

Incapacity Benefit in Hull

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Introduction

This report focuses on the aspirations regarding learning and work of those individuals on Incapacity Benefit in Hull. The research will seek to ascertain if there are any interventions which could help these individuals move closer to participation in the labour market.

The Government is keen to get all individuals into paid work, with the overall aim of 'work for those who can, security for those who cannot' (Nathan & Westwood, 2002). For those on Incapacity Benefit, the Government wants them to be employed to the level that they are able, seeing incapacity as more of a continuum than a 'can or can't work' dichotomy (McKeever, 2000).

Figures from August 2003 show that just over 8% of the population of working age in Hull claim Incapacity Benefit, compared to an average of just over 6% for England and Wales during the same period. In keeping with the Government's aims, Jobcentreplus would like to help those individuals, where possible, to engage with learning or work at an appropriate level. However, due to the little contact that they have with this client group, there is little knowledge about what may help them to move nearer to the labour market.

Therefore, this research will examine the aspirations of those on Incapacity Benefit regarding learning and work, and will aim to determine if there are any interventions that could help some or all to move towards employment. Clearly, the group of individuals receiving Incapacity Benefit will be varied in terms of what incapacitates them, and to what degree. This research will focus on those between the extremes of these groups, in other words, not seeking to reach those who may have, for example, a terminal illness, or those at the other end of the spectrum who have broken a limb and cannot work for a matter of weeks. The focus will be on those who are between these extremes, and who may, with some help, be able to engage with learning or employment.

This report is made up of four main sections:

- **Incapacity Benefit and Government Policy:** This section will describe what Incapacity Benefit is, as well as who receives it, in the context of general New Labour policy on welfare. Then it will describe the situation in Hull regarding receipt of Incapacity Benefit.
- **Literature Review:** This second section will summarise the research literature, focusing on the aspirations, attitudes and experiences of those individuals on Incapacity Benefit regarding learning and work.
- **Views of Incapacity Benefit claimants in Hull:** This section will then look at the research Volcom has carried out in the past with those on Incapacity Benefit, and will draw out any indications as to local aspirations, attitudes and experiences regarding learning and work.
- **Recommendations:** The final section will then draw together all the information above into a summary of the issues discussed, and practical recommendations which, if adopted, could help some of those on Incapacity Benefit to move closer to employment.

Incapacity Benefit and Government Policy

Paid employment is a critical part of all New Labour policies. In terms of its policy on welfare, the government takes a 'work-first' approach, emphasising their desire that individuals should participate in the labour market as far as they are able, whilst ensuring that those who cannot work have security provided through the benefits system (DWP, 2002). There are several reasons for the centrality of paid employment.

Firstly, New Labour have, since 1997, had a policy focus on combating social exclusion, and ensuring that everybody is 'included' in society. Gaining paid employment is the key route to 'inclusion' in the government's eyes, as it ensures that individuals are part of mainstream society. Secondly, paid employment ensures that an individual is independent, rather than having to rely on the state for handouts (DWP, 2002). This is key for the government, who are keen to see people as autonomous individuals capable of making their own decisions and generating their own success in an uncertain world (Blunkett, 2003). It is also critical as the fewer people dependent on the state, the lower the bill for welfare will be.

Thirdly, New Labour, following the 'Third Way' suggested by Giddens (1998), place importance on the concept of citizenship, and stress that all citizens have responsibilities that they must fulfil before they receive their rights. Hence the notion of 'no rights without responsibilities.' A key responsibility for individuals, if they are able, is to gain and keep paid employment (Levitas, 1998). For New Labour, citizenship is explicitly tied to participation in the labour market. Lastly, the Government recognises that in an age of globalisation and a competitive global economy, the UK needs a highly skilled and productive workforce. Therefore it is important that every individual who is able contributes to this through being employed, and preferably through continual upskilling for employment.

In this context, with the Government seeking to see individuals in paid employment, the role of benefits is not just to provide subsistence for people. As Tony Blair wrote (1998; 142-3), benefits should be "...a hand-up and not just a hand-out...welfare should be a springboard to success...not just a safety net to cushion failure." Welfare programmes then, in this context aim to actively equip and encourage individuals back into the labour market, rather than just providing for their financial needs. This emphasis can be seen throughout the New Deal programmes.

Incapacity Benefit

Incapacity Benefit may sit uncomfortably within this policy climate, as by its nature it is paid to those who are seen as 'incapacitated' and therefore unable to work. However, there is a huge diversity of individuals who receive this benefit, ranging from those with broken limbs to those with terminal illnesses (Hedges & Sykes, 2001). The Government, in theory at least, like to view incapacity as a continuum, with the possibility therefore that some individuals could potentially work to some degree (McKeever, 2000).

Incapacity Benefit is paid to people of working age as a replacement income when they become sick or disabled and have to stop working as a result (DWP, 2002). There are three levels of benefit award, with short-term Incapacity Benefit at a higher or lower rate, covering the first year of incapacity, and long-term Incapacity Benefit at the higher rate, which for most is received after a year of incapacity. The level of benefit then increases over time.

Medical tests are used to ascertain whether an individual is incapacitated, and therefore eligible for benefit. When a person is first taken sick, they complete an 'Own Occupation Test' to see whether or not they are able to do the work they had previously been employed in. After 28 weeks, the time when they move from short-term Incapacity Benefit at the lower rate to the higher rate, they undergo a 'Personal Capability Assessment' (PCA) to assess their ability to do a range of work wider than their normal occupation. If they are deemed unfit for work, they remain on Incapacity Benefit. The PCA is repeated as often as necessary in relation to the individual's condition, to determine whether they have improved over time.

Whilst an individual is on Incapacity Benefit, they are allowed to engage in employment by doing 'permitted work'. This is paid employment for a fixed period that is limited by the hours worked, and the pay that can be received. This enables individuals to try work without fear of losing benefit. There are also 'linking' rules, which allow an individual to go straight back on Incapacity Benefit at their previous rate if they have signed off for a job, and it does not work out within a prescribed period because of their illness.

Who receives Incapacity Benefit?

The people who receive Incapacity Benefit do so due to a variety of reasons. Goldstone & Douglas's (2003) research showed many varying reasons, from frozen shoulders, panic attacks and ear infections to limb amputations, degenerative diseases and heart problems. However, although there is a wide range of conditions, some patterns are clear in terms of type of condition.

Government research has shown that nearly two-thirds of those receiving Incapacity Benefit suffer from three main conditions (DWP, 2002; 12). Firstly, 35% of recipients suffer from 'mental/behavioural disorders'. Most of this group suffer from depression, anxiety or other neuroses, with a small number having other conditions such as schizophrenia. Secondly, 22% suffer from 'musculoskeletal disorders', with most of this group suffering from pain in the back or neck. Lastly, 11% have 'a disorder of the heart or a circulatory or respiratory disorder'. This relates mostly to high blood pressure, angina or bronchitis, with only a minority having a condition that is severely or permanently limiting.

Since the late '70s, the numbers on Incapacity Benefit have been increasing. Between 1985 and 1998 the numbers of people of working age receiving Incapacity Benefit grew from 1.1 million to 2.3 million, and by 2002 it was 2.7 million (Stafford, 2003). The government have been concerned about this

due to the increasing cost of these benefits (*Ibid*). The government suggest that the rise is not due to a worsening in health overall, as data shows that the population is more healthy in general, but that there are other factors (DWP, 2002). They suggest that the rise is linked to:

- Economic change: Many individuals became distanced from the labour market during this period as the economy has restructured and unemployment has grown, and older workers as well as those with lower skills have especially suffered, not finding work again.
- Benefit rules: With benefits becoming more contingent on actively seeking work, Incapacity Benefit has become more attractive to those who are unemployed and have a health problem.
- Demographic changes: The UK has an ageing population, and older people are more likely to have health problems and therefore receive Incapacity Benefit.

The government is also concerned that many of these recipients are concentrated in geographic communities which have other associated problems. Also in these areas there tend to be much higher numbers of younger people on Incapacity Benefit, and the government suggests that this is related to the higher levels of older people on Incapacity Benefit in these areas (DWP, 2002).

Incapacity Benefit Recipients in Hull

There are 12,620 individuals in Hull who receive Incapacity Benefit. From a working age population of 153,536 people, measured during the 2001 Census, this makes a claim rate of 8.22% for the city. This compares to a national average of 6.41%.

From the August 2003 figures for claimants, which are used here, those receiving Incapacity Benefit have been grouped together with those receiving Severe Disablement Allowance. Severe Disablement Allowance was for people under 65 and incapable of work, but whose national insurance contributions were not enough to claim long-term Incapacity Benefit. However, the allowance was abolished in 2001, and only those receiving it before this date still get it.

Therefore all the figures below include those on Severe Disablement Allowance and Incapacity Benefit. However, only a small number of people are on Severe Disablement Allowance, 2,100 in Hull, as opposed to the 12,620 on Incapacity Benefit. This means that for the totals below 85.73% of the people are receiving Incapacity Benefit, and 14.27% Severe Disablement Allowance. Therefore it is possible to still use the figures as indicators of the nature of people on Incapacity Benefit.

Age	Number	Percentage (2 decimal places)	Average England & Wales
Under 30	1720	11.68%	10.11%
30-39	2765	18.78%	17.94%
40-49	3495	23.74%	23.00%
50-59	4805	32.64%	34.39%
60+	1935	13.15%	14.55%
Total	14720		

Table 1: Incapacity Benefit & Severe Disablement Allowance Recipients in Hull (Office for National Statistics)

The figures in Table 1 show that the proportion of people of different ages receiving these benefits is broadly in line with national trends. The only difference is that the proportion of those under 49 receiving these benefits in Hull is higher than the national average, and correspondingly, the proportion of those in older groups is slightly less. However, these differences are very small.

Ward	Claim Rate 2003 (2 decimal places)
Avenue	7.23%
Beverley	4.74%
Boothferry	5.89%
Bransholme East	12.04%
Bransholme West	12.76%
Bricknell	4.73%
Derringham	5.93%
Drypool	8.18%
Holderness	4.07%
Ings	9.31%
Kings Park	5.79%
Longhill	11.46%
Marfleet	13.25%
Myton	20.27%
Newington	12.27%
Newland	6.49%
Orchard Park & Greenwood	16.01%
Pickering	10.14%
St Andrews	16.75%
Southcoates East	13.21%
Southcoates West	6.77%
Sutton	7.29%
University	7.45%

Table 2: Severe Disablement Allowance & Incapacity Benefit Claim Rate 2003 (Office for National Statistics)

The figures above (Table 2) show the differences in claim rates between wards in Hull. The rates vary greatly, from the lowest of 4.07% in Holderness, to a high of 20.27% in Myton. It can be seen from the figures that in the main, the areas with higher claim rates are those areas that suffer from issues relating to deprivation and social exclusion.

Overall, then, the situation in Hull is similar to the national picture, but on a proportionately bigger scale.

Incapacity Benefit, Learning and Work: A Literature Review

There is a paucity of research into the attitudes of those receiving Incapacity Benefit towards learning and work, perhaps reflecting the view of these people as being lost to the labour market, and therefore not a concern for policymakers. However, the research that there is sends out clear messages about people's attitudes. Firstly, the research suggests that in the main, individuals receiving Incapacity Benefit have a positive attitude towards employment. However, it also highlights multiple barriers to re-engagement with the labour market. These relate to personal and structural barriers, including the Jobcentreplus system, and the meeting of a standardised system with the complexity of individual lives. Each of these areas is examined in more detail below.

The research used is referenced in the Bibliography, and includes reports commissioned by DWP, as well as academic papers that are relevant. Although there is not much research, what does exist has these messages consistently across it.

Attitudes to Employment

The first point to note is that attitudes towards employment were mostly positive. McKeever (2000; 147) writes that "...there is a discernible work ethic or at least a desire to work amongst the incapacitated." Earlier research from the DfEE came to the same conclusion (Meager *et al*, 1998). Individuals wanted to work because of the positive effects of work, and the negative consequences of not being able to work (McKeever, 2000). The positive aspects were getting paid, the confidence and self-esteem gained through work, as well as the social contacts that were developed through being around other people whilst working. The negative consequences of not working are the opposites of the above, and the isolation and stress on the individual can end up having a detrimental effect on physical and mental health, exacerbating the situation.

Initial evaluation of the 'One' service, which focused on providing an integrated service for clients tailored to their needs, suggested that when individuals were thinking about what jobs they could do, they were relatively flexible, and had realistic expectations (Green *et al*, 2000). However, as the report makes clear,

"Participants were keen to stress that they did not necessarily want just 'any job' though, rather they wanted a job that was appropriate to their skills and interests." (*Ibid*; 141).

The evaluation also showed that the personal interventions that 'One' provided helped some individuals realise the possibilities before them regarding employment, or different routes into employment, and positively affected their attitude to work (*Ibid*). However, it must be noted that these individuals volunteered to participate in the pilot and it is reasonable to assume that they are likely to have a more positive attitude to getting work than the average individual receiving Incapacity Benefit.

However, there were factors that made some feel less positive towards employment. For some individuals, their employment history was a strong influence on their attitude to employment. Firstly, there were some individuals who had started receiving Incapacity Benefit due to illness or disability, and faced the prospect of never being able to do their previous line of work again. Many of these individuals "...felt immobilised by this reality and had failed to think of a way forward." (Goldstone & Douglas, 2003; iii). Even though they may have been able to do different jobs, many individuals could not face thinking about this, and saw their careers as finished.

Secondly, those who had attempted a return to employment after being on Incapacity Benefit, but had encountered problems, had their confidence knocked. For most, these were small problems that had not been anticipated by employee or employer, and had made the job difficult for individuals. They included managing to work an eight hour day after an extended period out of work, and the impact of having to walk up and down stairs for those with physical problems. These problems tended to be exacerbated as the individuals were aware of, and concerned about, how their health would fare in a new environment, which added to the stresses they were experiencing. The corollary of this for individuals was that,

"...having attempted re-employment and failed, this in turn led to additional feelings of negativity and anxiety, and served to discourage future attempts."
(Goldstone & Douglas, 2003; 48)

Despite the general positive attitude towards employment, there are many barriers facing individuals, quite apart from their health! As McKeever (2000; 149) writes, "The desire to work will not be enough on its own to get the incapacitated back to work."

Personal Barriers to Work and Learning

The first set of barriers that individuals receiving Incapacity Benefit faced can be characterised as personal barriers. The first barrier related to confidence, with people on Incapacity Benefit not feeling confident about their ability to go back to work. Research in Coventry with people receiving Incapacity Benefit identified low confidence as a key barrier (Client Support & Research Unit, 2003). The lack of confidence related both to the way that their health issues would impinge on a return to work, as well as whether they had the skills to get and then keep employment.

Alongside this, another barrier to moving into employment was a lack of skills (Stafford, 2003). In some cases this was related to the fact that individuals could no longer use the skills for work that they had previously, as their health made it impossible (Goldstone & Douglas, 2003). Lack of skills was also related to the time out of employment. Those who had been out of employment for the longest periods tended to have fewer relevant skills to offer employers, and on top of this were less confident and less inclined to try and regain employment after such a long absence (Dorsett *et al*, 1998).

However, the most significant personal barrier to moving towards employment was a fear of losing benefits (Goldstone & Douglas, 2003; McKeever, 2000; Green *et al*, 2000). Individuals, bearing in mind their general lack of confidence about going back to work, were worried about two scenarios. Firstly, whether they would go back to work, would be unable to last in the job, and then be left with no wages or benefits for a period of time. The second scenario was if they started to get involved in something that led towards work, for example volunteering or learning, and then found that this was used as evidence that they could work, so that they lost their benefit. In both cases this is a reasonable reaction bearing in mind that people receiving Incapacity Benefit relied on that money to live.

However, it is interesting that neither of these scenarios should be able to happen under current benefit rules. The permitted work rules allow individuals to take part in employment up to a certain number of hours and wage, and still have the security of benefits. Equally, learning and volunteering activities are permitted up to a certain number of hours without affecting benefit levels. The linking rules allow for individuals to go straight back onto benefit for up to a year after leaving Incapacity Benefit for employment. Essentially then, individuals were worried about situations which should not arise.

One of the reasons for this is that many individuals on Incapacity Benefit admit to having very limited knowledge about the rules, with most of what they do know being provided by their GP, or through word of mouth from others on benefit (Goldstone & Douglas, 2003). Clearly, as they would often be relying on inexperienced or second-hand accounts of the rules, it is not surprising that they did not have a clear grasp of all the relevant rules and allowances. Goldstone & Douglas (*Ibid*) also note that the role of the Jobcentre at this point was unclear, as respondents to their research didn't mention going there to get clarity about the situation.

This problem was exacerbated by issues relating to Jobcentreplus systems and staff, which provided further barriers to work for those receiving Incapacity Benefit.

Barriers relating to Jobcentreplus

Goldstone & Douglas's research (2003) talked to staff at Jobcentreplus offices about what they thought of moving individuals receiving Incapacity Benefit towards employment, and raised several important issues.

Firstly, there was an issue of specialist knowledge regarding those on Incapacity Benefit. Disability Employment Advisors were the most knowledgeable and motivated in dealing with those receiving Incapacity Benefit, as they specialised in these issues. However, due to the fact that they operated across more than one Jobcentre, they had less capacity to deal with the client group than other staff, and therefore individuals often did not receive this specialist advice, having to rely instead on generalist advisers.

The training for generalist staff in dealing with those receiving Incapacity Benefit varied greatly across offices, and many of the staff were of the opinion that the training they had received did not give them the knowledge and ability to effectively deal with those receiving Incapacity Benefit. The corollary of this was that only a minority of staff were aware of the incentives and opportunities that were in place to help those receiving Incapacity Benefit move back towards work. Many also attributed this lack of knowledge to a lack of communication and information filtering down to them.

On top of this there were other problems that staff felt they were struggling with which impacted on their ability to deal with those receiving Incapacity Benefit. Most of these problems related to resources including:

- Being understaffed with a high staff turnover,
- A lack of money for the service,
- Too little time to deal with each individual effectively,
- Too much pressure to achieve targets and,
- Constant change to deal with.

Jobcentreplus staff felt that these issues made their jobs harder, making it more difficult to deal effectively with individuals. However, on top of this many staff disliked the introduction of targets to meet, and suggested that these impacted in a disproportionately negative way on those receiving Incapacity Benefit. It was suggested that although they got extra points within the system for 'placing' those on Incapacity Benefit, this extra incentive was not enough to offset the extra difficulty in 'placing' this group over others. This meant, as Goldstone and Douglas (2003; ii) write, that "this sometimes resulted in Incapacity Benefit customers being neglected in the bid to attain the target."

Complexity vs. Inflexibility

Added to the barriers above was the reality that the welfare system is a bureaucracy designed to deal with certain problems faced by individuals in a common way, whereas the reality of the lives of those receiving Incapacity Benefit was often chaotic, complex and intertwined with other issues being dealt with by other agencies (Dean & Melrose, 2002; McKeever, 2000; Client Support & Research Unit, 2003). This meant that the procedures that individuals had to go through did not always take account of everything that was going on in their lives, despite the best efforts of staff.

Nathan and Westwood (2002) along with Dean and Melrose (2002) suggest that what is needed is a 'life-first' approach which starts from the position of what is going on with the individual, and what their needs are, rather than assuming they can be channelled in a common direction with other individuals. Alongside this, Nathan and Westwood (2002) suggested that the Government needed to allow greater local flexibility to Jobcentreplus offices to allow them to tailor their interventions to the labour market conditions that are present locally for their clients.

The Labour Market

Lastly, there are structural difficulties for those on Incapacity Benefit in getting work. Firstly, this is because of negative attitudes from employers towards such individuals (McKeever, 2000; Duckett, 2000). Often employers assume that such employees will be less productive than others, and a greater risk to health and safety (Duckett, 2000). This means that even for those on Incapacity Benefit who get past the other barriers discussed above, there is a final hurdle to overcome. Those on Incapacity Benefit tend to be aware of the potential for discrimination in this way, and for some, just the possibility of it is a demotivating factor (Goldstone & Douglas, 2003).

On top of this, there is the issue that for some individuals there are no jobs to go to anyway. The Government's strategies around welfare, learning and social inclusion work to address the supply side of the labour market, addressing human capital issues, but they ignore the demand issues (Nathan & Westwood, 2002). This could mean that in some places, people are being encouraged into employment when there is no appropriate employment available. This is a barrier that has implications far beyond those receiving Incapacity Benefit, and is a structural issue that needs to be addressed at a policy level.

Conclusion

Overall, then, those receiving Incapacity Benefit face many barriers to employment. Some relate to personal factors, and others are structural issues. Although most of these issues have been discussed in terms of employment, the barriers will equally come into play when an individual is thinking of getting involved in learning or volunteering as a step into employment. If they do not feel that employment is a realistic option, then there will be no motivation to undertake any activity as a step towards it.

The Views of those receiving Incapacity Benefit in Hull

Having analysed the literature regarding the views of those on Incapacity Benefit towards learning and work, the picture locally needs to be examined. This can only be done thoroughly with a full-scale research project. However, in order to inform that research, we have carried out secondary analysis on qualitative data into attitudes to learning and work in Hull to see if there are any potential themes emerging.

The analysis was of two different projects. Firstly, from looking at the data produced by Volcom's pilot year research into barriers, enablers and motivators to participation in formal learning in Hull. This work established a qualitative baseline of the issues around learning, from the perspective of residents of Hull. The research involved 148 residents of the city, principally through semi-structured interviews and small focus groups, and the sample was representative of the population in terms of gender, age and status. This full research report is 'Learning to Listen, Listening to Learn' (Springate, 2002).

The second project investigated attitudes to learning and technology, principally e-learning and t-learning, in Hull, aiming to judge the potential of new technologies to widen participation in learning in Hull, and to find out how they could do so most effectively. This involved 103 residents of the city, again representative of the demographic make-up of Hull, and the data was gathered through semi-structured interviews. This research will be published early in 2005.

It must be stressed, then, that these research projects were looking generically at views about learning, and also work, and no specific questions relating to Incapacity Benefit were asked. In this secondary analysis of the data, we have picked out all those interviewees who were in receipt of Incapacity Benefit, and seen whether what they told us gave any indications about what those receiving Incapacity Benefit think about getting work, or learning as a step into work.

Overall, then, there were twenty people that were in receipt of Incapacity Benefit across the two projects, thirteen men and seven women. The reasons for them being on Incapacity Benefit were varied, ranging from accidents, to mental health issues and heart problems. Three of the individuals did not mention the reason for receiving Incapacity Benefit, just the fact that they did.

Findings

What follows should not be taken as a definitive statement of the views of those receiving Incapacity Benefit in Hull, due to the small sample and the fact that the data did not ask specifically about the subject. However, what the data can provide is indications of those views, which can help direct future, more specific research. The indications can be split into issues relating to work, and issues relating to taking steps towards work.

Attitudes to Work

Firstly, there are some people who are keen to get back to work, whether soon or in the longer-term, and see learning as a way to improve their employability. One woman said that her plan for the future was to get a job, and that learning was a way to help achieve this.

“...if an employer sees that you are actually taking efforts to gain knowledge and to gain qualifications, then they are more likely to offer you a job, because they realise that you are someone that’s actually alive and not sitting at home watching the telly all day...”

Female, 35

Some of the respondents recognised the need for qualifications to help with employability, and were pro-actively working to achieve those qualifications to get employment. For most, this involved gaining generic skills, for example related to IT, rather than highly specific skills with a particular job in mind. IT skills were particularly popular as attributes that were needed for a job, and this is the same as for the population as a whole in Hull (Springate, 2003).

However, for many of the people there was no clear pathway through the learning into employment, and it was assumed that certain vaguely defined skills would help get a job. So it is possible that there is an issue regarding how effectively individuals are able to choose learning opportunities that maximise their chances in the employment that they want.

For other people, work was not at the forefront of their minds, and some individuals never mentioned employment in any way during the course of their interview. So it is clear that for those people, work is not something that they see as relevant to their lives, either in the present or foreseeable future. However, others were aware of the possibilities of work, but were not actively considering it. For example, the woman below only mentions work vaguely as something that might be forced on her,

“...I do suffer from depression but that is not necessarily something that will last for the next five or six years so if they [Jobcentreplus] want me to find a job and stuff...”

Female, 45

There were other issues that impacted on either the desire to work, or the ability to act on that desire. The first example relates to their **illness**. For example some people, such as the individual below, wanted to work, and had always wanted to get back to it, but were unable to.

“...I thought I'd get back to [work] one day, and then one day [the doctor] just said oh you can't work no more, that's it...I used to love it. And as I say, it's come to this, sat at home all day, it's bloody terrible.”

Male, 59

For others, their illness did not necessarily stop them from working, or being involved in learning completely, but stopped them depending on how good or

bad it was on a particular day. For example, one individual who suffered from depression explained about how she liked learning, but also how her depression affected how she was,

“Love it, love it, I don’t always love it but when I am up I love it, when I am down I don’t want to know anybody, I don’t want to talk to anybody and if it doesn’t come in a novel I don’t want to learn it. So if there is a novel with facts in it I am good but I do have times when I stop learning, sort of, and I don’t really, I’m not in learning mode if you know what I mean.”

Female, 45

Clearly, this would affect her ability to participate in learning or employment as some days it may not be possible to learn, work or interact with others effectively.

A second issue related to the **work history** of an individual. Those who had had a history of employment, even in the not so recent past, had a clearer idea of the labour market, and of opportunities for themselves. For example, one individual, who had been a research scientist, but who suffered from mental health problems, was able to describe the type of job she wanted, and was taking steps towards it.

Those who had no employment history seemed much less aware of possibilities, and so even when they mentioned employment, there was no real sense of a grasp of what might be achievable, or available for them. For some without a work history, employment was never mentioned in the interview, suggesting that they don’t see it as relevant. For those people without a work history, then, who want to work, there are issues around helping them to negotiate their way into an unfamiliar labour market.

The third issue relates to the **age** of the individual. Some who were older, in their 50s, implied that they were too old for work, and it was not something that was relevant for them. For example, when he was asked if he’d like to do any more learning, this individual replied that,

“No, I don't think I'm too old [for learning], but I retire when I'm 65, don't I?”

Male, 58

His point was that there was no need to do any learning that related to employment as he was too close to retirement. Similarly, one man suggested that his focus was on his children, as he felt it was more important to give them opportunities than him, as his chance had passed.

“But [my kids are] more important than me. My time's gone. Theirs is the future, so, I live my life with that principle. Always put kids first, me last.”

Male, 45-49

This meant, for example, that his children, and wife, had access to the family computer before him so they could work, and generally his focus was on enabling them, rather than seeking ways forward for himself.

Some people were also affected by **other issues** in their lives, that affected their ability and desire to take part in work. For some, they felt that they may work, or take steps towards it in the future as their problems lessened. For others it was different issues. For example, one individual, a single parent, felt able to start taking steps towards work as her children got older,

“... I'm looking at work part-time employment ...my children are now in the ages of erm, fourteen and thirteen, so they're not needing me so much.”

Female, 44

Lastly, some mentioned the state of the **labour market**, with the implication that they wouldn't be able to get jobs regardless of their health and qualifications. As one individual explained,

“... in regards to jobs, I say you send off for jobs and you ever get knock backs or you get told you're over qualified or under qualified. I would of like to go to uni... I mean I've got a cousin who goes to university, he's been there 3 years, he's applied for jobs, he's got nothing. So, it's just the job market I think, that's just the problem.”

Male, 25

Often these ideas are based, as the example above, on anecdotal evidence from social networks, which can mean that the individual's consequent impression of the labour market does not always give a full picture of the situation. This is an issue that needs addressing, and individuals need to know the opportunities available to them at a particular time and place, both now, and if they are contemplating training, in the future. It is an important issue, as for some, if they see no possibility of gaining work, then the motivation to work, or to go on work-related courses is lost.

Steps towards Work

Steps back towards employment could include learning or training, whether it is employment-focused or not, and to volunteering activities. Many of the respondents had positive things to say about these steps, whether they were consciously using them to move towards work or not. However, what was implicit in their descriptions of the benefits of these steps was that they had chosen what to do at the time that was right for them. Being coerced into taking these opportunities would not necessarily have brought the positive benefits that the individuals describe.

The first positive benefit of these activities that was mentioned was an **increase in confidence**. Many of the individuals mentioned the fact that getting out and becoming involved with courses or volunteering was an important way of getting out of the house and meeting people. This made

them more confident in themselves over time, although to start with they were often nervous about taking up these opportunities.

For others, the experience helped to **prepare them for work**. For example one individual felt like her course was starting to get her ready for the reality of the workplace,

“... so it’s an artificial work environment, but it’s still like work and that you’ve got, you know you’re meeting work people...it’s, it’s like back into an aspect of life that you’ve been cut off with, cut off from for one reason and another ...”

Female, 44

For others it was about gaining confidence in **meeting and dealing with new people**, a crucial skill both for life and work. Some people had been isolated in their homes, which made them very nervous of new people and places, which in turn created a vicious circle of staying in to avoid that. However, after people got involved, they found their confidence grew.

“...I was really nervous about meeting people and I don’t really like meeting people cause I have to get to know them and getting to know people is one of my worst fears...with the students they don’t want to know you too well and I am happy with that, I don’t want to get to know them too well but enough to socialise and it’s a good experience, it’s nice, I like it.”

Female, 45

Individuals emphasised that for the positive benefits of learning to be attained, the experience of learning had to be good. This was dependent on having a good relationship with the other students and the tutor, and also enjoying the process of learning. As one person commented regarding the good things about their course,

“Well the atmosphere. The atmosphere of the tutors and the staff, the students. I mean you get on with your work but you 'ave a good laugh while you're doing it, which is what I like. Bit more open. It's a lot more open, I mean, look at it down there.”

Male, 25

The tutor was the key element in this- the most important factor in making a learning experience positive, especially for those with low confidence. This again is true across most individuals (Springate, 2002). One individual was asked if anything would make him stop doing the learning that he was currently involved in,

“Say the [tutor] left, I might not want to come any more...He's quite friendly. He lets us all have a smoko at 2, we all go out there at 2 o'clock...”

Male, 58

Only those who were explicitly focused on work outcomes were able to deal well with the potentially negative parts of a learning experience. This was because they were focused on the learning as a means to an end - qualifications for employment- rather than learning as the end itself. As one such individual commented,

“Yeah, I find learning a bit of a struggle and sometimes a bit stressful, erm, if you have to sort of reach certain criteria’s and hand in essays and things like that I’m crap at that so I do find studying quite a chore, yeah, it’s not a pleasurable experience. But the outcome of having the bits of paper is the sort of I don’t know the lollipop at the end, so.”

Female, 35

However, most individuals were not that focused, and seemed to be taking things one step at a time. It was important therefore that with any learning or other activity, the experience itself was a positive one.

Conclusion

Overall, then, it can be seen that there are many barriers to work, or taking steps back to work in Hull for those receiving Incapacity Benefit, even though many are positive about employment. However, there are also indications that learning activities can be a road back towards participation in the labour market, if carried out under the right circumstances. The difficulty here is that the lives of these individuals are very complex, often involving other disadvantages alongside the cause of their incapacity.

Therefore, it is difficult to imagine standardised processes working well for all these individuals, as they all seemed to need different interventions, at different levels at different times. The key to those who were successfully moving back towards employment seemed to be that *they* had decided to do it, felt free to move forward at their own pace, and therefore were more relaxed about their ability to succeed. In essence, they felt they were in control, and therefore that they could ensure that what they were doing was right for them.

Recommendations

Overall, then, whilst those receiving Incapacity Benefit face a host of different issues and problems in their lives, there are some common themes emerging from those in Hull and further afield through the literature. However, there was no suggestion from any of the data of any 'quick fixes' that would be effective at helping those receiving Incapacity Benefit move closer towards the labour market. The issues and recommendations below have emerged from the data and provide an indication of some interventions which may enable some of those receiving Incapacity Benefit to move closer to employment.

Awareness of Rules

Those in receipt of Incapacity Benefit do not seem to be aware of the rules that apply to them, or the flexibilities and opportunities offered to them whilst receiving the benefit. Some people were plainly not aware, whilst others were misinformed regarding these issues due to a reliance on informal sources. This was a barrier to them taking opportunities to move closer to the labour market.

Clearly, a good place to find out about such issues is through talking to advisors at Jobcentreplus. However, individuals did not see this as a route that they would follow as they did not view Jobcentreplus as a place to go for help and advice.

Therefore, there is a need to get information about these benefits into the community, with the awareness that different individuals receive information in different ways. This means, for example, that explanatory leaflets may have limited impact on those people who have literacy problems, or who take in oral information more effectively. A wide range of forms of information dissemination could enable a greater number of individuals to hear and take in the information.

Also, social capital research (e.g. Puttnam, 2000) has consistently shown that people listen to, and act on, information from a trusted source more than a source they know nothing about. Therefore a good way to disseminate information may be through community centres and support groups, making sure that key individuals in those places understand the rules about Incapacity Benefit, and then relying on them to cascade the information into the community.

Provision of Specialist Staff

Also, it is important that those receiving Incapacity Benefit can go to Jobcentreplus and talk to staff who understand their situations, the opportunities available to them, and the rules that govern what an individual can do. Clearly, specialist staff would be most effective here, but in the absence of these all staff should have an awareness of all relevant information. If this were the case, this would also help promote Jobcentreplus as a place to gain help and advice.

Ability to negotiate the journey through learning into work

Many individuals seem unaware of the state of the labour market, what kinds of jobs are available now, or are likely to be in the future, especially those with little or no recent experience of it. This makes it difficult for them to make informed decisions about what learning would be best to pursue in order to help them gain work.

People need to be made more aware of what the labour market is like now, and what it may be like in the future, so that if they are wanting to work in the short-term or are looking to do some learning in preparation for work in the long-term, they will do appropriate learning that will maximise their chances of success. In general this means being aware of the need to help people successfully negotiate their way through learning or volunteering into work, focusing especially on those with no recent experience of the labour market.

The importance of a supportive relationship

The way to effectively help people move into work is to spend time with them, to build up trust, get to know the complexities that they are dealing with in their life and then be in a position to give them tailored support and advice. People on Incapacity Benefit tend to lack confidence in their abilities, and need a supportive relationship to help them move on. It is important that this is based on a process of deciding together what to do, rather than coercing individuals to do things they don't feel they are ready for. Many in the research had found positive benefits of learning or volunteering activities, but these were done on their own terms and when they were ready.

If Jobcentreplus do not have the capacity or involvement with those on Incapacity Benefit to do this, then perhaps it would be good to form working partnerships with the places where these individuals get help and have good relationships with professionals, for example community centres and self-help groups. Jobcentreplus could support workers in these organisations to lead the claimants towards employment, by, for example, providing information or actually helping staff lead them through job-focused interviews if that was appropriate. People in these organisations will already have good relationships with individuals, and will be aware of the realities of the lives of the individuals they work with.

However, it must be acknowledged that not all those on Incapacity Benefit will be involved with such services, and as such will be much harder to reach. It may be useful to carry out some research to determine what proportion of those on Incapacity Benefit are involved with such groups to determine the scale of the 'hard-to-reach group'.

Conclusion

Overall, due to the complexity and unique natures of the individuals receiving Incapacity Benefit, there is no 'quick fix' to get those who are capable of working into work. The recommendations above give some indications of ways forward to help get more individuals moving towards work. However, more research with the client group in Hull could help identify other interventions that could be implemented to help them into learning or work.

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