditions were mental health conditions or cognitive/neurodevelopmental impairments tended to feel working from home would be easier because it would be less stressful, less crowded, and require less social interaction. Those with mobility impairments or long-term impairments tended to think working from home would be less physically demanding.

In qualitative interviews, those with reduced mobility described easy access to mobility aids within their homes (such as handrails and accessible toilets) making activities during the working day easier than in a typical office. For customers that needed regular rest, including some with fluctuating conditions, having their bed nearby would be helpful for taking rest as they needed it during working hours:

*“In my break, I tend to just get out of the wheelchair and sit in my bed, take the pain off my legs and my bottom.”* (Female, 35-50 years old, cannot distinguish main health condition, UC LCWRA)

## Risks and challenges associated with home working

Taken together, these findings suggest that finding ways to enable customers to work from home has the potential to help a large number of customers into work. However, in qualitative interviews, customers highlighted some reasons for caution around this. Even among those who said they *could* work from home, it wasn’t something that

they necessarily *wanted* to do, and many saw it as a *short-term* solution at best. There were various reasons given for this.

Customers spoke about prior positive experiences of in-person working and the support network that colleagues had provided. Colleagues were spoken of as a “second family” that in some cases continued to support customers even after they could no longer work. As such, they wanted to be able to return to such environments and once again benefit from these social support systems.

Older customers were wary of working from home because it was unfamiliar. They had not previously experienced it and didn’t know anyone that did it. For them, working from home was associated with working at a computer, and they were concerned that they didn’t have and couldn’t learn the skills needed.

For another group of customers, working from home on a long-term basis was seen as potentially harmful to their health and wellbeing. This was particularly the case for a subset of customers with mental health conditions or cognitive/neurodevelopmental impairments. These customers were worried that working from home would mean leaving their homes less often and socialising less, therefore contributing to greater feelings of isolation and loneliness. They would not be incentivised to undertake activities that, while challenging at first, might eventually lead to an improvement in their symptoms. Instead, it was suggested that working from home should be offered as a stepping stone to build confidence in a phased reintroduction to in-person working.

As such, working from home should not become the preferred solution to helping health and disability customers in all categories back into work. It may only be a long term or permanent option for those who would not be negatively impacted in other ways from the reduced social interaction it involves.

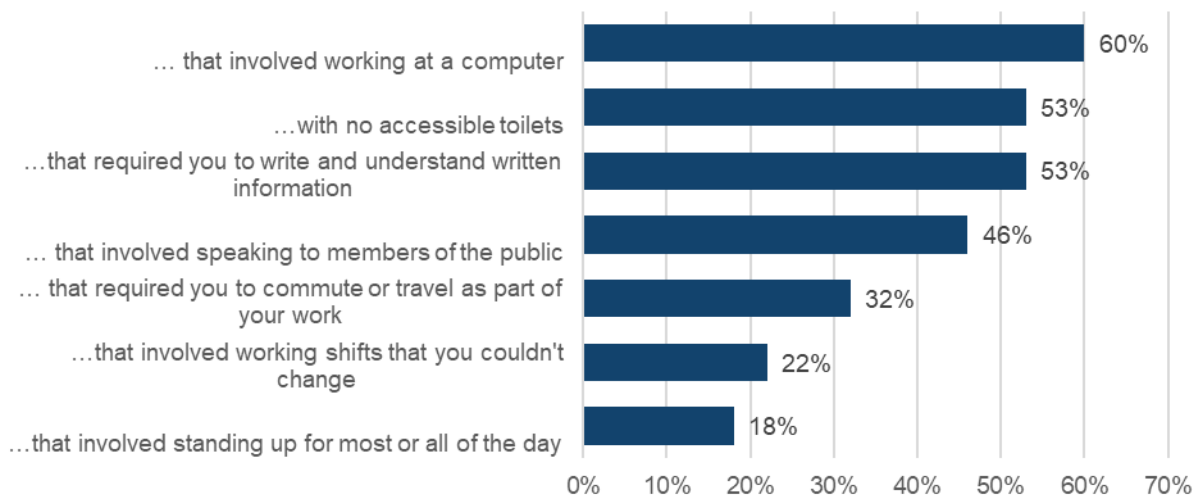
## 4.2 What types of work can customers do?

### **The physical, social and cognitive demands of different jobs**

Customers who were in work, or who felt they would be able to work now or in the future, were asked to imagine they were offered jobs with certain features and to consider whether they would be able to do such jobs (Figure 5).

The jobs that customers felt least likely able to do were those that involved standing up all or most of the day (18% felt they would be able), working shifts that could not be changed (22%), or commuting or travelling as part of the job (32%). Most customers felt able to work at a computer (60%). Around half of customers felt able to do a job that involved writing and understanding written information (53%) or speaking to members of the public (46%). Toilet access was an issue for many customers, with 47% unable to do a job without accessible toilets.

**Figure 5: The proportion of customers who were in work, or could work now or in the future, who would be able to do jobs with certain features**



Bases: customers who were in work or could work now or in future (working at a computer all day, 1944; write and understand written information, 1935; speak to members of the public, 1968; shifts you could not change, 1958); customers who were in work or could work now or in future, but not those who could only work from home (limited access to toilets, 1751; commute or travel, 1719; standing up all or most of the day, 1751).

The features of jobs that were problematic for customers varied, the findings suggest that different features of jobs make them more or less accessible to different customers, and that there is diversity in needs and preferences. The job features that were problematic for customers depended, to some extent, on their main health conditions. Table 5 shows the proportion of customers who felt they could do a job with a certain feature, for each of the main health condition categories. To help show the differences, cells containing 40% or higher are highlighted in dark blue, and those containing less than 20% are highlighted in orange. There are statistically significant differences between customers with different health conditions for all job features except working at a computer, which most customers felt able to do across all health conditions.

**Table 5: The proportion of customers who would be able to do jobs with different features, by main health condition**

Would you be able to do a job that...	Mental health	Cognitive/ neuro-developmental	Mobility/ dexterity	Long-term conditions	Other	Multiple, cannot distinguish main
...that involved working at a computer	62%	60%	58%	62%	61%	58%
...with no accessible toilets	64%	71%	42%	47%	66%	48%
...that required you to write and understand written information	51%	41%	58%	59%	49%	52%
... that involved speaking to members of the public	37%	34%	53%	54%	60%	41%

... that required you to commute or travel as part of your work	32%	43%	31%	37%	38%	25%
...that involved working shifts that you couldn't change	31%	26%	21%	18%	30%	17%
...that involved standing up for most or all of the day	32%	42%	5%	9%	28%	11%
Bases (range):	354-395	135-151	368-429	303-354	112-131	424-485

There were some clear differences between groups in the types of work people felt able to do, and the reasons they felt unable to do others, which came out in both the survey and qualitative interviews.

Those whose main health conditions were **mobility/dexterity impairments or long-term health conditions** felt able to do jobs with a wide range of features, including working at a computer, writing and understanding written information, and speaking to members of the public. But jobs that required standing up all or most of the day, or working shifts that could not be changed, were inaccessible to the vast majority of this group of customers. In qualitative interviews, these customers described the importance of putting in place arrangements to allow them to adjust their physical position throughout the day. Sitting for lengthy periods could be just as challenging as standing. This was felt to be difficult to accommodate in both office-based, as well as more traditionally manual roles. A customer with a spinal injury who had previously worked in an office job described the challenges despite reasonable adjustments being put in place:

*“They did literally everything they could. There was no problem with them at all. They were brilliant, but I physically couldn't sit there for nine hours a day.”* (Male, 35-50 years old, long-term condition, UC LCW)

Those whose main condition was **a cognitive or neurodevelopmental impairment** had quite distinct preferences compared to other customers. They were the least likely to be able to do a job that involved writing and understanding written information. But they were more likely than other groups to be able to do jobs that involved standing all or most of the day.

The qualitative interviews supported these findings. For customers with more severe cognitive or neurodevelopmental impairments, the types of roles suitable for them were quite specific and tended to involve more practical tasks. Examples given included working in a garden centre, basic mechanical work, or working in a café or restaurant, albeit without responsibility for taking payments. Even so, the level of supervision they felt they would require was high. Customers wanted a colleague to confirm their understanding before they carried out a task, and to be available throughout to check on progress. Added to this, customers who struggled with social interaction, including those with cognitive impairments, found the idea of working in an in-person office environment or customer facing role daunting or overwhelming. This also applied to some with mental health conditions.

Related to these differences, there were **differences between age groups**. Younger customers felt less able to do jobs that involved speaking to members of the public, or writing and understanding written information, but more able to work at a computer, and more able to stand all or most of the day. The pattern for older customers was exactly the inverse. This largely reflects the prevalence of the different health condition and disability types within the younger and older customer populations. Younger customers were more likely to have mental health or cognitive and neurodevelopmental impairments as their main condition, while older customers tended to report mobility and dexterity impairments or long-term conditions. As discussed elsewhere, in qualitative interviews, older customers (particularly those over 50) often lacked digital skills and confidence around learning them. They had typically not used these skills to any great extent in previous roles and had not needed to develop them as part of everyday life.

A wide range of customers felt **commuting or travelling as part of the job** would be challenging. Those who had multiple health conditions but were unable to distinguish a main condition were the group who felt least able to commute or travel. These customers often had both mobility and mental health conditions. Customers with conditions that reduced their mobility described traveling as tiring, painful or not physically possible given the transport options available to them. Some with mental health conditions found the social interactions on public transport as well as the uncertainty around delayed or cancelled services stressful. Those with cognitive or neurodevelopmental impairments also described difficulty navigating busy public transport networks. For this group, understanding and processing departures, arrivals and pricing information could be overwhelming.

## **The importance of good quality, interesting and relevant work**

If customers felt they were able to do a certain type of job, such as a job that involved working at a computer, they were asked if they would be willing to. Very few customers were unwilling to do a certain job if they felt able to. In almost all cases, customers either said they would definitely be willing, or that they would consider it. In qualitative interviews, however, customers used different criteria to assess whether they felt willing and able to do a particular job. Instead of features of jobs like working at a computer or speaking to the public, customers tended to assess potential jobs against their own unique circumstances, focusing on their **skills, interests and previous work experience**.

Customers wanted to do work that was both interesting and meaningful to them. They didn't want to feel forced into taking on just any work available. For younger customers, it was particularly important to feel that they could have a career of some type and develop skills or capabilities that were valued by employers:

*“He doesn't want to be in [well-known fast-food chain] forever... He wants to have a career of some sort.”* (Appointee speaking about



customer who was male, under 25 years old, could not distinguish main health condition, receiving PIP and not on the UC Health Journey)

For some younger customers with cognitive or neurodevelopmental impairments, having the opportunity to work in jobs connected to their interests or hobbies was particularly important. A subset of this group was already taking steps towards this by carrying out training, volunteering or other activities in their preferred area (for example, attending writing courses, creating art, volunteering in a kitchen). This was not only linked to their willingness to do the job, but also to their ability to do it. Doing jobs connected to their interests was key to staying focused, engaged and motivated to carry out the work (for example, for those with more severe autism or ADHD).

Older customers who had worked in the past wanted to return to roles similar to what they had done before. There were several reasons given for this. For those who expected their health to improve over time, getting better was strongly associated with returning to their previous employment and they considered it *part of or evidence of* their recovery. Another group had invested time and resources in training for or building experience in their previous area of work. For them, as with the previous group, there were strong emotional ties to their previous careers or professions. They wanted their skills and expertise to be recognised and to feel that the effort they had spent building them had not been wasted. For these individuals, their identities were often closely tied to their work.

For others who had been away from the workplace for a long time, there was some safety or reassurance in the idea of returning to a familiar role (given that many other aspects of their lives, work and the workplace had changed in the interim). In general, the idea of retraining or returning to more formal learning to change roles was somewhat daunting for these customers. This was especially so for customers over 50 who doubted their ability to learn new skills, as well as for those who described challenging or unpleasant experiences with formal learning in the past:

*"I only know about [Supermarket chain] work and warehouse work. Anything else I wouldn't know about. Since I left school, for about 40, 50 years that's all I've known... Obviously, I won't be able to do it now"*  
(Male, over 50, mobility/dexterity, ESA SG)

There was a lack of understanding and awareness among these individuals of the types and formats of learning or training available to them, or how to access them.

## **Employment vs. self-employment; full-time vs. part-time**

Most of those who were open to the idea of work would like to be employed (88%), rather than self-employed (35%) – 23% were open to both. Those who preferred the idea of being self-employed thought it would be a more manageable form of paid work. They felt that it protected them from discrimination in the labour market, improved their access to work and allowed them to better manage their health. However, self-employment also had its downsides, such as concerns about losing income if they were too unwell to work or receiving poor reviews due to their health affecting their performance.

*“I found it hard to get into the workforce due to my disability, so I set up my own business... and it also helps my mental health.”* (Female, 35-50 years old, long-term conditions, PIP and not on the UC Health Journey)

Most of those who were interested in work would want to work part-time: 47% were interested in working between 16 to 30 hours a week, and 39% were interested in working less than 16 hours a week. Only 34% were interested in working full time. Of those who were already in work and who worked less than 16 hours a week, 62% were interested in working more hours. Customers who preferred part-time work believed it would be less demanding than full-time work and put less strain on their health. Having this option was also crucial for customers during stages of recovery:

*“I’m hoping that I do fully recover within the next year or so...so, yes, that is basically like a goal for me, try and get at least a part-time working-from-home job, and then like get back into working slowly”* (Female, 25-35, long-term conditions, UC LCWRA)

## 5 What are the main barriers to work experienced by customers?

This chapter explores the main barriers that customers faced in returning to work. It starts by looking at those who are already in work, and the value of reasonable adjustments in helping them remain in work. It then looks at the reasons that other customers had to leave work, including changes to their health and a lack of reasonable adjustments. Lastly, it explores a range of barriers to work: customers' health; their confidence and skills; their views on DWP and the benefits system; their concerns about employers; and their personal circumstances.

### 5.1 The value of reasonable adjustments

For customers in work, a majority felt that their employer understands their health condition (60%), how it affects their ability to work (60%), and were flexible if they needed to miss work because of their health condition (60%).

In interviews, customers provided examples where reasonable adjustments were effective and had allowed them to enter or remain in their preferred role. This group included those who benefitted from being able to take extended breaks at short notice without reprimand and work flexibly around their fluctuating health, including having greater control over their rota or shift patterns. Customers with physical health conditions also found that mobility aids or specialised equipment were useful in keeping them in work. These included fully adjustable chairs, ramps and hands-free typing software. Overall, the adjustments made by employers were seen as invaluable:

*“Because work has made so many adjustments for me and my team is really supportive, then I am able to work, but I wouldn't be able to work if I were anywhere else”* (Female, 25-35, mental health, UC LCW)

Generally, these adjustments did not require a substantial change in customers' roles. But they sometimes required more support from colleagues or for colleagues to take on certain additional tasks. For those with mobility impairments in office-based roles, for example, this might include having a colleague carry out their photocopying and printing.

But some customers were concerned they may have to leave work if sufficient adjustments were not put in place, particularly as their conditions worsened over time. Others who felt they did not have effective adjustments at work wanted support

in switching to a role that would be more suitable for their health condition; for example, to one that required less travelling or fewer in-person meetings.

## 5.2 Reasons for having left work

A clear majority of customers who had previously worked said their decision for leaving work was related to their health condition (82%). This finding was consistent across customers with different types of health conditions. Most of these customers left work simply because their health condition got worse (94%), but many felt they had left work because of unsupportive employers (26%) or a lack of flexibility (17%), or following advice from healthcare professionals (27%). This section explores these experiences in more detail.

### Worsening health

Those who said the reason they left work was related to their health condition were asked why they left, and the most common reason *by far* was that their health condition got worse (94%). In qualitative interviews, customers described three main scenarios in which their health worsened, leading to an end in their employment: those who experienced a sudden and unexpected change in their health; those whose health deteriorated as a direct result of their job; and those whose health condition gradually deteriorated, independently from their work.

Customers who experienced an unexpected change in their health status had to leave their job quickly, in a way which was unplanned, and did not return. This group included those whose health had worsened suddenly following a scheduled surgery or due to complications during pregnancy or childbirth. Others experienced a sudden health event, such as a stroke. Another group had mental or physical health conditions triggered by stress and found that the nature of their job negatively impacted their symptoms. Their health deteriorated to an extent where they could no longer do their job or were advised to leave by a medical professional. Other customers' health deteriorated independently from their work, but the symptoms nevertheless left them unable to carry out their previous role:

*"I couldn't use the machinery.... I couldn't grip anything... It's just affecting my hands and everything. It's as much as I can do now to lift a cup of tea up some mornings."* (Male, over 50 years old, mobility/dexterity impairments, UC LCWRA)

Additionally, during qualitative interviews, customers who had experienced an unexpected change in their health status explained that their statutory sick leave from work had run out while they were waiting for surgery or treatment for their health condition, causing them to become disengaged from the workforce.

## Unsupportive employers and a lack of reasonable adjustments

The next most common reasons—unsupportive employers, and advice from a healthcare professional—were each cited by around a quarter of customers (26% and 27%, respectively). Fewer customers cited accessibility related reasons such as a lack of physical accessibility in the workplace (13%) or a lack of accessible transport to the workplace (9%).

In qualitative interviews, customers described being dismissed or put under pressure to leave their jobs, despite statutory protections. In these instances, employers were unwilling to try to accommodate the customer's conditions or health needs:

*“There was one day where my employer just said I was too unreliable because of my health condition, and said I'd need to look for another job...”* (Female, under 25 years old, long-term condition, UC LCWRA)

Even when adjustments had been in place (for example, working part-time flexibly), these were not always maintained when company owners or managers changed. Customers described, for example, being made to increase their hours or intensity of their workload following senior personnel changes.

For others, while they considered their employer supportive, the adjustments made were seen as ineffective. Customers described being unable to meet the demands of their job despite measures being put in place:

*“I was going as fast as my body could and trying to get as much as I could done in the hours that I was doing in the evening. But we both knew [customer and their employer] that I wasn't producing.”* (Female, 35-50 years old, cognitive/ neurodevelopmental impairment, ESA SG)

These findings highlight the variation in employers' responses to employees experiencing a decline in health in the workplace. Where employers had the knowledge and willingness to adapt, often fairly simple changes in ways of working were effective in supporting individuals to stay in work for longer. It is important that possible intervention points are not missed as this could leave individuals disengaged from the workplace. This is particularly important for employees on long-term sick leave, or those for whom a deterioration in their condition over time is expected.

**Case study:** Emma, aged under 25, left her previous job working at a supermarket because her employer was unsupportive of her health condition. She has endometriosis and needed to take regular breaks or sick days to manage her symptoms. Her employer refused to implement reasonable adjustments, such as regular breaks, time off for medical appointments or assigning different tasks that required less movement. Instead, Emma was called 'flake' and 'slacker' by her managers. After receiving a formal diagnosis, her employer greatly reduced her hours, triggering her to leave employment and not return.

## 5.3 What barriers impact customers’ ability to find work now or in the future?

All customers not currently in work, and who didn’t rule out work permanently, were asked the extent to which they agreed or disagreed with a series of statements about the barriers to finding work. Overall, 87% of customers agreed with one or more of the statements, and on average customers agreed with six of the eighteen. Table 6 shows the proportion of customers who agreed or strongly agreed with the full range of statements, which fall into five categories. The remainder of this section works through each category and provides more detail from both the survey and the qualitative interviews. Note that all the percentages presented in this section relate only to customers who were not currently in work and did not rule out work permanently.

**Table 6: Barriers to employment**

Type of barrier	Proportion who agreed or strongly agreed
<b>Health-related barriers</b>	
I am worried that working could make my health condition worse	76%
I may find it difficult to travel to work with my health condition	76%
My health condition/disability fluctuates too much for me to work	70%
Managing my health condition/disability means I don't have time to work	55%
My ability to work is dependent on receiving health treatment	50%
Having a job would be beneficial for my health	20%
<b>Confidence, skills and knowledge-related barriers</b>	
I know how to present myself and my health condition or disability in my CV or at interviews	29%
I have the right skills or experience to be successful in applying for jobs	27%
I know what suitable jobs are available	20%
I feel confident about applying for jobs	16%
<b>Employer and workplace related barriers</b>	
I am worried people won't employ me because of my health condition	69%
I am worried people won't employ me because of my age	41%
The adaptations I would need to be able to work are too expensive to be an option	26%

I think employers could accommodate my health needs	20%
<b>DWP and benefits-related barriers</b>	
I am worried DWP will make me look for work that I'm not suitable for if I ask for help	60%
I am worried that I wouldn't get my benefits back if I try paid employment and then it doesn't work out	50%
<b>Barriers related to personal circumstances</b>	
I have other personal or family issues that need to be sorted out before I can consider working, e.g. debt or housing issues, childcare and caring responsibilities	38%
I have family or caring responsibilities that make working difficult	28%

**Health-related barriers**

The most common barriers were those relating to customers’ health. Over three quarters of customers (76%) were worried that working could make their health condition worse, and 70% felt their health condition fluctuated too much for them to work. In qualitative interviews, this group included those whose previous employment had led to or played a significant factor in the deterioration of their health. These customers wanted to work jobs with fewer responsibilities and that were less stressful than what they had done before. Others described difficulty in finding work that was compatible with their symptoms. Some had been told by their General Practitioners (GPs), psychiatrists and/or work coaches that their condition was too severe for them to be able to commit to work.

Customers with fluctuating conditions feared that they would be unreliable at work. They doubted whether employers could accommodate their needs and feared the implications of this:

*“It makes me really anxious because I think if I'm having a bad day or something, I'll get fired, and then I won't have a job, and then I'll have to get rid of my dog, and then I'll be homeless, all because maybe I had a bad few days or something.”* (Female, 25-35, mental health, ESA SG)

**Confidence, skills and knowledge-related barriers**

Barriers relating to skills, confidence and knowledge were also very common. Only 16% of customers felt confident applying for jobs and only 20% felt they knew what suitable jobs were available. In qualitative interviews, customers elaborated on this further, describing challenges with job applications (especially fear of interviews), concerns around poor performance at work, and a lack of confidence around reskilling.

When applying for jobs, those who had been out of work for a long time struggled to provide the required work histories and professional references. More generally,

customers described challenges with understanding and completing application forms correctly. These were often seen as unnecessarily complicated and designed to discount applicants at early application stage.

*“Everybody I sent my CV into, everybody threw it in the bin. Maybe because I don't have experience in that area, I don't know...I can't even convince them to give me a chance.” (Male, 25-35, long-term health conditions, UC LCWRA)*

For others, particularly those with cognitive and neurodevelopmental impairments and mental health conditions, the interviewing process was seen as the most significant barrier. The former shared concerns about overthinking what might happen on the way to and at the interview, leaving them overwhelmed and unable to focus on the interview itself. The latter explained that they would find it difficult to interact with interviewers due to social anxiety.

Once in work, customers worried that their condition would prevent them from being able to perform well at their job. This included not understanding new information, tasks or processes quickly enough or being unable to keep up with the requirements of the role, especially in comparison to their colleagues. This led customers to worry that colleagues would criticise or look down on them. Customers with more severe cognitive/neurodevelopmental impairments expressed a preference for working with others with similar conditions, to help them feel confident and secure at work.

Related to this, customers did not know what types of jobs might align with their health needs, abilities and skills, or how to find out about them. This included finding employers that would offer flexible working hours and working from home, which many felt they needed, to be able to work around their condition and health fluctuations (see more on flexible working in Chapter 6).

*“If there was a job where she could work from home and the work was flexible so [she] could work around her bad days then she would be able to work. But she doesn't know what job would offer that” (Appointee speaking about a customer who was female, over 50, with long-term health conditions, receiving ESA WRAG)*

Not being able to do the work they used to, and the prospect of having to retrain, negatively impacted customers' confidence about going back to work. Those with mobility impairments who had previously been in largely manual or physical jobs were particularly worried about moving to other types of work.

## **Employment and workplace-related barriers**

There were barriers related to employers and workplaces. 69% of customers were worried that employers would not hire them because of their health condition, and 41% worried about their age (with people over 50 much more likely to worry about this than younger customers). Around a quarter (26%) of all customers felt the adaptations they would need would be too expensive.

The qualitative interviews supported these findings. Customers fears of being overlooked in favour of employees with no health conditions or disabilities were sometimes based on assumptions about the hiring process. At other times they were



drawn from past experiences of repeated unsuccessful applications. In either case, customers' confidence around applying for jobs was negatively impacted:

*"If you've got somebody who's going in there who's fully fit for a job and you've got somebody who's not, they're going to pick the person who's fully fit. I mean, I've got it in my head now that I'm worthless for the jobs now, to be honest."* (Female, over 50, mental health, UC Pre-WCA)

Even if they got into work, customers worried that their condition or symptoms would not be taken seriously by employers, and they would not receive adequate support to continue. They shared past experiences that supported these fears. Experiences included being pressured to take on more hours, after having agreed to part-time work to mitigate their condition. Others described being reprimanded for taking time off sick or being ignored when they reported feeling unwell in the workplace. Some assumed this was the result of employers prioritising profits over making a workplace suitable for people with health conditions and disabilities.

Due to fears of not getting hired, being dismissed or having their needs questioned, a group of customers opted not to disclose their health conditions during the application process or to hide their conditions from their employers all together. Instead, they tried to deal with their symptoms alone:

*"I didn't really mention it to them to be honest. It's very rarely that I'd say to them because I was in fear of losing work, so I would hide it. Every now and again, I just let out, 'My back hurts', or something like that, but they'd just say, 'Huh... go get on with your work', sort of thing..."* (Male, over 50, mobility/dexterity, UC LCWRA)

This could lead to customers feeling unable to ask for help at a later stage when their health conditions deteriorated further.

## **Distance and travel-related barriers**

Customers felt they might find it difficult to travel to work because of their health condition (76%). Customers discussed a range of challenges customers experienced with commuting, including navigating public transport systems with cognitive and neurodevelopmental or mobility impairments. Given this, in qualitative interviews, customers described needing to find work locally. As well as the challenges of travelling, customers required work close to home for other reasons. Customers, particularly those with mental health conditions, experienced heightened anxiety when having to travel far from home, particularly to new or unfamiliar places. Others with cognitive impairments explained how disorientation related to new or unfamiliar places could lead to panic attacks. For others, including those with mobility and other physical impairments, being close to home was connected to the need for rest, particularly at the end of the working day.

Customers who lived in remote areas where there were few and infrequent public transport options and who either could not drive due to their condition(s) or simply did not have access to a car, found it particularly difficult to access work. Others who could drive cited a lack of parking in town centres as a barrier.

## Worries about DWP and the benefits system

Some customers were worried about DWP and the impact on receiving their benefits. 60% were worried that DWP would make them look for work that was not suitable for them, and 50% were worried they would not get their benefits back if they tried paid employment that did not work out.

A relatively large number of customers who received PIP and were not on the UC Health Journey were worried they could lose their benefits if employment did not work out (37%). It should be noted that some of these customers would have been in receipt of UC, but not on the Health Journey. Nonetheless, it appears that at least some customers were not in receipt of a means tested benefit, making it potentially surprising that they were worried about losing their benefits if employment did not work out. Relatedly, 54% of customers in receipt of UC or ESA who had no work-related activity requirements worried they would not get their benefits back if employment did not work out.

While this may demonstrate a lack of understanding on behalf of customers, in qualitative interviews the issue appeared to be primarily about trust. Customers, across benefit lines, felt their interest in or actual return to work would be taken as evidence that they no longer required benefits, separate to any formal needs assessment. They worried that if they went back to work and couldn't cope, they could lose *'everything'* and therefore didn't see the little additional money they could earn from work as worth the risk.

*"I worry that if I work that I won't be able to cope. Say if I'm feeling confident and I chuck myself in the deep end, and then next thing you know I can't cope and then I've lost everything"* (Female, 25-35, mental health, ESA SG)

This finding indicates the uncertainty and vulnerability that many customers felt about their benefits continuing. This was especially so for those that had found the process of applying for benefits in the first place to be particularly complex or upsetting.

In general, customers' concerns were rooted in past negative experiences of interacting with DWP and the benefits system. Those who had been claiming health and disability benefits for longer were somewhat more worried about DWP than newer customers. 53% of those who had been claiming for 4 years or more were worried they would not get their benefits back if employment did not work out, compared to 43% of those who had been claiming for less than a year. Similarly, in qualitative interviews, customers' worries that they would be made to look for work that was not suitable for them was sometimes based on prior experiences at JCPs. They described being provided with generic work-search support that did not take into consideration their conditions and individual needs (such as readiness for work and the type of work they could do):

*"They say things like, for example, can you walk a certain amount of space in one day? Well, yes, I can, but then there isn't a box saying*

*then I can't walk at all or get out of bed for the next two weeks.” (Male, under 25, cognitive/neurodevelopmental, UC LCW)*

This discouraged customers from engaging with DWP and JCPs about a return to work as they felt it would be unproductive or result in them taking up jobs that would be detrimental to their health and wellbeing.

## **Barriers relating to personal circumstances**

More than a third of customers felt they had personal issues such as debt, housing or childcare that needed to be resolved before they could consider working (38%). This was highest amongst those with a mental health condition as their main condition (45%), and those unable to distinguish a main health condition (44%). Some customers highlighted getting into debt during the transition from legacy benefits to UC. Housing challenges included difficulties with stairs, inaccessible bathrooms and lack of adequate disabled parking.

Over a quarter (28%) had family or caring responsibilities that would make working difficult. These findings were supported by the qualitative interviews. For customers with childcare responsibilities, looking after children in addition to managing their own conditions used up all their time and energy. This meant they had little remaining capacity to think about or look for work.

*“Both my kids, they're a lot to handle... I don't get much rest like at nighttime, so my body is feeling so weak in the mornings. It's a lot. ...I feel like [going back to work] would be another major thing for me. I'm just exhausted even taking care of my baby now, so you can imagine how it would be if I was in a workplace.” (Female, 25-35, long-term conditions, UC LCWRA)*

These findings suggest a role for more holistic or integrated solutions that address customer's personal circumstances at the same time as helping them access work.

# 6 What support do customers need to move closer to work?

This chapter explores the types of skills customers felt they would need to develop, and the support they felt they would need to receive, to progress in work or move closer to work. It also outlines customers' views of DWP and Job Centre Plus (JCP), including customers' preferences for communication.

## 6.1 What support do customers want?

### **What support is already being received?**

Customers were asked if they received any help or support to either progress in work (if they were currently working) or move closer to work (if they were not currently working). Relatively few customers (13%) were already receiving help or support, including things like building confidence or skills, help with CVs or finding suitable work. Of those who were receiving ESA/UC with work-related activity requirements, only 19% were receiving help or support to move closer to work. Those receiving ESA/UC with no work-related activity requirements were the least likely to be receiving help or support to move closer to work (8%). Those who felt they could work now if the right job or support was available were the most likely to be receiving help or support (32%).

Qualitative interviews indicated various reasons for the relatively low number of customers receiving support, including a view that help or support was not needed, support was not offered, or uncertainty about how to access it, particularly following the closure of some JCPs.

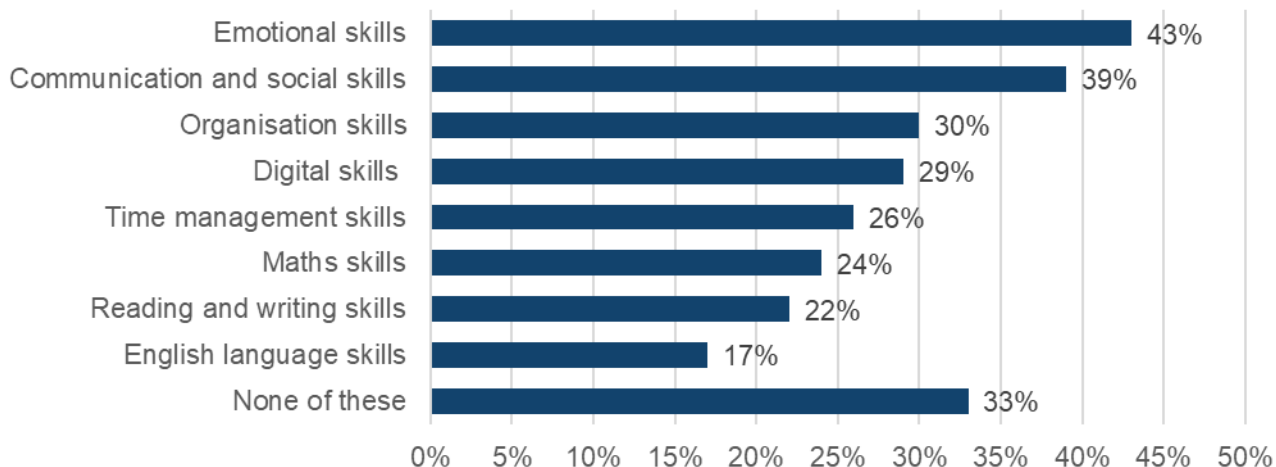
Over a third (38%) of customers in receipt of support said they would like more of the same support to progress in work or move closer to work. A quarter (25%) said they would like different types of support to what they were already receiving.

### **What new skills do customers feel they need to develop?**

Customers were asked what skills they wanted to develop to help them progress in work or move closer to work (Figure 6). The most common skills that customers wanted were emotional skills (43%) and communication and social skills (39%). But there was no single type of skill that most customers wanted; rather, different customers had different needs. And a relatively large proportion of customers (33%)

felt they did not need to develop any skills at all, suggesting that their main barriers were not skills related. The remainder of this section provides more detailed findings on each type of skill that customers wanted to develop.

**Figure 6: Types of skills customers need to develop to progress in work or move closer to work**



Bases: Customers currently in work and customers who felt that they could work in the future (1971)

**Communication, social and emotional skills.** Those whose main health condition was a cognitive/neurodevelopmental impairment, or mental health were most likely to feel they needed to develop their emotional skills (61% and 59% respectively), and communication and social skills (66% and 52% respectively).

Qualitative findings showed that customers wanted to develop these skills not only to navigate the recruitment process and cope well in a work environment, but also to improve their ability to engage socially in everyday life. Building confidence and self-esteem were seen as particularly important, with some customers attributing their loss of confidence to the impact of their disability. Suggestions included implementing mentorship programs to reduce work-related concerns, providing work experience or specialised training, and offering access to befriending services to build social skills.

*“If they did some kind of a mentoring system where you could have a chat with somebody and talk about your worries...and maybe focusing on also getting that person’s self-worth and their confidence back up”*  
 (Female, 35-50, cognitive/neurodevelopmental impairment, UC pre-WCA)

**Digital skills.** Customers also wanted to develop their digital skills (29%), with older customers (50+) being the most likely to feel this (33%). Interviews also showed that this view was mainly held by older customers that had been out of work for a long time because of taking on informal caregiving roles for their partners, or those whose previous careers did not require IT skills.

*“I haven’t got a laptop. I’ve got to rely on my phone if I look for jobs. I’m not very computer skilled and I do struggle, so I ask my kids to help me*

*with certain stuff on the internet.”* (Female, 35-50, mobility impairments, ESA SA WRAG)

It should be noted, however, that almost all customers had home internet access (89%). 79% of customers had access to the internet at home via a mobile phone, and 48% had access at home via a computer. Three per cent of customers only had access to the internet outside of their home, and 9% had no internet access at all. However, the proportion of over 50s without internet access was higher than the general customer population (11%).

**Vocational skills.** Meanwhile, some customers expressed interest in training to improve existing skills, particularly in vocational fields such as hospitality or woodwork. They explained that such training would not only be enjoyable but also provide a sense of accomplishment and personal benefit. For this training to be successful, customers suggested that their health conditions needed to be considered, for it to be of interest to them, and the course should not be stressful. For some, these courses would ideally be held online so they did not have to travel.

*“So maybe getting some more support with becoming more confident in a trade or in something that I can do, which isn't too stressful but also requires a bit of knowledge around that skill, I would really like that.”*  
(Male, 35-50, hearing impairments, PIP and not on the UC Health Journey)

**No additional skills required.** However, a third (33%) of customers did not feel they needed to develop any skills at all. This view was especially common among those currently in work (43%), and those who felt they will never be able to work (again) (42%). In addition, a quarter (25%) of those who were not in work but felt they could work now or in the future, thought they did not need to develop any skills. In interviews, customers who held this view explained that their time out of work was not due to lack of skills, but rather the barriers they faced because of their health condition or disability.

## **What support do customers want in the labour market?**

In qualitative interviews, customers also highlighted the support they needed to get closer to and stay in work. This included assistance with finding and applying for jobs, CV writing, interview preparation, and participating in work trials. Additionally, they emphasised the importance of receiving support to remain in employment during periods of worsening health.

**Finding and applying for jobs.** Customers wanted support finding and applying for jobs but explained that it should have two crucial features: it should be a personalised service that takes account of people's health/qualifications/interests; and it should include help to find employers who can and will accommodate their needs.

Customers across a range of health conditions emphasised the importance of JCP staff taking the time to engage with customers to understand their skills, qualifications and job aspirations, as well as their health conditions. Some customers proposed that DWP and the NHS should work more closely together to better understand

customers' health issues and the barriers they experience in accessing work. This would ensure that people were helped to find meaningful work that aligns with their health conditions, rather than simply being matched with the first job that comes available. This was especially relevant for individuals who had spent many years in a specific career and needed to transition due to health conditions.

Customers also emphasised the importance of support in finding employers who could accommodate their specific needs. In interviews, this view was mainly expressed by individuals with multiple health conditions, as well as older customers. Older customers wanted assistance in finding employers who hired people over 60, and who also offered part-time or working from home (WFH) positions. It was also important for customers that employers took the time to understand and consider their health needs after hiring them. This would ensure the employer fully understood how their condition affects them and put in place appropriate support. Others thought it would be helpful to know that JCP had worked with their employer to ensure reasonable adjustments were already in place before starting the job. This would help employees feel more secure in their role and less anxious about starting the job.

*"If they can't be accommodated, she understands that, but she does need her difficulties to be recognised as real, authentic difficulties, and a discussion around accommodation"* (Appointee speaking about a customer who was female, under 25, with cognitive/neurodevelopmental impairments, receiving PIP and not on the UC Health Journey)

**Writing CVs and interviewing.** In qualitative interviews, some customers, particularly those with limited work experience and those wanting to change careers, wanted to develop their skills in CV writing and interview techniques. Ideally this support would include guidance on which skills to include on their CV, particularly for those who had limited work experience or had worked in a range of different roles. Customers who faced significant challenges in communicating effectively during interviews due to nerves and lack of confidence, suggested skipping the interview entirely. It was explained that this approach would allow them to demonstrate their suitability for the position without the barriers posed by a formal interview:

*"If my interview could be just like secretly, so I can't see them watching me, but see then that I can actually do the job, without asking questions in a really formal matter [sic]...I feel that makes it worse with anxiety and things like that."* (Female, 25-35, mental health conditions, ESA SG)

**Trialling roles.** Customers, especially those with cognitive impairments and those with mobility impairments, wanted opportunities to trial roles through work experience, volunteering, or trial periods. It was felt that this would help customers try out roles and gain confidence in a work environment. Customers stressed the importance of doing so without the risk of losing their benefits, should they choose not to accept the position. This would not only prevent financial challenges but also help build confidence as they explored different roles.

*"If you know you're not actually expected to commit then and there, if it's going in to see what it's like, then it'll take half the fear away, and the dread, and you get to go in and experience what it's like working*

*there.*” (Male, under 25, cognitive/neurodevelopmental impairments, UC LCW)

**Staying in work.** Customers also thought that JCP could provide support to sustain employment during periods of worsening health, such as by working with employers to ensure necessary support was in place. It was also suggested that DWP could fund additional healthcare to speed up recovery as well as increase awareness of support schemes, such as Access to Work, dedicated support workers and work allowances. Customers were often unaware about the support schemes available to them as a health and disability customer. It was suggested that customers should not have to undergo a separate application process for these grants; instead, they should be automatically awarded based on their benefit claim.

### What support do customers want with their health and their day-to-day lives?

Customers who were able to work were asked what support or advice they needed now or in the future to get closer to work (Table 7). The most common form of support needed was support with health conditions (64%), followed by support with feeling overwhelmed by day-to-day pressures (58%). In interviews, the suggestions made by participants were not always in relation to work but more so in relation to improving their quality of life. The rest of the section will talk through each type of support in more detail.

**Table 7: Proportion of customers who would need types of support to move closer to work**

Type of support	%
<b>Support with health conditions</b>	
Support for your health condition(s)	64%
Support with accessing therapy	35%
Support with accessing special aids or equipment (e.g. wheelchair, mobility scooter)	20%
<b>Support with day-to-day life</b>	
Support with feeling overwhelmed by day-to-day pressures	58%
Support with household chores (e.g. cooking, cleaning, shopping)	40%
Support with keeping your house in a decent state of repair (e.g. maintenance)	31%
<b>Advice</b>	
Housing advice	23%
Debt advice	21%
<b>Support with caring responsibilities</b>	



Support with wider caring responsibilities (e.g. family/friends)	16%
Support with childcare	12%
<b>Other forms of support</b>	
Support with commuting	42%
Support with money worries	39%
Support with filling out forms	39%
Other support or advice	7%
No support needed	14%

Bases: Customers currently in work and customer who felt that they could work in the future (1958)

**Support with health conditions.** The most common form of support needed was support with health conditions (64%). Unsurprisingly, those who felt they might be able to work in the future if their health improved were most likely to need support for their health condition (72%). Of those who felt they could work now if the right job or support was available, just over half wanted support with their health condition (57%).

In qualitative interviews, customers with a range of health conditions expressed the need for better healthcare, earlier diagnoses, or were awaiting hospital appointments. This was also evidenced by 41% of customers on a waiting list. Some customers mentioned difficulties in accessing treatment or medication, often expressing that they wanted to focus on their health conditions before moving closer to employment.

Customers also spoke about the need for mental health support, including counselling and online support groups. Others identified the need for specialised autism-focused mental health services, as general counselling was not suitable for their needs. For those with more severe cognitive or neurodevelopmental impairments, opportunities to experience environments outside the home (including the world of work) were seen as important. This could be through, for example, respite care or intensive one-to-one support.

**Support with day-to-day life.** Over half (58%) felt they needed support with feeling overwhelmed by day-to-day pressures, particularly those who felt they might be able to work in the future if their health improved (65%). Additionally, 40% of customers felt they needed support with household chores. During interviews, customers explained that having a carer to assist with keeping their home clean and tidy would improve their mental health and provide more energy for personal care.

Nearly a third of customers (31%) spoke about needing support with keeping their house in a decent state of repair. In qualitative interviews, customers emphasised the importance of fixing multiple maintenance issues all at once and without delays. This was important due to the mental strain and frustration these ongoing problems were causing.

Customers with mobility impairments discussed the need for adjustments to their homes, either now or in the future. These included the need for bungalows, levelling gardens to prevent falls, bathroom adaptations for accessibility, or access to disabled parking.

**Advice.** In interviews, customers talked at length about their financial and housing challenges, such as not having enough money for daily expenses and the need for modifications to their homes due to their health conditions or disabilities. In the survey, relatively high proportions of customers felt they needed debt advice (21%) or housing advice (23%). But when asked in qualitative interviews what support they needed, advice was rarely mentioned unprompted. These findings suggest that those facing challenging financial and housing situations do not necessarily independently think of advice as a useful option, and that advice services may need to reach out directly to customers.

**Support with caring responsibilities.** Similarly to financial and housing challenges, in interviews, customers often spoke about their caring responsibilities, such as caring for partners with health conditions or disabilities, as well as childcare. However, in the survey, relatively few customers wanted support in this area. For example, only 16% wanted support with wider caring responsibilities, such as caring for family or friends, and 12% wanted childcare support. Furthermore, this was not raised as a support need during interviews.

**Other forms of support.** 42% of customers said they needed support with commuting, a figure that rose to over half (52%) among those whose main health condition was cognitive/neurodevelopmental impairments. In interviews, customers suggested that having a travel buddy, even for the first few months of employment, would help them access work. However, customers with more severe cognitive impairments or mental health conditions indicated they might still be reluctant to use public transport, even with a travel buddy. Others suggested that a funded taxi service would be beneficial; however, they emphasised that the service would need to be consistent and reliable for it to work.

*“She would need the person who took her to be somebody she knew regularly, not some changing taxi driver. She'd need to have to feel safe and have built a relationship, else she would find it far too scary to get in the car.”* (Female, under 25, cognitive/neurodevelopmental impairments, PIP and not on the UC Health Journey)

Over a third (39%) of customers felt they needed support with money worries. This increased to nearly half (46%) among customers that were not in work but felt they could work now or in the future. During interviews, customers highlighted the importance of financial support for work-related expenses, including interview clothes, equipment and travel costs. Some also needed financial assistance to manage their health condition, while others needed help with day-to-day expenses like rent and bills. They explained that financial support would improve their mental wellbeing and enable them to focus on career goals.

Customers also spoke about the importance of receiving clear support and guidance on how returning to work could impact their benefits or income in general. For those

who were worried about the financial impact of losing benefits when moving into work, they highlighted the importance of phasing benefits out gradually to minimise the impact.

## 6.2 How do customers want support to be delivered?

### **Quality, compassion, consistency and flexibility**

Customers across a range of health conditions generally cared more about the quality of support than who provided it, emphasising the importance of compassionate and non-judgemental attitudes from those delivering it. They also wanted to feel trusted and believed when discussing their health conditions. Some customers were concerned that they could end up losing their benefits if they sought support from DWP.

*“You can't offer support to somebody whilst also making them feel like they're not doing enough or they're inadequate in some way!”* (Female, 35-50, cognitive/neurodevelopmental impairments, UC pre-WCA)

Consistency of support was also highlighted as important, ensuring customers did not have to repeatedly explain their medical history. One suggestion was the creation of a 'health passport', which would allow individuals to communicate their health needs without having to explain them to every new employer.

Others thought dedicated teams within JCPs and workplaces, specifically trained to work with people with health conditions or disabilities, could be highly beneficial. This approach was particularly important for those with invisible disabilities, who often face unique challenges in accessing support or having their needs understood.

Customers, particularly those experiencing mental health conditions or cognitive impairments, as well as older customers, emphasised the importance of flexibility in where support was provided. Those who struggled to leave their homes or who could not attend JCP offices due to inaccessible buildings, suggested holding meetings online or in a location close to their home. However, for some, having face-to-face support as an option was important, as they found phone conversations challenging.

*“Elderly people find it really difficult to get out and about sometimes. Everything's so fast-paced, and they're not up to that speed.”* (Male, over 50, mobility impairments, UC LCWRA)

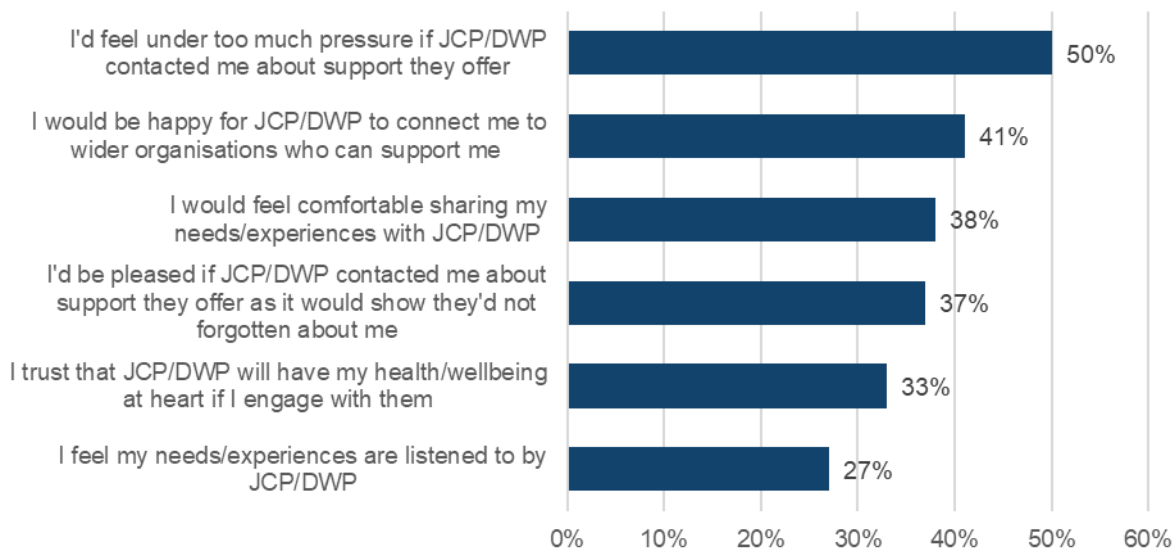
Customers suggested that JCP could improve accessibility by offering drop-in sessions within local communities. This would make support more convenient for customers, especially those that struggle to travel far from home.

### **How do customers feel about existing services?**

In general, customers tended to have negative perceptions of DWP and JCP, although this was not universal. Customers were asked the extent to which they agreed or disagreed with a series of statements about DWP and JCP; the proportion

who agreed or strongly agreed is shown in Figure 7. Those who felt they would never be able to work (or work again) generally voiced the most negative views. For example, only 23% said they felt their needs and experience were listened to by DWP/JCP. Half of customers agreed that they would feel under too much pressure if they were contacted about support (50%).

**Figure 7: Proportion of customers who agreed or strongly agreed to each of the following statements about DWP/JCP**



Bases: All health and disability customers (3253)

In interviews, customers explained how they distrusted and feared the DWP/JCP. Those who had been in receipt of benefits the longest were the least positive about DWP. For example, while 54% of those who had been receiving benefits for less than a year felt comfortable sharing their needs and experiences with DWP, only 37% of those who had been receiving benefits for six or more years felt the same. Related to this, customers in the ESA/UC assessment phase tended to have more positive views of DWP/JCP, compared to others. Customers in receipt of ESA/UC with work-related activity requirements *and* PIP had slightly more positive views than those with work-related activity requirements and *no* PIP.

Customers found the application process, particularly the PIP application, confusing, long and lacking support. These struggles were made even more distressing when claims were rejected, particularly after waiting months for a decision. This impacted customers' trust in DWP and left them struggling financially. Some customers felt that outcomes on claims seemed to depend on who handled the case.

The frequent re-assessments also caused significant stress and took up a lot of time. Customers questioned why those with worsening conditions needed to be reassessed at all, or why the same evidence had to be provided for each benefit applied to.

*"I just feel like I'm trying to convince people of something. I don't even know why I have to. I'm broken. I'm literally a husk. I feel like inviting people into the house to just spend a day with me and just look at my*

*medical notes.” (Female, 35-50, cognitive/neurodevelopmental impairments, ESA SG,)*

Customers reported negative interactions with JCP staff where they were made to feel judged, disbelieved or as though they were exaggerating their conditions. Some explained that the financial support did not outweigh the stress of claiming benefits, while others felt pressured to take on more work, even when they did not feel able.

*‘It’s left me feeling very degraded and very defeated, and even now, working part-time and being a carer and managing the house, I’m still feeling like I’m not doing enough” (Female, 35-50, cognitive/neurodevelopmental impairments, UC pre-WCA)*

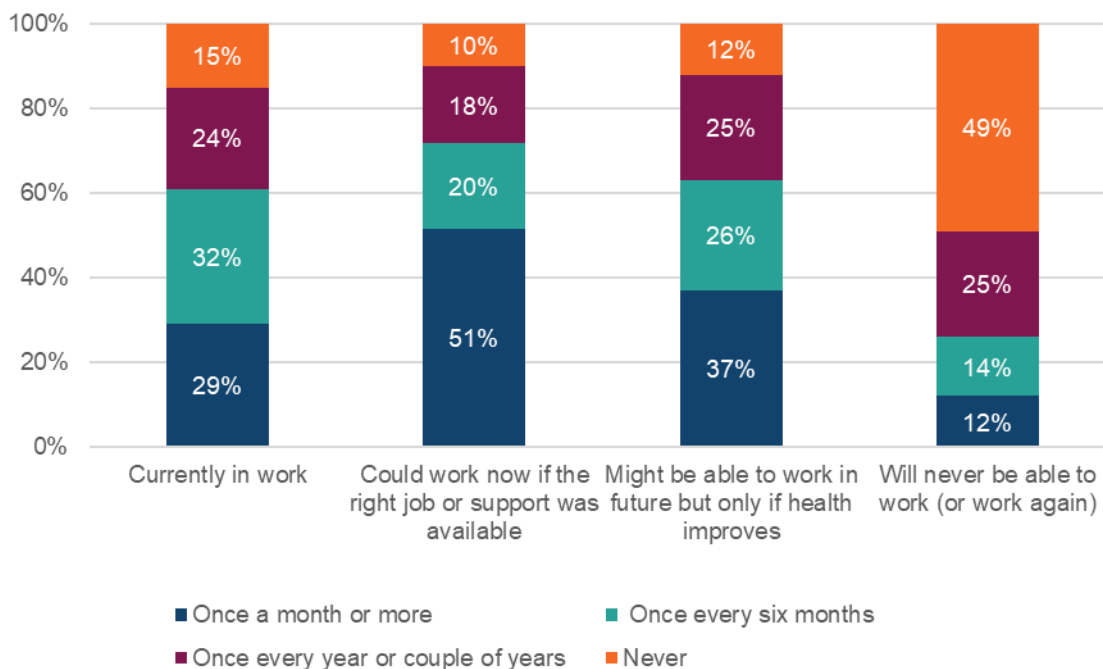
Those who felt they could work now if the right job or support was available were generally more positive about DWP/JCP. For example, 58% felt they would be happy if DWP/JCP contacted them about support they could offer as it would show they had not been forgotten. That said, customers reported difficulties in contacting their work coach. This further added to their frustration and sense of being unsupported. Some customers indicated that JCP needed a more personalised approach, emphasising the importance of having a named person who offered support. Additionally, it was recommended that JCP should have a dedicated welfare rights team working on-site. This would enable customers to receive specialised support as soon as they need it.

## **How do customers feel about receiving contact from DWP?**

Despite these generally negative views on DWP and JCP, most customers (69%) were open to receiving contact from DWP/JCP about offers of support for employment, benefits or disability services. A quarter (24%) wanted contact once a month or more, 21% every six months, 25% once every year or couple of years, and 31% never.

Figure 8 shows how customers’ preferences regarding the frequency of contact from DWP varied depending on how close they felt to the labour market. Among those who felt they could work now if the right job or support were available, half (51%) felt it would be appropriate for DWP to contact them once a month or more. By comparison, of those who felt they would never be able to work (or work again), half (49%) felt it would never be appropriate for DWP to contact them.

**Figure 8: Proportion of customers who thought it would be appropriate for DWP/JCP to get in touch with them about offering support for employment, benefits, or health and disability services**

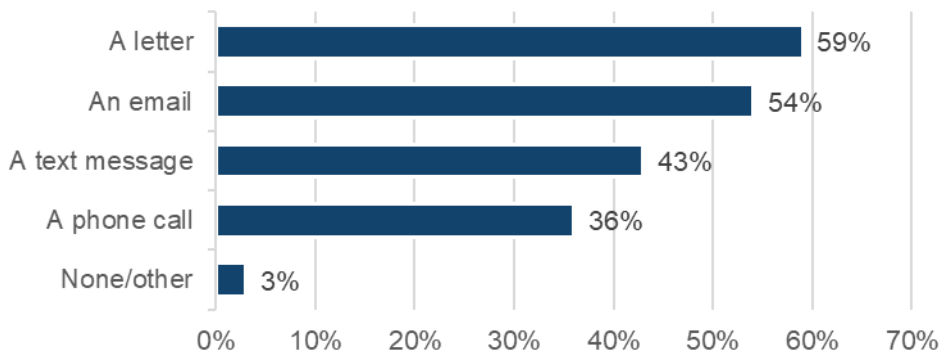


Bases: All health and disability customers (3250)

In qualitative interviews, customers that wanted more proactive engagement from DWP/JCP suggested that this could include checking in on them and informing them about available support. For some customers, particularly those with mental health conditions, simply being offered support was enough to build trust with DWP. Even for those not currently expected to seek work, being offered support was valued. In contrast, customers that preferred minimal contact from DWP/JCP felt confident in their ability to search for employment independently or felt that they needed to focus on their health before engaging with DWP/JCP.

There was a clear preference for letters and emails (59% and 54% respectively, Figure 9), with little variation found between benefit groups, main health condition and demographic characteristics including age and gender. Of those customers in receipt of UC, 21% wanted DWP/JCP to contact them via their UC journal.

**Figure 9: Customers' preferred method of communication from DWP/JCP**



Bases: All customers who think it is appropriate for DWP/JCP to get in contact with them (2,242)

## 7 Next steps for the research

This report presents findings based on all the survey data and most of the qualitative interviews. A further report will be published in the coming months which will include two additional strands of work:

- **A segmentation analysis of the survey data.** This will identify groups of customers with distinct needs and preferences, with a view to directly informing policy decisions.
- **An analysis of 9 focus groups.** These focus groups explored potential solutions to help disabled people into work. The report will explain which solutions could work for which groups of customers.

## 8 Endnotes

---

This figure is based on a combination of survey questions. In the 2024 survey, one of these questions was slightly different to the 2019 survey equivalent. In 2019, customers who were not currently working and who had not said they could never work were asked:

*To what extent would you like to undertake paid work in the future, whether this is full-time work, part-time work or self-employment?*

1. *Not at all*
2. *A little*
3. *To some extent*
4. *To a great extent*

Whereas in 2024 the same group of customers were asked:

*Thinking about the future, would you like to undertake paid work at some point, if you could? This can include paid employment (full-time or part-time) or paid self-employment.*

1. *Yes, I'm open to the idea*
2. *No, not at all*

We have assumed that option 1 from 2019 corresponds to option 2 in 2024, and options 2, 3 and 4 in 2019 correspond to option 1 in 2024.