



Improvement

Customer led transformation programme

Case study – Royal Borough of Kensington and Chelsea

Employment Support for Long-Term Incapacity Benefit Claimants

27/58

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The Customer Led Transformation Programme

The four London Borough's research into long-term benefits claimants has been funded under the Customer Led Transformation programme. The fund aims to embed the use of Customer Insight and Social Media tools and techniques as strategic management capabilities across the public sector family in order to support Place-Based working.

The Customer Led Transformation programme is overseen by the Local Government Delivery Council (supported by the Local Government Association).

The fund was established specifically to support collaborative working between local authorities and their partners focused on using customer insight and social media tools and techniques to improve service outcomes. These approaches offer public services bodies the opportunity to engage customers and gather insight into their preferences and needs, and thereby provide the evidence and intelligence needed to redesign services to be more targeted, effective and efficient.

About the 'central London district' London Boroughs

The project was led by the Royal Borough of Kensington and Chelsea (RBKC), however, it focused on Incapacity Benefit claimants resident in the former "Jobcentre Plus Central London District" comprising RBKC, London Boroughs of Westminster, Islington and Camden. This is a densely populated urban area in central London characterised by great diversity, not least in resident's income. A brief outline of each borough is included below.

The Royal Borough of Kensington and Chelsea covers an area of 12 square kilometres and 180,300 people, and is the most densely populated local authority in the country. It is an area of extremes, with some of the wealthiest neighbourhoods in the country alongside some of the poorest. People in the north of the borough face problems of low incomes, high unemployment and poor health, with men living seven years less than average in these deprived wards.

The London Borough of Camden covers 22 square kilometres of inner London, to the north of the city centre, and has a population of 231,900. It is the 13th most deprived borough in London, with pockets of deprivation towards the south and centre of the borough. Improving the health of those who live in Camden is a key priority for the Council and its partners.

Westminster City Council covers a relatively small area in the centre of London but has a residential population of nearly 250,000 and a daytime population of closer to a million. There are over 180 nationalities in this diverse area. Areas of skilled professionals earning high wages sit alongside pockets of high unemployment.

London Borough of Islington lies to the north of the city centre and has a population of 185,000. It is the second smallest London borough but is very densely populated. The borough has a high proportion of working aged adults and professionally qualified residents but a smaller proportion of both children and older adults. Islington is one of the most deprived boroughs nationally, although it does contain areas of affluence, similar in character to other parts of inner London.

The project steering group was made up of representatives from each borough, plus members from Jobcentre Plus, NHS Kensington and Chelsea and Kensington (now part of NHS Inner North West London) and Chelsea Local Involvement Network (LINK).

The project reported to 'Central London Forward', a sub-regional strategic organisation representing the seven central London local authorities. Central London Forward (CLF) was established in 2007 and comprises the four Boroughs above plus:

- City of London
- Lambeth
- Southwark.

CLF's primary objectives are to:

- influence policy on major issues affecting Central London
- promote the strategic importance and needs of Central London
- identify and facilitate coordinated working on areas of mutual interest to partners.

Background

Incapacity Benefit (IB) is a benefit for people who cannot work because of physical or mental ill health or disability. IB claimants are a challenging target group to get into employment; they often have complex needs and face many barriers to employment, requiring intense personalised support and interventions from a range of agencies.

In May 2010 there were 32,000 IB claimants in the four boroughs. IB claims make up the highest proportion of all benefit claims in the four Boroughs, compared to other London boroughs.

The 2007 Welfare Reform Act announced that Employment and Support Allowance (ESA) would replace IB. From October 2008 onwards, customers were no longer able to make a new claim for IB, instead they were invited to make a claim for ESA. Between October 2010 and Spring 2014, all Job centre Plus (JCP) customers in receipt of IB will undergo a reassessment of their benefit need and entitlement.

Many of the IB claimants undergoing reassessment will have been claiming IB for a number of years and it is likely that they will have had very little contact with JCP or the Department for Work and Pensions (DWP) in this time. Consequently, little is known about this client group in terms of their barriers to work, their support needs and generally what this client group do and are involved in day-to-day.

The project sought to use customer insight to gain a fresh perspective on the employment needs of long-term Incapacity Benefit (IB) claimants in central London and how services can be better organised to:

- meet their claimant's needs
- reduce the number of IB claimants
- enable efficiency savings in locally/sub-regionally commissioned budgets.

Research was carried out from February-June 2011, and comprised a multi-method approach of desk-based research, statistical analysis and:

- thirty-one in-depth face-to-face interviews with long-term IB claimants
- four focus groups with long-term IB claimants
- three, one day observations in organisations providing employment support
- a focus group with local voluntary and community organisations.



Objective

The aim of the research was to engage with long-term IB claimants living in the former Central London Job centre Plus district (London Boroughs of Camden and Islington, City of Westminster, and Royal Borough of Kensington and Chelsea) who were not already receiving any employment support.

This research is timely given the current reassessment of IB claimants, which will see them migrated from IB and put on to either Jobseeker's Allowance (JSA) or ESA.

The project objectives were to:

- Ensure IB claimants receive the support they need from Jobcentre Plus and relevant agencies during reassessment and the transition to ESA or JSA (See 'The Work Capability Assessment' Text box below).
- Gain a deeper understanding of IB claimant's employment support needs by undertaking a study of barriers to work/ issues, and to empower IB claimants to inform the design of a coherent pathway to work, integrated with the new Work Programme.
- Identify opportunities and mechanisms to coordinate and rationalise appropriate support for IB claimants across central London and identify savings of 5 per cent across the area.
- Enable a shared understanding of IB claimant's needs amongst stakeholders (including national, regional, and local skills providers and commissioners, health, debt, children's services, and housing, etc), and promote the role of local organisations and citizens in their journey back into employment.

- Understand the use of new media and internet amongst claimants, and assess the feasibility of these technologies offering alternative support mechanisms, routes into employment, and efficiency savings.

The evidence produced is helping to drive the re-design of employment services across central London, and will enable efficiency savings to be realised more rapidly than would otherwise be possible.

The Work Capability Assessment (WCA)

As part of the Welfare Reform Act in 2007 a new assessment process, the WCA, replaced the Personal Capability Assessment to assess new ESA claimants. The WCA involves claimants attending an assessment with a healthcare professional from ATOS Healthcare, the company contracted to conduct WCAs. The assessment is based on a points system. The number of points a client receives dictates their benefit destination. A person has to score at least 15 points to be found to have limited capability for work. Scoring less than 15 points means being found fit for work and no longer eligible to claim ESA.

Approach

To understand the needs of long term IB claimants the project conducted both quantitative and qualitative research phases including:

- qualitative phase
- statistical analysis
- desk research.

Quantitative phases

- in depth face-to-face interviews
- focus group with long-term claimants
- focus group with voluntary organisations
- one day observation.

The qualitative research – which involved ethnographic techniques of depth interviewing and lengthy observations - required a significant degree of direct engagement which proved challenging. Since IB is an ‘inactive’ benefit, with no requirement to attend Jobcentre Plus offices regularly, claimants are hard to reach.

“The basis of our approach was that we felt it was extremely important that people who were claiming incapacity benefit are able to put their views across and share some their experiences so that local services can best meet their needs.”

Tim Riley, Senior Researcher, Centre for Economic & Social Inclusion

The project worked with intermediaries including voluntary and community groups, NHS funded services, social housing providers (via resident newsletters) and other relevant avenues to actively reach and recruit participants (see also ‘Engaging Long-Term Claimants in Research’).

Statistical Analysis and Desk Research

The first phase of the research involved analysis of existing statistical evidence about IB claimants in Kensington and Chelsea, Westminster, Islington and Camden (referred to as ‘the four boroughs’ in this report). This statistical analysis considered both the incidence of IB claims, as well as the characteristics of those claiming IB, including the duration of their claim and the medical reason for making the claim.

The project used the latest complete data¹ from the Office of National Statistics, accessed through their portal, NOMIS. The partner’s commissioned the Centre for Economic and Social Inclusion (CESI) a not for profit body to undertake the research. CESI runs the London Skills and Employment Observatory, a leading source of labour market statistics in London.

The project determined the profile of IB claimants, by borough, length of claim, age, gender, and medical reason for being on IB. The analysis mapped the figures against other London boroughs. The findings from the statistical analysis are included below as they form the basis for the subsequent qualitative phases of research.

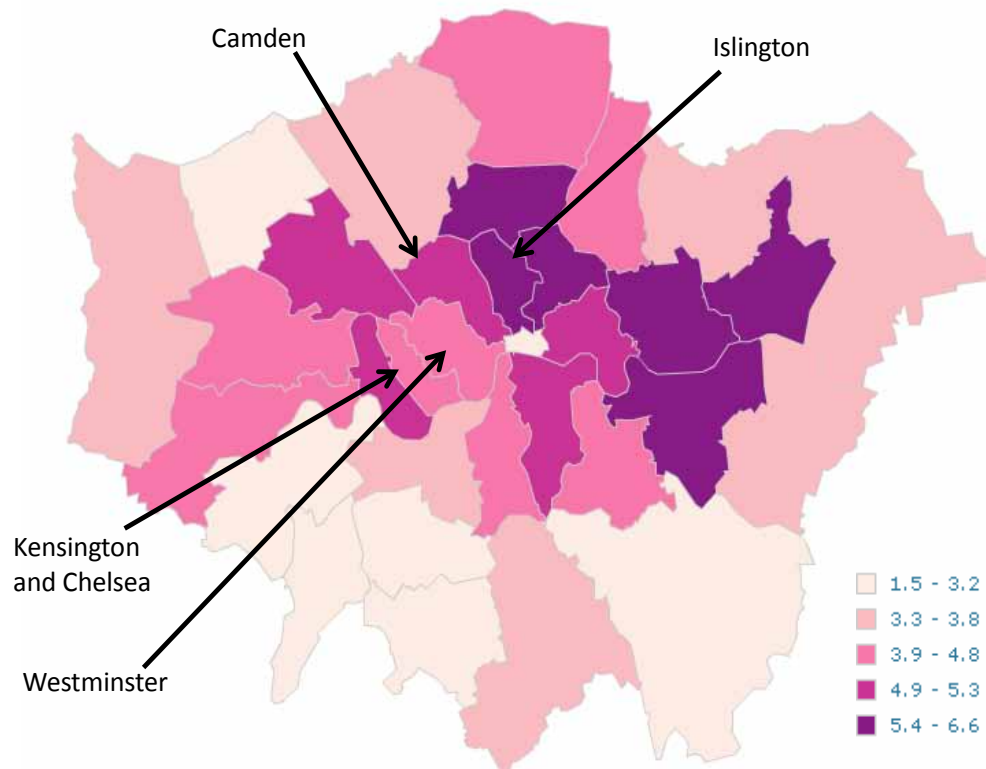
The project also reviewed existing literature on long term IB claimants and looked at findings from previous research about the barriers they face, and what can be done to overcome the barriers. This informed the discussion guide used in the interviews.

¹ Data from DWP May 2010.

Findings

In total there were just over 32,000 people claiming IB in the four boroughs in May 2010.² Of these, 9,500 were in Islington, 8,900 were in Camden, 8,600 in Westminster, and 5,000 in Kensington and Chelsea. The percentage of working age people claiming IB was higher than the London average in all Boroughs bar RBKC.

Figure 1. Proportion of working age population on IB



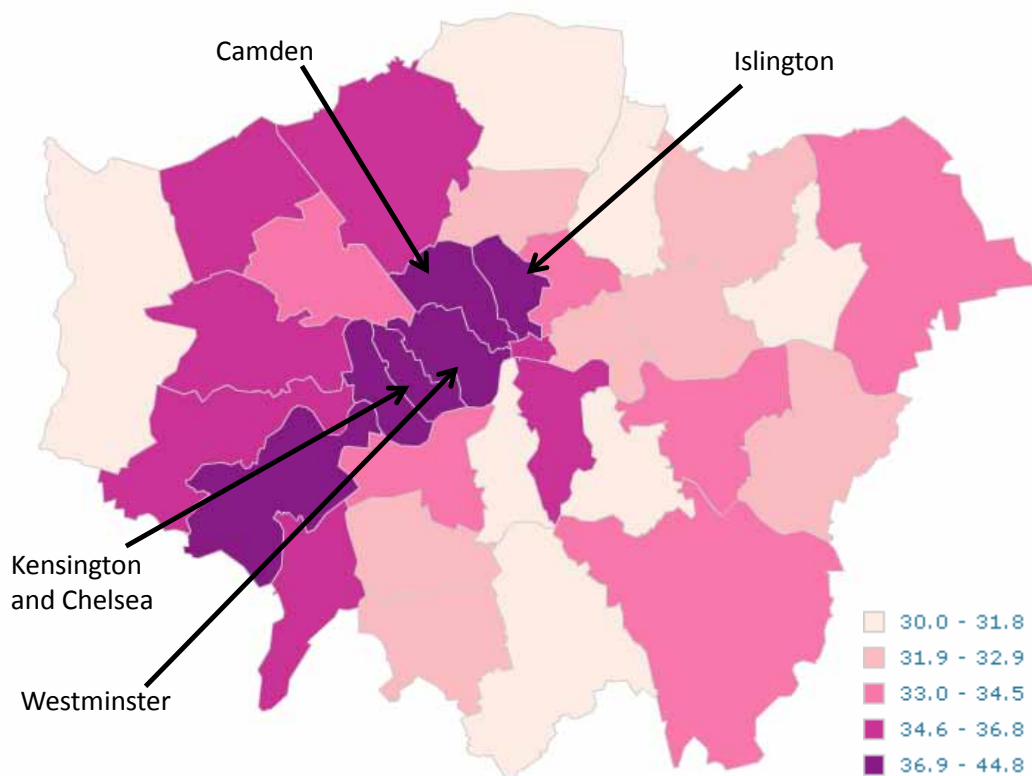
² The 32,000 people claiming IB tallies well with the 10,500 people who are economically inactive because of health reasons and want to work, given that about a three in 10 people who are economically inactive want to work.

Interestingly, the four boroughs have the highest proportion of IB claimants as a percentage of all benefit claimants for any London boroughs.³ In London as a whole, 34 per cent of all benefit claimants are on IB. In Westminster, however, 45 per cent of all benefit claimants in the borough are on IB.

Camden (43 per cent), Kensington and Chelsea (42 per cent) and Islington (39 per cent) have the three next highest proportions of any London borough.

As one might expect, there is a strong positive correlation (of 0.9) between the proportion of the working age population claiming IB and the level of deprivation in the ward as measured by the Index of Multiple Deprivation.⁴ As demonstrated in the graph below, the more deprived a ward, the higher the proportion of its population claim IB.

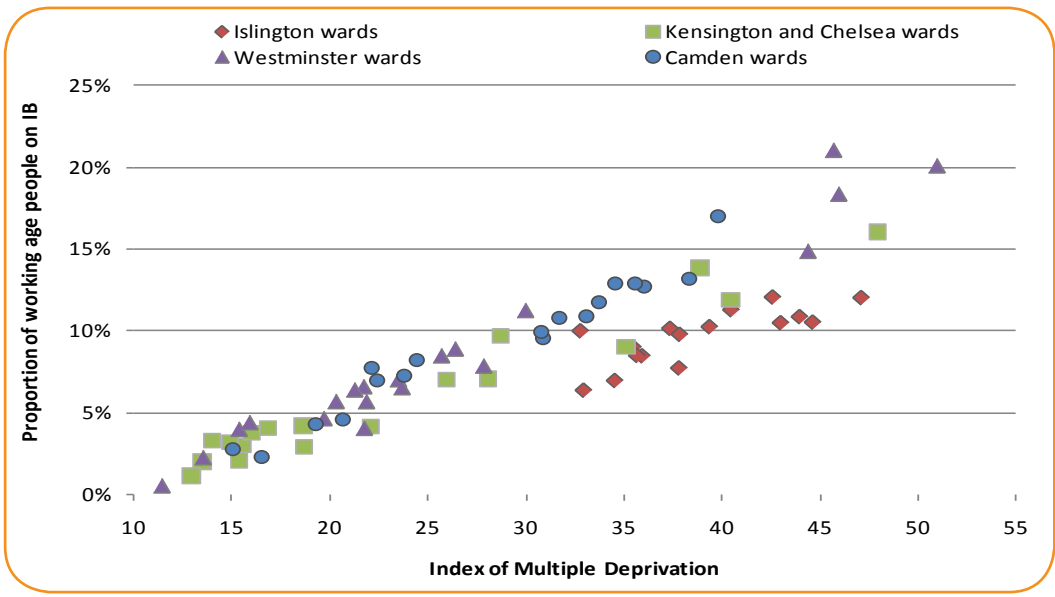
Figure 2. IB claimants as proportion of all benefit claimants



³ Defined as Jobseeker's Allowance, ESA and other incapacity benefits, lone parents, and other income related benefits.

⁴ Latest data from 2007. Index created by Department for Communities and Local Government (DCLG), drawing on income and employment levels.

Figure 3. IB Claimant Rates and deprivation by Ward



Those on IB tend to be older than the average population of the four boroughs. In total, 42 per cent of those on IB were older than 50, compared to only 20 per cent of the working age population. Claimants are also more likely to be male. In contrast, only 15 per cent of those on IB were aged 18 to 34, compared to 48 per cent of the population of the borough.

Figure 4. IB Rates by Gender

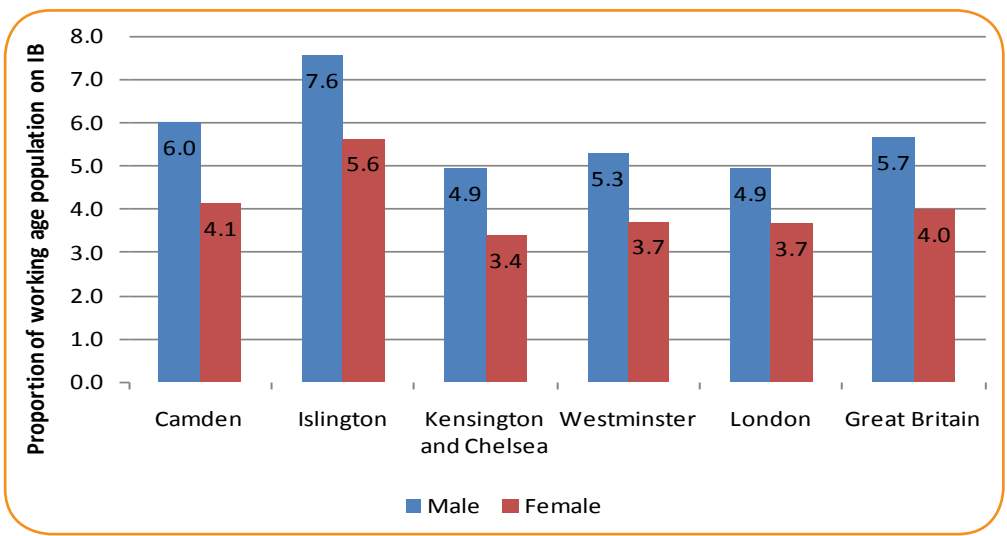
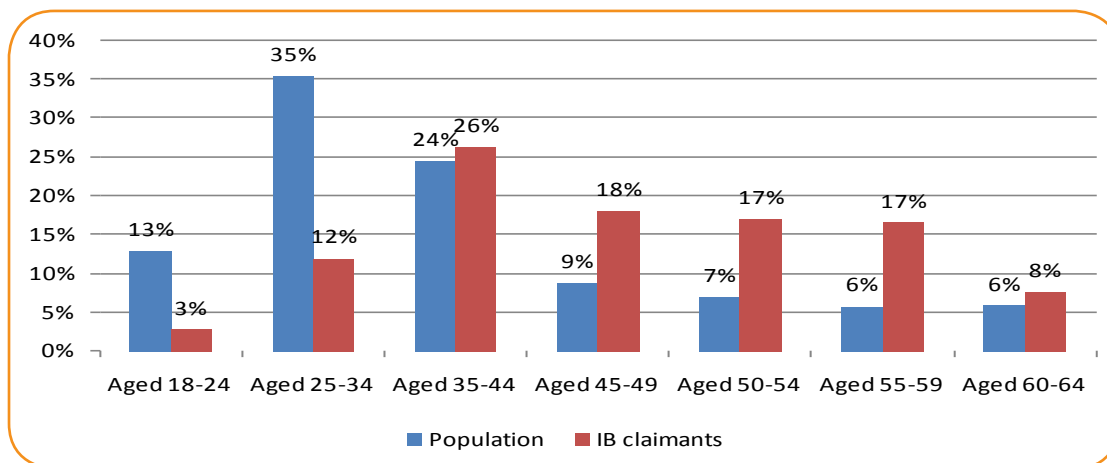
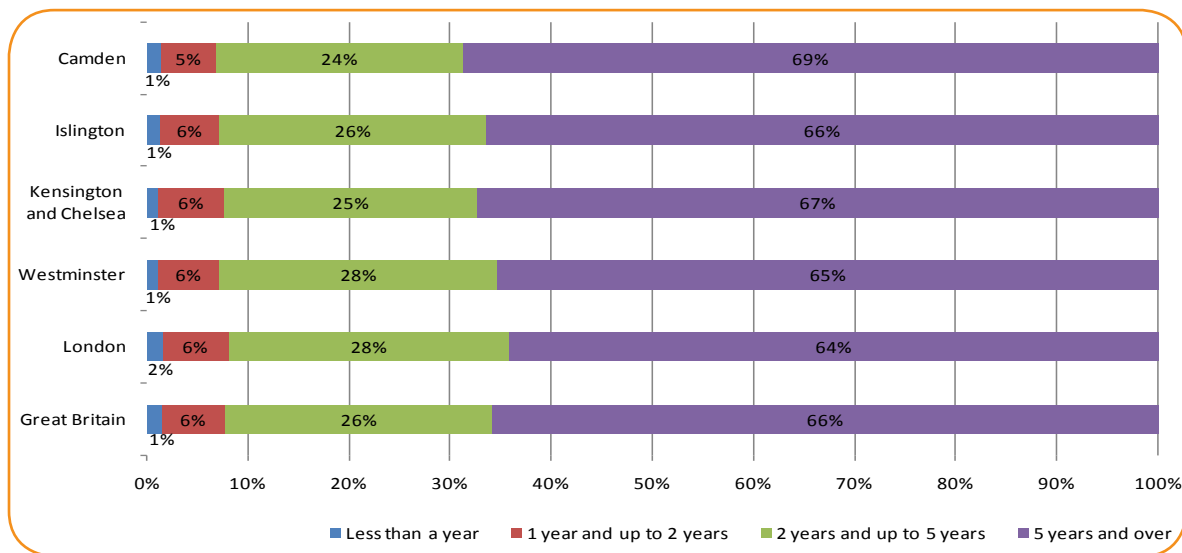


Figure 5. IB Claimants and Working Age Population of the Four Boroughs by Age

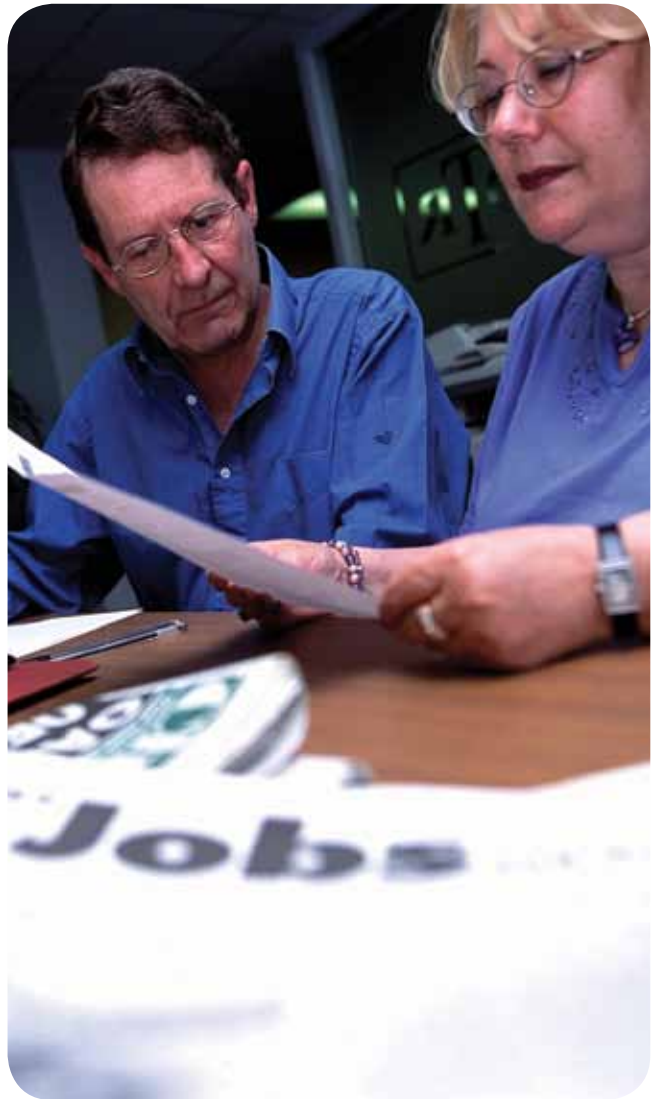


As well as typically being older than the average population, IB claimants had most often been claiming IB for five years or more. Those in Camden were most likely to have claimed for five years or more (69 per cent), whilst those in Westminster were least likely to have done so (65 per cent). All boroughs had a slightly higher proportion of claims of over five years than the London average.

Figure 6. Duration of IB Claimants



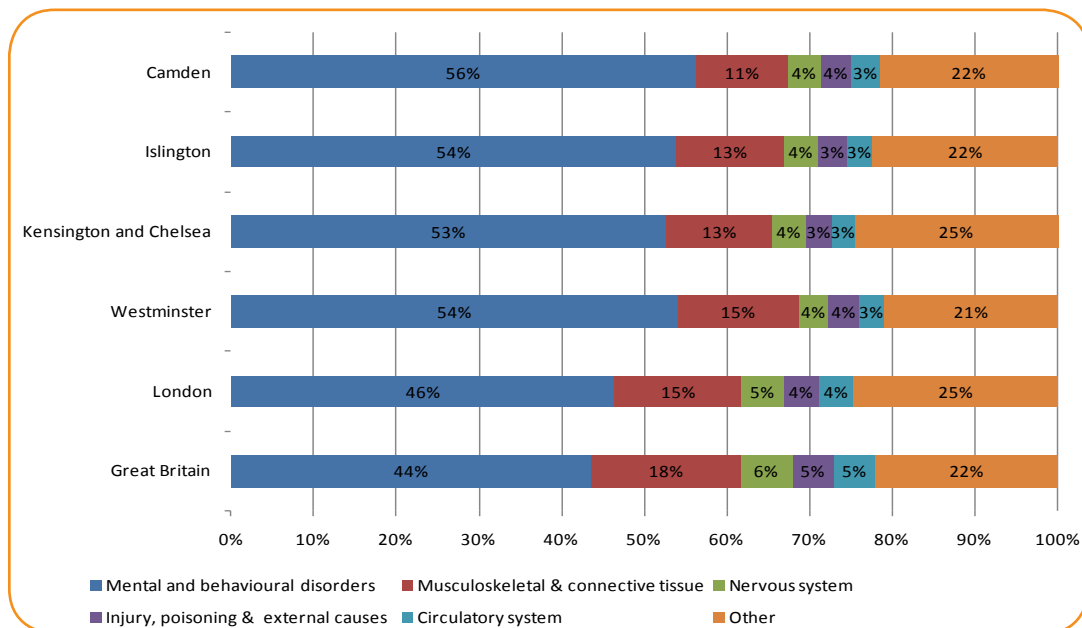
The most common reason for being on IB was the result of mental or behavioural disorders, which accounted for over half of IB claimants in each of the four boroughs. The next most common reason were diseases of the musculoskeletal system and connective tissue, which accounted for between 11 per cent and 15 per cent of IB claims in the four boroughs, but slightly more in Great Britain (18 per cent).



We knew that there would be a lot of long-term incapacity benefit customers within our patch. What I didn't expect is the depth of how many and how long some of them had been on the benefit. It was interesting to hear some of the issues. There are a lot more customers presenting with mental health issues across the four boroughs, and that's food for thought.

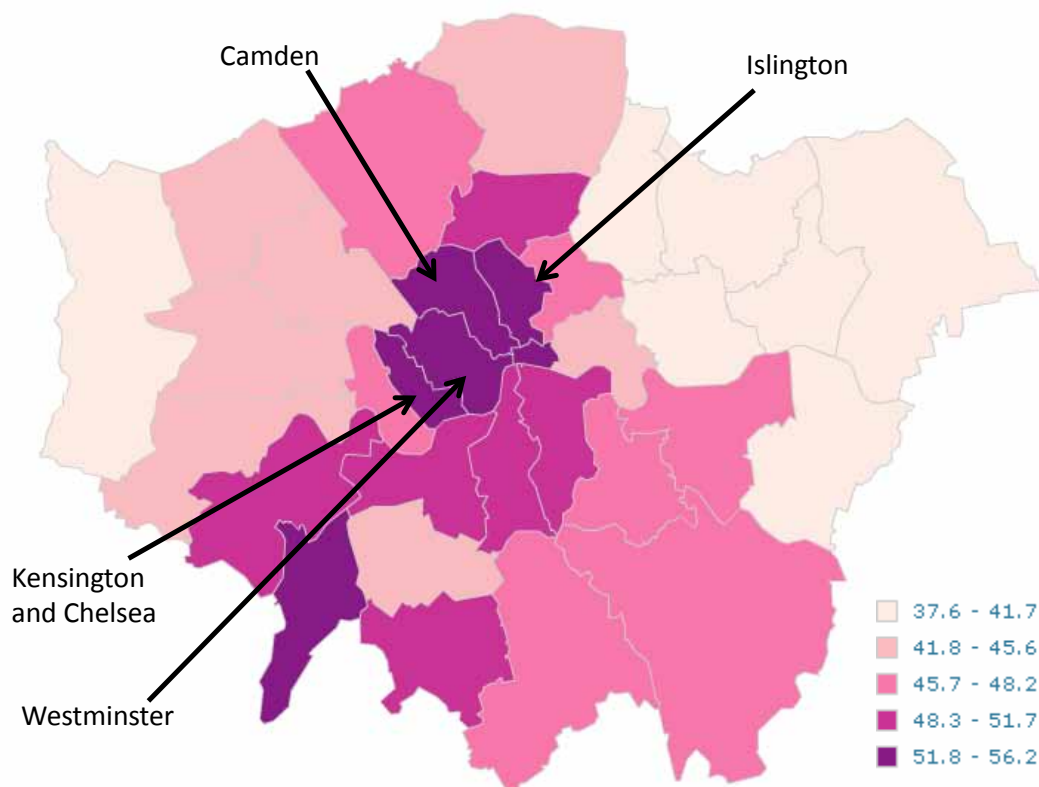
Sue Harris, Partnership Manager
Royal Borough of Kensington and Chelsea
and City of Westminster, Jobcentre Plus

Figure 7. Medical Reason for Being on IB



Claimants in the four boroughs were more likely to be on IB as a result of mental or behavioural disorders than those in London as a whole, or Great Britain. Whilst 44 per cent of IB claimants in Great Britain and 46 per cent of those in London were on IB for this reason, the figure was 54 per cent of claimants across the four Boroughs.

Figure 8. Proportion of working age IB claimants with mental or behavioural disorders



In summary, the statistical analysis illustrated that IB claims make up the highest proportion of all benefit claims in the four boroughs, and the 'average' IB claimant looks very similar across the four boroughs. An IB claimant is likely to be a man in later middle age whose IB claim is likely to have lasted for more than five years and be the result of mental or behavioural disorders.

Qualitative Research

The project used a number of qualitative methods, engaging both with long-term IB clients and local voluntary and community organisations supporting this client group during the fieldwork. Qualitative methods enabled the project to hear in-depth about participants' experiences of work, IB, barriers to work and their future aspirations and feelings toward benefit changes and reassessment.

Four different qualitative methods were undertaken:

- 31 in-depth face-to-face interviews with long-term IB claimants⁵
- four focus groups with long-term IB claimants
- three, one day observations in organisations providing employment support
- a focus group with local voluntary and community organisations.

The project also considered conducting a postal survey. However, this could not be carried out successfully as an accurate contact list of incapacity benefit claimants was not available.

In-Depth Face-to-Face Interviews and Focus Groups

Both the qualitative interviews and focus groups were carried out with long-term IB claimants who were not receiving any employment support. The project steering group provided a definition of what constitutes as employment support:

'Employment Support is where an individual has received advice on returning or entering the job market of a practical or pastoral nature within the past 12 months from an organisation qualified or experienced to do so.'

This definition was used in all correspondence with stakeholders and partners to help properly identify eligible participants. The project wished to engage long-term claimants who had not used employment support services for at least one year. The definition was also used when recruiting participants who had 'opted-in' to the research (see "Engaging Long-Term IB Claimants in the Research").



⁵ Including in a few cases those claiming IS for health-related reasons

Face-to-face in-depth interviews

The interviews with long-term IB claimants were conducted between February and June 2011. Overall 31 interviews were completed across the four boroughs using a discussion guide developed in the light of findings of Phase 1 (see IB Discussion Guide, available from the Community of Practice).

The discussion guide used during the interviews covered a range of subject areas including participants’:




- health issues
- barriers to work
- employment support needs
- discussion of diary of daily activity
- discussion of the reassessment process
- use of Internet and social media.

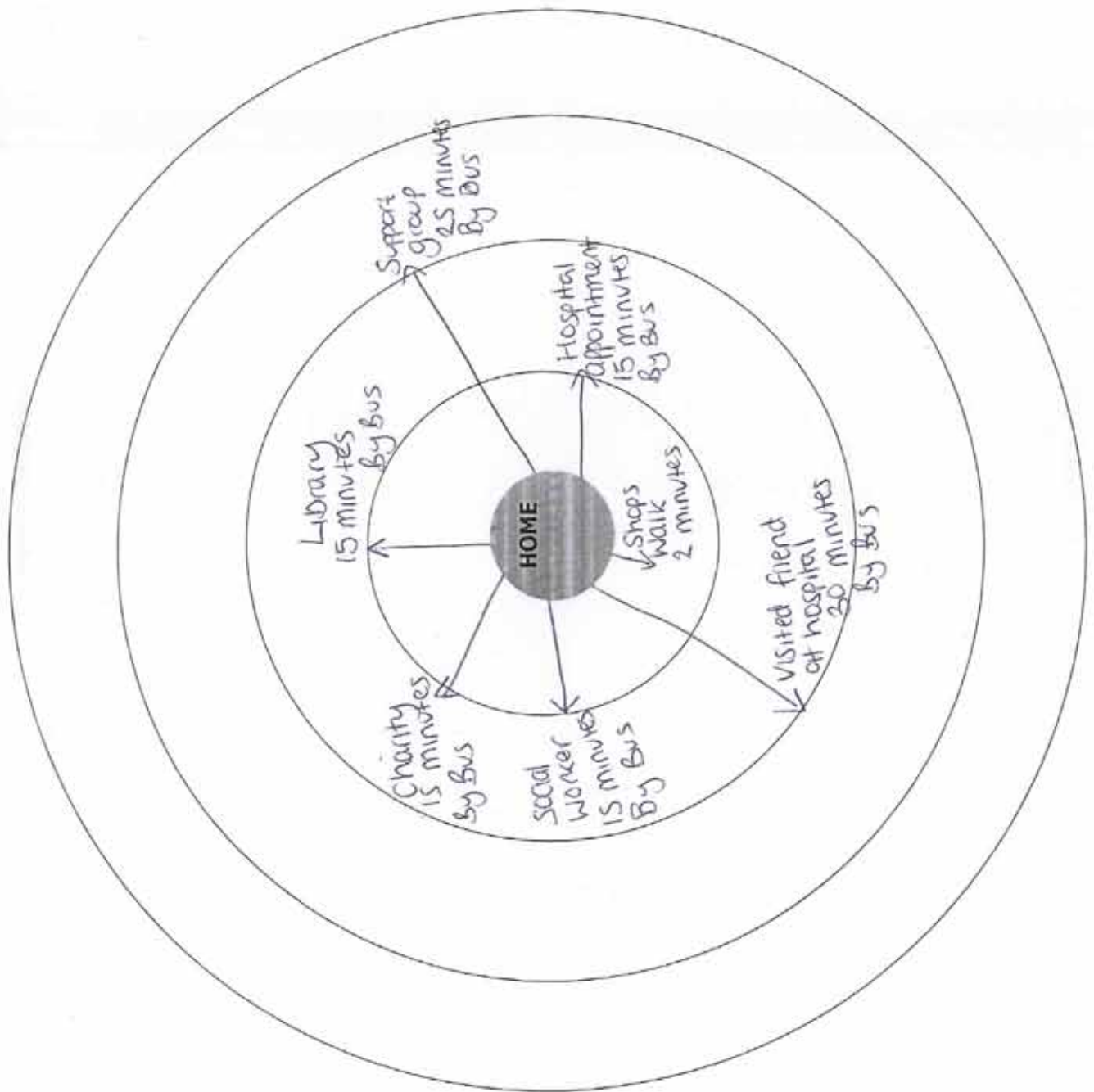
One main focus of this part of the research was to develop an understanding of long-term IB claimant’s daily activities, and gain a sense of the type of support long-term IB claimants were already receiving. With this in mind the project built in an ethnographic element into the qualitative interviews.

All participants were asked to complete a diary of daily activities one week prior to the face-to face interview. The diaries were discussed in detail during the interviews. This activity allowed the project team to capture the places participants went each week, and how often they went to them. The diary also asked participants to note down Internet usage and how their daily activities influenced their mood (See figure on page 16).



Day 7

<p>Morning Fill in what you did</p> <p>Went to a domestic violence perpetrator seminar</p>	<p>Did you use the Internet</p> <p>NO</p>	<p>How were you feeling – use stickers</p> <p></p> <p>HAPPY</p>
<p>Afternoon Fill in what you did</p> <p>Networked and had lunch. Couldn't stay the duration as was in PAIN</p>	<p>Did you use the Internet</p> <p>NO</p>	<p>How were you feeling – use stickers</p> <p></p> <p>UPSET</p>
<p>Evening Fill in what you did</p> <p>Came home and slept.</p>	<p>Did you use the Internet</p> <p>NO</p>	<p>How were you feeling – use stickers</p> <p></p> <p>SAD</p>



In addition, participants created 'maps' detailing the types of places they visited, and how far from their home they typically travelled in a week. The mapping exercise was used to explore IB claimants' weekly journeys and identify how far IB claimants travel to the places they use over a typical week, and their mode of transport.

This method was used to discover the types of daily activities participants were already doing, in order to explore and identify how the places visited could link up with any future support surrounding the reassessment process and/or employment support.

Focus groups long-term IB claimants

Following the completion of the in-depth interviews, four focus groups were conducted, one in each of the four boroughs. Each focus group involved up to 10 participants and was approximately 90 minutes in duration.

The focus groups were conducted in order to ascertain how the barriers and support needs faced by participants in the in-depth interviews might be addressed. As part of the workshop, participants were asked to highlight the organisations they typically go to for support, using the form depicted in the template entitled 'Support Needs...' overleaf.

Participants discussed their views on current services and views with regard to work and the barriers to getting back to work. In addition the groups were asked about their knowledge of the Incapacity Benefit re-assessment process and their support needs during the process.

The focus groups also included a specific element on the participant's use of the internet and social media. In essence the focus groups were conducted in order to test how the barriers and support needs faced by participants in the in-depth interviews could be overcome.

One-day observations of employment support

The project spent three days observing the support given to people, in particular those on long-term IB. The purpose of observing interactions between customers and delivery staff was to generate insight into 'what works', and how processes and support can be improved. The observations were carried out at:

- Kensington and Chelsea MIND – Training and Development Service for people with severe and enduring mental health conditions
- Nova New Opportunities: employment support for people in Kensington and Chelsea
- Central and North West London Foundation Trust – Community Mental Health Team employment support for people getting support from a Community Mental Health Team.

Having observed meetings, the project had short, informal discussions with the customers, asking them some questions about the support they had received and what, if anything, they would have liked to have been done differently.



Focus group with voluntary and community organisations

An additional focus group was held with employees from local voluntary and community organisations and health professionals who work with these claimants. In order to get suitable participants the project used the list of organisations provided by the steering group and sent an invitation to all those organisations who had expressed an interest in supporting the research to gain their input into the employment support needs of this client group. The discussion guide focused on similar topics to the client interviews and focus groups, and is available from the Customer Insight Community of Practice.



Observation 1: Integrating health and employment support

The NHS Community Mental Health Team at the Central and North West London NHS Foundation Trust provides an employment support service modelled on the Individual Placement and Support (IPS) supported employment approach. The service is only eligible for clients who want to work and are willing, with the support of the employment specialist, to actively seek and move into work. Members of the research team spent a day with the Mental Health Team observing their work with clients.

During the observation, clients noted that this tailored approach is one of the main strengths of the support and differed from others as the employment specialist discussed their goals and aspirations in detail. The employment specialist then developed a detailed understanding of the type of work the client wanted rather than simply providing them with a list of jobs to apply to - which one client reported had been a problem with other employment support.

“We wanted to speak to incapacity benefit claimants about their employment support and what they wanted from their employment support. To do this we wanted to directly speak to them and give them a voice and ensure that they told us directly what they wanted.”

Malen Davies, Researcher, Centre for Economic & Social Inclusion

Engaging long-term IB claimants in research

The primary method of identifying and contacting long-term IB claimants was to engage with local organisations currently supporting this group and ask if they could help find eligible participants. The project steering group identified a list of organisations that were likely to be in contact with, and supporting long-term IB claimants (but not providing employment support). Working with the Steering Group to develop this network of contacts, the project team eventually contacted over 70 such organisations.

The approach to intermediary groups included engaging:

- groups related to health (physical or mental)
- advice agencies (debt, housing, legal)
- organisations working with specific ethnic groups.

In the early stages the steering group wished to explore whether individuals could be identified through targeting via data sharing. However it was not possible to access DWP data. The challenge for the steering group was to access an accurate dataset that identified clients in receipt of Incapacity Benefit. It was also decided that the project stood a better chance of recruiting claimants if the approach was via a trusted intermediary rather than a cold contact.

The project worked with these organisations to attract and engage long-term claimants in the research by:

- posting advertisements around relevant organisations
- providing 'opt-in' packs including a letter explaining the research, opt-in letter and freepost envelope that these organisations could give to their clients
- making day visits to organisations to actively recruit their clients.

Secondly, the project contacted local GPs, Citizen Advice Bureaus, libraries and children's centres, providing adverts and opt-in packs to those who agreed to advertise the research.

Thirdly, the project posted advertisements on online support forums for people with physical disabilities or mental health problems as it is likely that some people using these forums claim IB. Claimants were also incentivised by the offer of a £20 'thank you' gift for their participation.

Although the recruitment methods undertaken were extensive, recruitment was difficult and took much longer than originally anticipated (see also 'Challenges and Lessons Learnt').

Dissemination of findings

To share the findings from this phase of the project, and to help confirm the validity of the findings the project held a dissemination event. Sixty eight participants attended the project's workshop to discuss and refine the findings of the research. These attendees were from across the statutory, private and voluntary sector and included newly appointed Work Programme providers, so commencing a partnership approach to considering recommendations.

The project presented the findings (see below), and then facilitated discussions about how those findings could be implemented and to determine practical ways forward. The discussions raised awareness of the findings and have helped to build stronger relationships between those organisations involved (see text box).

One of the practical actions to be taken is cross-training between Jobcentre Plus and NHS Mental Health staff to help the former support clients may have mental health issues and to help the latter understand what's on offer from JCP.

The findings of the project fed into a local employer engagement event held in October 2011. This event promoted the benefits of adopting flexible approaches and commitment to employing individuals with health or disabilities. Further employer engagement events are planned and it has become clear that the employment of individuals with health issues should feature in business engagement on a regular basis.

The Fear Factor

The project team, in opt-in materials, i.e. recruitment posters and information leaflets made clear that the confidentiality of answers was assured, that only members of the research team would know that a claimant had taken part in the research, and that no details would be made available to JCP or other third parties. Nevertheless, the fear of losing benefits was profound, possibly because many people on IB were aware that changes to the benefit system are afoot or because of, as the team witnessed in a number of cases, a feeling that the current government "cannot be trusted." In the interviews we conducted, some respondents had, unusually in our experience, not given permission for interviews to be recorded.

Findings

These findings are based on a relatively small sample, and the project would advise caution when extrapolating these insights more widely. However, these findings are valid for the four participating Boroughs and provide valuable evidence for reviewing how the sector can support these customer groups.

The findings are grouped under the following headings.

- Health and Work
- Barriers to Employment
- Support Needs
- Day-to-day Life on Incapacity Benefit
- Claimants and Reassessment
- Use of Social Media

Health and Work

Generally, participants had claimed IB for between five and 19 years, with women most likely to have claimed for between 10 and 19 years, and men displaying a much greater range. Most had undertaken full-time work in a diverse range of occupations before claiming IB. Overall; participants either wanted to work in the future or were tentatively considering the possibility.

Barriers to Employment

Long-term IB claimants perceived the main barriers to employment to be:

- long-term health conditions
- time out of the labour market
- lower skill levels
- employers expectations and perceptions
- lack of confidence
- fear of drug or alcohol relapse
- housing and financial issues.

“One of the main findings of the research was that some individuals feel they would need either increased understanding or support from employers or better management of their health problem to be able to successfully return to work. So we recognise there’s a potential role for the NHS in supporting people back to work. And a second important insight was the need for coordinated provision in terms of employment support and supporting people with their health needs. It was recommended that the provision of this happens in tandem and the timing carefully planned.”

Patricia Griffiths
Senior Public Health Manager Wider
Determinants
NHS Inner North West London

Support Needs

Broadly, there were three levels of support needs found among respondents:

- Intensive support needs. The people in this group were generally unsure about a return to work (and in some cases said they would never return to work). This broad group included a number of different types of IB claimants, such as:
 - older IB claimants (aged 50+) who have been claiming for over 20 years, with a combination of physical and mental health conditions
 - respondents with chronic conditions directly impacting on everyday physical activity, such as people with HIV/ Hepatitis C (often in tandem with other conditions such as cancer and substance misuse) who were all men aged 40+ who have spent 10+ years on IB

- those currently struggling with substance addiction
- respondents with experiences of homelessness and offending.
- Mid-level support needs. The people in this group tended to be below 50 years of age (predominantly in their 30s and 40s) and had claimed IB for 10 to 17 years. All had worked prior to their claim and expressed either a strong or tentative desire to return to work in the future. Included are :
 - those with mental health problems (in particular women with schizophrenia and depression)
 - women with caring responsibilities
 - some respondents with a history of homelessness who are closer to the labour market
 - and those who have had addiction problems in the past but have overcome them.
- Low intensity support needs. The people in this group tended to be younger (under 40 years of age), with recent, relevant work experience and already undertaking ‘permitted work’ under IB rules. They tended to have claimed IB for shorter period of time than other respondents and expressed a strong desire to return to work with a set period of time and with a particular type of job in mind.

Respondents fell into either category one or two; only in a few cases could respondents be classified within category three.

Whilst direct employment support such as CV development, job search and interview skills, and help with filling out forms were frequently mentioned, on balance other (non-employment) support needs outweighed them. These included support for:

- day-to-day activities
- support with financial management
- coaching and therapy
- housing, and education and training.

Support was also needed for making the transition into work and once in-work. Respondents on IB wanted to get this support primarily from GPs, CABs, community centres and charities. These findings have been shared with voluntary and community groups, front-line practitioners and other health and employment professionals. It was evident that health professionals do not necessarily understand welfare legislations, and equally employment experts do not necessarily understand health issues. As a result, Jobcentre Plus and the NHS have been working together to develop training for front-line staff to understand the welfare to work system and awareness of health conditions, in particular mental health issues. However, the mainstream response from these groups will be by way of referrals from the Work Programme.

Day-to-Day Life on IB

This drew on diary and mapping exercises undertaken by Incapacity Benefit (IB) claimants interviewed as part of this research.

- **Mobile and active respondents:**
Respondents within this group tended to be IB claimants who, although some had severe and enduring health conditions, were able to take part in a number of daily activities and engage with local organisations. Respondents in this group suffered from a range of different health conditions, and were varied in age, gender and length of time on IB. The main commonality between these groups was perhaps their ability to manage their health condition on a day-to-day basis which allowed them to travel easily and to engage with activities outside the home, and in their local community and beyond.
- **Immobile and inactive respondents:**
Respondents in this group tended to have difficulty managing their health condition, so much so that it stopped them from leaving their home, and inhibited them from engaging with local organisations and doing daily activities. Their lives were extremely localised and some very rarely left the confines of their home.

Most respondents fell into the first category, with few being in the second category.

These two groups do not easily map onto the “needs” typology outlined under ‘Support Needs’ (intensive support needs, mid-level support needs and low intensity support needs). For instance, it is not possible to say that those respondents who were immobile and inactive were also those respondents who had intensive support needs, or that those respondents who led active and mobile lifestyles had low intensity support needs



Claimants and Reassessment

- On the whole, the project found that respondents in this research knew nothing or very little about the changes to their benefits or about the impending reassessment. This was because they were still on IB and, therefore, they had not yet gone through the reassessment process.
- However, once these changes had been explained to them, respondents expressed apprehension about the changes in terms of
 - financial implications
 - the stress of the reassessment procedure
 - worry of not being able to understand and engage with the requirements of the changes

‘Well, I know that they want to basically cut a load of people off benefits and people like me are likely to lose their entire income. This is what I can work out.’

IB Claimant

- Voluntary and community organisations also said that people on IB are very worried about what is going to happen to them. In addition, the outcome of the WCA may be very stressful for some long-term IB claimants, particularly if they are found fit for work.
- Claimants access support from a variety of sources including GPs, local community centres, and voluntary or charity groups. Services offering holistic and bespoke support were particularly popular and valued. Since claimants use these services regularly and trust them, they were likely seeking support from them for the reassessment process - which may comprise both information and advocacy.

‘Basically, I think you need to start off one-to-one, but it’s all this sort of group thing, I don’t really want that... how that would help you out, because everyone else is going to be looking for a job. Okay you can be there in a group but as long as you can go and say to that one person, I need some help with this or with that.’

IB Claimant

Use of Social Media

- Most respondents do use the Internet, accessing most often through a computer at home and sometimes at community centres and libraries etc. Only one of the 31 interview respondents access the Internet using their mobile phone.
- On the whole, people use the Internet a few times a week - ranging from every other day to a few hours weekly.
- In the main, respondents were not using social media, although some who said they had never used it were aware of sites such as Facebook.
- Respondents liked the idea of online support and said they would consult it for advice on benefits, training, and job searching.
- Based on feedback from respondents on IB and from voluntary and community sector respondents, the Internet and social media could be useful for some groups of IB claimants and could provide information and support around the IB reassessment process and moving into work.
- However, lack of familiarity with computers and low IT literacy skills - combined with a preference for face-to-face support – mean that social media is best used as part of the mix.

Outputs

The project has produced several documents which are available on the Community of practice.

- A final report detailing the findings and making Strategic and Operational Recommendations. The recommendations and their follow-up actions are summarised under 'Outcomes'
- Topic guides for face-to-face interviews with IB claimants, focus groups with IB claimants, voluntary and third sector organisations, and commissioners.
- A factsheet of recommendations for JCP advisers. The fact sheet is being developed to support the training of frontline advisers.

Outcomes

The project agreed a set of strategic and operational recommendations based on the findings. The project generated these recommendations in the context of significant change arising from re-organisation and commissioning reform including the:

- Tri-Borough programme, under which RBKC, London Borough of Hammersmith and Fulham and City of Westminster have proposed forming a combined Adult Social Care Unit to commission services alongside GPs.
- Development of the Health and Well-Being Boards and Clinical Commissioning Groups.

In the context of these changing circumstances, the recommendations were used to inform a range of partners and initiatives (outlined below).

“Finding out about the complexities of the benefits system has helped me gain a clearer picture the struggles faced by clients. This has led to tailoring interventions in a much more helpful and constructive way.”

Sarah Ellard, Cognitive Behaviour Therapy Team Manager
Primary Care Psychological Health
Central London Community Healthcare
NHS Trust

Strategic Recommendations

- Develop a clearer picture of the support available across the four boroughs, and identify the gaps and duplication in services.
- Support networking between local organisations in the design and commissioning of services.
- Ensure intensive and long-term support is available.
- Ensure service provision is located close to areas with high IB claimant rates.

The strategic recommendations have informed partnership working at several levels including the:

- Central London Forward’s work on aligning provision and the use of resources.
- newly-formed London Mental Health and Employment Partnership Executive Group, involving the Directors of Public Health at a pan-London scale.
- GLA’s Health Work and Welfare Reform Workshop, which also involved the JCP, DWP and NHS.

Moreover, the findings are being formally adopted as part of the Joint Strategic Needs Assessment (JSNA). This will help to raise the profile and awareness of the health and employment agenda with future Health and Wellbeing Boards, Clinical Commissioning Groups and other relevant Commissioning Leads.

Operational Recommendations

The operational recommendations focus on frontline service delivery and seeks to:

- tailor support to individual needs, and take into account all barriers to employment that claimant’s face
- offer a combination of face-to-face, and one-to-one support as well as group support and online information advice and guidance
- signpost clients to the most appropriate support, including sources online where appropriate
- provide ‘in - work’ support as well as ‘pre - work’ support
- encourage voluntary work as a way of keeping clients close to the labour market.

“Given that the majority of the members of our Project are on benefits of one sort or another and many are being reassessed, it is very useful to learn how the different elements of the benefits system fit together as well as to learn about the recent and impending changes so that we are better able to support our members as they grapple with it and to explain what they are entitled to expect.”

George Redmayne
Depression Alliance

Following these recommendations, the Project Steering Group is exploring the best means of encouraging more integrated working between services at an operational level. Follow-up activities include:

- The NHS, and Employment Support Providers (including representatives of Mental Health Trust Employment Support Team, Primary Care Psychological Services, Depression Alliance, and Job Centre Plus) are developing a new cross-training programme. The training is planned for early 2012 and will entail JCP staff receiving training from Mental Health colleagues and vice versa. The objective is to help frontline Job Centre Plus staff to better understand the needs of clients with mental health issues, and to ensure that mental health workers are fully aware of all the services available from JCP.
- Research into volunteering as an effective route for these clients has led to an approach to Jobcentre Plus to deploy its Flexible Support Fund to support a volunteering project for individuals with low level mental health needs.
- The local Fit for Work Service pilot is currently exploring how it could offer access to services for unemployed or re-assessed IB claimants and this project is prompting engagement with DWP prime contractors to establish some pilot activity.

The research has also informed the specification of projects by individual local authorities, for example:

- project specifications developed since the project include reference to specific support for IB claimants relating to re-assessment
- furthermore, under the Tri-Borough Programme, the Borough's are exploring the potential of incorporating joint action on worklessness into their plans for area-based Budgets.

Efficiency Savings

Efficiency savings have to be considered in the context of major policy and programme changes being put forward by DWP, and other departments. However, the project estimates that the total expenditure for services from which IB claimants are likely to benefit commissioned locally by partners amounts to £6.8 million⁶.

This figure takes into account locally commissioned employment services accessible to IB claimants including economic development/regeneration initiatives, health and social care commissioning budgets, NHS Improving Access to Psychological Services (IAPT) (in Westminster and Islington) and other Council grants.



⁶ This figure was collated through contact with relevant local authority and NHS contacts. The figure takes into account locally commissioned employment services accessible to IB claimants

By implementing the above recommendations the partners expect to be able to save at least £366,000 by March 2014. This is based upon a minimum 5 per cent savings applied across the identified activity above. Scaled to contribution to the above commissioning total budgets the savings levels identified are:

RBKC	£27,500
Camden	£106,000
Islington	£115,000
Westminster	£90,000
NHS	£27,000

These figures reflect the number of IB claimants in each borough, and hence the relative scale of their support budgets. Given the low level of coordination of commissioning within and across boroughs, the partners anticipate it will be possible to exceed the above savings.

Benefits Savings

Identifying the proposed financial savings from benefits is challenging, given the complexities of assessing all the financial impacts across the system (direct IB benefits savings and wider savings/income from housing benefit, council tax benefit and increased income tax revenue). IB claimants are the costliest in terms of out of work benefits (the estimated direct annual cost saving of bringing a JSA claimant back into work is £4000, compared to £6000 for IB claimants⁷).

If the government's target of 23 per cent of current IB claimants moving to JSA and into employment is achieved (this is the current JCP target), this would mean additional 8139 people in work across the four boroughs – a saving £14.5m in IB benefits over the next 2-5 years, not taking into account wider impacts. The need to ensure coherent pathway to work for this group is essential to successfully realise this ambitious target.

All eight organisations participating in the steering group have gained a greater understanding and capacity to use customer insight methods – particularly the value of qualitative ethnographic work with hard to reach groups and the benefits of working across organisational boundaries. The boroughs, JCP and NHS plan on ensuring that employment and health support are linked more strongly when commissioning support – for example, the Joint Strategic Needs Assessment, the Flexible Support Fund project, and any future commissioning opportunities. The partners also plan to use the study as any evidence for future bid applications.

“The landscape is changing so quickly both on the side of commissioning, and also on the provider's side, as well as the work programme coming on board. People are trying to determine what new types of working relationships will need to be formed.”

Patricia Griffiths
Senior Public Health Manager Wider Determinants
NHS Inner North West London

⁷ David Freud: Reducing Dependency, Increasing Opportunity: Options for the Future of Welfare to Work, 2007

Governance and resourcing

The project was overseen by a Steering Group comprising representatives from:

- Job Centre Plus
- Central London Forward
- NHS Kensington and Chelsea(now part of NHS Inner North West London)
- Royal Borough of Kensington and Chelsea
- London Borough of Islington
- London Borough of Camden
- Westminster City Council
- Representatives from the voluntary and community sector.

The Steering Group met monthly and had responsibility for commissioning the research, monitoring project progress, facilitating research and organising the dissemination of the findings. The Steering Group provided practical support to the project through:

- suggesting voluntary and third sector organisations to invite to a focus group
- suggesting organisations from which to harvest a sample of IB claimants.
- providing information available about commissioning arrangements, and contact details of stakeholders the project could interview / invite to a focus group
- providing contact details of advisers to attend workshops in the dissemination phase.

The project was managed by RBKC Economic Development Team, and the project manager reported progress on behalf of the Steering Group to the Central London Forward partnership (including the Members Group, Chief Executive Group, and Employment and Economic Development

Officer Group). The project also reported to RBKC Cabinet Member for Civil Society, as well as the Public Health Executive Committee and Learning, Work and Business Board.

The project won almost £74,000 in funding from the Customer-Led Transformation Programme, which was spent on research, project management and communications as per the table outlined below.

Furthermore, the project also levered in significant funding ‘in kind’ through the support of the participating Boroughs’ Economic Development, Community Consultation, and ICT teams. Partners also supported the project through promoting the project and recruiting participants for interviews and focus groups.

Table 1 Project Budget

Task	£
Desk Research	4,673
Ethnographic Analysis	1,530
Focus Groups (5 focus groups)	6,788
Commissioner interviews	2,130
Individual interviews (32)	7,635
Analysis, Interim Report and Final Report	12,570
Transcription and incentives	6,000
and liaison with Islington Borough (Social Media platform)	5,000
Management and dissemination of research	7,568
Steering group coordination and lead Project Management	9,015
Regional Workshop	5,000
Communication and dissemination	5,000
Total	72,909

Challenges and lessons learnt

Context

The research was conducted during a period of significant change and uncertainty. While the project was underway, the government launched the new welfare to work scheme - the Work Programme. The participating authorities were also undertaking major organisational changes intended to deliver efficiency gains.

Furthermore, two of the boroughs are now part of a new tri-borough architecture - the PCTs recently merged across three boroughs into one PCT.

Work Programme

The Work Programme consolidates and replaces many of the existing programmes and aims to simplify the process for jobseekers.

The main changes in approach are:

- introducing larger and longer term contracts for providers
- a single programme for customers with earlier access for some people after 6 months of unemployment
- inclusion of young people
- a move to differential pricing with more money for the harder to help
- payment for outcomes.

To apply the strategic recommendations made by the report, the local authorities need to work through the commissioning process and in many areas are dependent on the direction and actions of the DWP. The need to work with such a large central government body in turn influences the timing and the timescales over which the benefits can be realised.

Recruiting

The following section outlines the difficulties of getting in touch with and engaging IB claimants. This is an issue that organisations seeking to support them through the IB reassessment process and back into work may also face.

First, the recruitment of respondents took place during springtime towards the end of financial year and meant the project were contacting organisations in a very busy time. This meant key people in many organisations were hard to contact, were slow in responding to emails and telephone calls, and struggled to find the time to help the project even when willing. Therefore, some organisations were not able to provide support, and it slowed progress with many others.

Second, a number of community and voluntary organisations had recently had funding from their local authority reduced, and consequently been forced to make redundancies. This in turn meant that they were short staffed. Furthermore, given the circumstances some organisations were reticent about helping a research project that was funded by local authorities. Again, in some cases, this slowed, complicated, limited, or made it impossible to gain support from organisations.

Third, and perhaps most significantly, the subject of 'work' and 'benefits' is a highly sensitive one. In particular, many potential respondents were concerned, despite clear assurances to the contrary, that the research may affect the outcome of their IB reassessment, or that information will filter back to JCP staff. This fear resulted in potential interviewees declining to participate despite the offer of a £20 'thank you' payment.

Next steps

The Steering Group continue to meet in order to implement further dissemination of the findings of the research to key stakeholders and to link the findings into the relevant employment and health strategies and forums. The steering group have identified that a number of strategic and operational steps can be progressed:

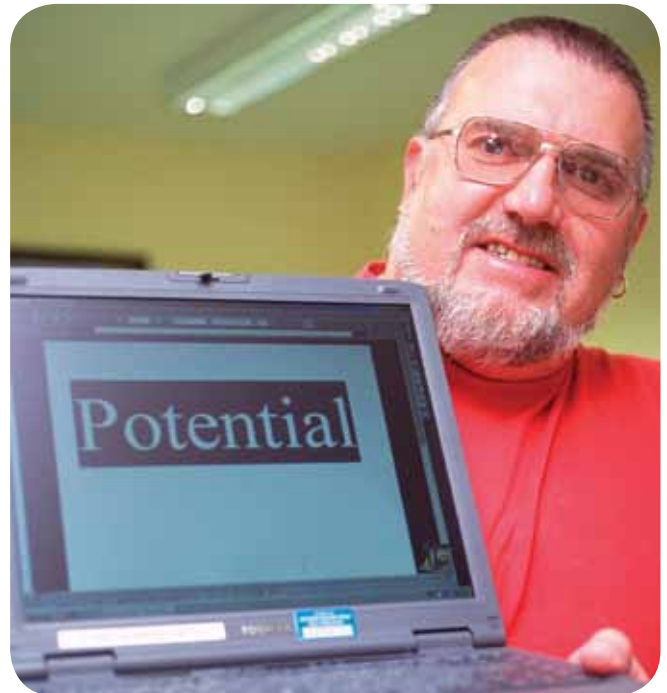
Strategic next steps:

- Ensure that any opportunities within new emerging commissioning structures are explored i.e. link the findings and recommendations of the research to future commissioning priorities/strategies and also any relevant planned service redesigns.
- Ensure appropriate health commissioning and provider forum receive briefings on the project and its findings. The acceptance as a JSNA document provides added weight in this respect.
- Determine health service providers' current level of input in assessing employment status and in signposting to/ working with employment support providers. (In addition to mapping existing employment and health provision).
- Engage with Work programme providers as their delivery develops and the IB re-assessment process takes effect.

Operational next steps

Plans are in progress to design and deliver awareness training to frontline JCP advisers. This training will focus upon supporting and working with clients that have mental health needs. In addition, JCP advisers will design and deliver training to NHS staff by focusing on JCP roles and responsibilities, IB reassessment and benefits changes. The training events will also encourage frontline providers to explore opportunities for more co-ordinated working.

The findings have been utilised in framing proposals to the JCP Flexible Support Fund, in particular to increase the volunteering activity and opportunities for individuals with low level mental health needs.





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