

## Pathways to work:

## Helping people into employment The Government's response and action plan

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# Pathways to work: Helping people into employment

## The Government's response and action plan

Presented to Parliament by  
the Secretary of State for Work and Pensions  
by Command of Her Majesty  
June 2003

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The Government believes that everyone who can work should have the opportunity to do so. That is why we launched *Pathways to work* last November,

including people on incapacity benefits at the heart of our welfare to work agenda.

We consulted so we could hear your views and learn from them. We have listened and I would like to thank everyone who took the time to contribute to this important debate. This document discusses the responses we have received.

Fundamental to our approach is the belief that many people on incapacity benefits need not be at the end of their working life but can be at the start of a working future. We need to ensure that the support we put in place properly reflects this and that, over time, we turn incapacity benefits around so that they help people to focus on what they can do and not what they can't. I am encouraged that so many respondents share this view.

Making such a change is no easy task and I do not underestimate the challenges ahead, but I do believe our proposals are a critical first step forward and will ensure that those with health problems or a disability are firmly at the forefront of the Government's welfare to work strategy.

We will be piloting these measures in seven areas starting from late October 2003. These pilots will allow us to see whether the proposals do make a difference to people's lives and will help us learn how we can do even better. I am confident our approach is the right one but am also aware of the need for flexibility as we move forward. This will help to ensure that we can best deliver effective support to those whose opportunity to work has been affected by a health condition or disability.

This is an exciting endeavour and we must all – Government, employers, health professionals and all other interested parties – work together to help people achieve their ambitions and make these changes a success.

A handwritten signature in black ink that reads "Andrew Smith". The signature is written in a cursive, flowing style.

**Rt Hon Andrew Smith**  
**Secretary of State for Work and Pensions**  
**June 2003**





# 1. Background to the proposals

There are three times as many people on benefits in this country because of sickness or disability<sup>1</sup> as there are unemployed people on Jobseeker's Allowance (JSA). Around 700,000 people flow onto these incapacity benefits (IB) each year. This group has not been able to share in the overall success of the Government's welfare to work strategy and many face considerable obstacles to getting back to work. That is why the Department for Work and Pensions (DWP) launched a consultation document *Pathways to work: Helping people into employment* last November.<sup>2</sup>

*Pathways to work* set out the clear evidence that when people first claim IB, virtually all expect and want to get back to work. However, significant proportions will still be on benefit after 12 months. At this point, it is likely that they will stay on the benefit for a very long time. Many will develop a more chronic disability and suffer a decline in mental health as a result. But with the right support, there is no *health-related* reason why most could not get back to work. In particular the consultation document noted that:

- most people moving onto IB do not report severe health conditions;
- a return to some form of employment is likely to improve health;
- onset of a period of poor health may bring people onto IB but other obstacles keep them there as well – particularly low confidence, a belief that work will be harmful and poor financial incentives to return to work; and
- the longer a person remains on benefits the less likely they are to ever get back to any job, irrespective of their original condition and its severity.

The Government is determined to play a key role in changing this situation. This is why the DWP issued *Pathways to work*, setting out a range of proposals to help more people on IB realise their aspirations of a return to work. The **key features** of the new system we proposed are:

- more skilled adviser support and help to return to work combined with action planning during the early stages of a claim;
- easier access to the existing range of specialist employment programmes plus new work-focused rehabilitation programmes, offered jointly by Jobcentre Plus and local NHS providers;
- improved financial incentives for IB recipients both to seek work and to move into some form of employment;
- early, tailored support for those having to move off IB onto JSA; and
- engagement of other key stakeholders – particularly employers and GPs.

The Government believes that these changes will enhance the opportunities available to people on IB. That is why we announced, as part of the Spending Review 2002, that we will be investing almost £100 million to pilot these changes. These pilots will commence from late October 2003 and **Chapter 7** sets out how we will implement these proposals.

1 2.7 million people claim contributory Incapacity Benefit, Income Support on the grounds of incapacity or Severe Disablement Allowance. Throughout this document IB will be used to describe all these benefits unless otherwise stated.

2 *Pathways to work: Helping people into employment* (Cm 5690).

## 2. Response to the consultation: overall views

### Summary

- The tone and approach of *Pathways to work* was broadly welcomed by a wide range of organisations.
- Respondents agreed that people coming onto IB often face major obstacles to work.
- To deliver the additional work-focused help and advice required by people with health conditions, there was felt to be a need for a long-term commitment in this area and much greater partnership working.
- There was wide recognition of a need to increase clients' awareness about the range of support available, and to tackle fears and concerns about seeking work.



The consultation period for *Pathways to work: Helping people into employment* ran from 18 November 2002 to 10 February 2003. A number of responses were received after the closing date. All these responses were accepted. **Appendix A** contains a list of all 144 respondents, except for four who wished for anonymity, **Appendix B** a breakdown by type of organisation and **Appendix C** an analysis of the main areas of comment.

### Overall views

Overall, the broad principles of the consultation document were welcomed. Many respondents endorsed its focus on the real obstacles to work, the need for early intervention, additional specialist support and the crucial role of other stakeholders. Some examples of comments received were:

*"Disability Alliance welcomes the commitment to open up opportunities to people on IB through new investment and proposals designed to further lower the barriers to work which face disabled people" (Disability Alliance)*

*"This is clearly a crucial area for all involved in Occupational Health and the overall thrust of the approach, and particularly the emphasis on a better support and referral framework to encourage rehabilitation, is an important step forward" (Society of Occupational Medicine)*

*"The CBI fully supports the Government's 'Welfare to Work' strategy... We welcome the extension of this strategy to those claiming incapacity benefits and believe that the employment service can fulfil an important role in addressing many of the individual obstacles preventing claimants from returning to work" (Confederation of British Industry)*

*"Overall, the TUC strongly welcomes the proposals in the consultation document, and, in particular, the positive and supportive approach that has been adopted" (TUC)*

*"The group is hopeful that the proposals outlined in the Green Paper will have a positive impact on the many disabled people who want to work. We believe that the positive tone of this Green Paper is the right move towards this" (All Party Parliamentary Disability Group)*

A number of key themes repeatedly emerged from the responses:

- Many people coming onto IB face major obstacles to work and require specialised and intensive help to overcome them.
- The Government will only be able to provide more effective support if they make a sustained commitment to understand the most effective way of addressing the obstacles identified.
- Specialised help will only be fully effective if it is delivered through more effective, closer working between Government, healthcare providers, the voluntary sector and employers.
- IB claimants need to be more aware of *existing* programmes and incentives. Too many clients who could be encouraged to move back into work via such support are simply not aware of what is available.
- Many respondents pointed out that some clients were worried about their benefit position if they made any efforts to find work and faced uncertainty around whether they would be better off in work. This was felt to discourage return to work activity.
- A more holistic medical assessment process that provides fuller advice on a person's remaining employability needs to be developed. It should focus on the steps needed to become job ready as well as what work clients are capable of doing.

## Conclusion

The overall response to the consultation document was generally positive. The shared view that many people on IB want to get back to work and have the clear potential to do so is particularly welcome. However, there is a clear agreement that more effective support needs to be in place if we are to actually help people turn their potential to return to work into a reality.

## 3. Response to the consultation: better pathways to work

### Summary

- Most respondents felt the development of specialist skilled advisers would improve the quality of work-focused help available to clients.
- The proposals for a new, more sustained work-focused interview regime were generally supported, although there were some reservations as to its operation.
- There will be flexibility in the application of the regime, reflecting concerns raised by respondents, as well as other safeguards to ensure that clients who are unable to comply are not penalised.
- In light of the consultation responses, advisers will also offer clients in-work support to help them in the transition into employment and, in certain circumstances, may defer a repeat Personal Capability Assessment for a short period of time.
- In order to create a visible and effective Choices Package, we will simplify the eligibility and referral mechanisms to Jobcentre Plus employment programmes.
- We will also press ahead and establish employment-focused rehabilitation programmes with local NHS providers in pilot areas.



### Background

Many IB clients understandably find it difficult to remain focused on their wish to return to work whilst they are also adjusting to their health condition. And yet, the later a person leaves return to work activity, the less likely they are to ever find employment again. Sustained, high quality support in the early stages of incapacity is therefore crucial in enabling people to pick up the normal threads of their life as effectively as possible. The consultation document therefore suggested a better framework of support in the first phase of a claim. This would be delivered through a more sustained work-focused interview (WFI) regime and the development of a Choices Package made up of existing and new programmes to deliver additional specialised support. Research the Department has just undertaken, and is publishing alongside this document,<sup>3</sup>

provides further evidence of the potential value of this approach. The responses across each of the components of this new regime are discussed below.

### Part 1 – Proposals for developing a more sustained work-focused interview regime for IB clients

#### Proposal 1 – Delivering a team of specialist, skilled Personal Advisers to support IB clients

The consultation document made clear that a central element in creating a positive, ongoing relationship with clients must be through having Personal Advisers (PAs) with a broad range of skills and thorough understanding of the obstacles faced by IB claimants. Virtually all respondents welcomed this proposal.

<sup>3</sup> DWP Research Report W 162 (published by DWP June 2003), *Pathways to Work from Incapacity Benefits: a pre-pilot exploration of staff and customer attitudes*.

*"RADAR believes that it is essential that personal advisers are fully trained to deliver quality support services and we welcome the proposal to create dedicated teams of personal advisers specialising in incapacity..." (Royal Association for Disability and Rehabilitation)*

Many felt that specialised, high quality training was vital and that this should be provided on an ongoing basis, combined with active support from Jobcentre Plus managers. The input of experts in this area including people on IB themselves was seen as important. Amongst the key training areas identified by respondents were improved communication skills, mental health awareness, the major health conditions and how they affect clients, and an understanding of the key barriers faced by people with health problems and disabilities.

Some respondents felt that the new WFI regime would place a heavy demand on PAs and that we should look upon those with a strong existing skills base – such as Disability Employment Advisers (DEAs) – to form the core of the service.

**We therefore intend to press ahead with our proposal to have new specialist adviser teams. These teams will consist of more highly skilled IB advisers, DEAs and occupational psychologists. We will ensure the helpful feedback we have received on PA training is utilised in the development of appropriate training products.**

### **Proposal 2 – Shifting the timing of the first work-focused interview to the 8-week point**

Respondents agreed that the focus of most people at the start of their claim is on establishing benefit entitlement. A variety of views were expressed about the best

point for the re-positioned first WFI. Some thought earlier than 8 weeks to ensure speedy identification of rehabilitation needs, some later than 8 weeks to ensure the phase of acute illness had passed. Most, however, supported our proposal and, given the very varied circumstances of people moving onto IB, we continue to believe that moving the WFI by 8 weeks is the appropriate way forward.

**In light of the views received we have decided to press ahead with our proposal to shift the timing of the first WFI from the point of claim to the 8-week point in all cases.**

### **Proposal 3 – Requiring most new IB clients to participate in a series of five follow-up interviews at monthly intervals**

To provide sustained support and encouragement to clients throughout the critical early stages of a claim, the consultation document proposed a series of five additional, monthly mandatory WFIs for most new IB clients. This was proposed in light of the strong wish most clients have to get back to work but the clear evidence that very few people on these benefits are undertaking activity to support this. There is also good evidence that many clients have a clear view that Jobcentre Plus advisers should be more proactive in supporting people back to work.<sup>4</sup>

Most respondents agreed on the importance of sustained contact in the early stages of a claim. The common view was that this was necessary to build up an adviser-client relationship, support motivational changes and provide ongoing help with jobsearch. However, many respondents believed that this help would be more effective if it was offered on an entirely voluntary basis. Our PAs will be

<sup>4</sup> DWP Research Report W 162 (published by DWP June 2003), *Pathways to Work from Incapacity Benefits: a pre-pilot exploration of staff and customer attitudes*.

encouraging all clients to undertake additional voluntary activity outside of the WFI process. However, we think we have the right balance between mandatory and voluntary activity for these pilots. Many IB clients could get back to work and want to do so but will often not believe they can achieve their goal. Such individuals equally deserve effective support but would be unlikely to get it through an entirely voluntary regime.

Many respondents commented that if such a regime was to be established then this reinforced the need for:

- well trained specialist PAs (see above);
- sufficient safeguards to ensure people who are **unable** to comply are not sanctioned (for the safeguards we intend to apply, see **Chapter 7**);
- the pattern of WFIs to be set to reflect each individual's circumstances (the basic pattern will be monthly but PAs will have the discretion to adjust the pattern where appropriate); and
- a sanctions regime no more onerous than that currently applied within Jobcentre Plus (failure to attend a WFI without good cause will mean a reduction in benefit of £10.93,<sup>5</sup> with the penalty being lifted as soon as the client has the WFI).

**We will therefore be pressing ahead with our proposal to require most new IB clients to attend a series of five further monthly WFIs.**

The consultation paper also suggested two groups to whom the new, more intensive regime would not be applied. First, clients who have a severe health condition or disability (as defined through the exempt categories for the Personal Capability Assessment (PCA)). Second, those clients who are only likely to be on benefit for a short period and are unlikely to need

additional intensive support to return to work.

Many respondents agreed in principle with these exempt groups but:

- suggested alternative approaches to defining those exempt on the grounds of severity of condition such as speaking to a social worker or family member;
- felt it was important that PAs recognised that exemption from the mandatory regime did not, in any way, mean that such a person was necessarily incapable of work or did not want help to find work; and
- wanted to ensure that the help available in pilot areas would be accessible to these exempt groups on a voluntary basis.

*"The fact that certain groups of claimants are exempt from the PCA does not mean that they are, by implication, unemployable... we would not want to see people with severe disabilities written off as unemployable and consequently denied access to the personal adviser service"*  
(Royal National Institute for Deaf people)

We agree that it is critical that we do not write off those people who are not required to participate in the monthly sequence of WFIs. All those excluded from these requirements will continue to be subject to the existing Jobcentre Plus WFI regime of repeat interviews and will be able to access every element of the new provisions on a voluntary basis. We also think, for the pilots, it is appropriate to use a readily applicable definition (such as the PCA exempt category) as a proxy to identify a group of people to whom it would be less reasonable to apply the new mandatory regime. However, we will evaluate, as part of the pilots, whether there is a more appropriate definition that should be applied in the longer term.

<sup>5</sup> This is an amount equivalent to 20% of the Income Support personal allowance for a person aged 25 or over.

The consultation paper also identified the need to develop tools to better identify those who are likely to make an early return to work without the new mandatory regime. We therefore commissioned a large-scale literature review.<sup>6</sup> Using the best available current evidence from the research results and some further analysis from the ONE pilots, we are building up a range of straightforward criteria for PAs to use based on information collected during the course of a WFI. Again, such clients, although excluded from the ongoing elements of the new mandatory regime, will be able to access all provision voluntarily.<sup>7</sup> **We therefore propose not to apply the requirement to attend five additional, monthly WFIs to these two groups of new claimants.**

#### **Proposal 4 – Clients and Personal Advisers to draw up an action plan**

The consultation paper said that in pilot areas all new clients would be expected to draw up an action plan setting out the steps they wished to take to prepare for work or training. The content could include, for example, the client's stated intention to join up to a New Deal for Disabled People job-brokering service or a rehabilitation or basic skills programme, or it might cover more personal activity such as drawing up a CV or agreeing to make contact with a previous employer. Completion of these plans will be required as part of participation in the WFI but the actual content would be for agreement between the client and their PA. Also, there would be no obligation to actually complete any activity recorded.

Some respondents pointed out that the action plan could be an important tool in creating an environment more clearly focused on return to work activity. However, it was felt to be important that PAs make perfectly clear to clients that they do not

need to sign up to any activity that they feel is beyond their capabilities. In addition, any action plan, to be truly beneficial, should also cover the activity the PA agrees to take to facilitate the client's return to employment.

We agree that these views are important. As such **we intend to press ahead with this recommendation but will ensure PAs make clear to clients which activities are mandatory. We will also ensure the action plan covers the activities that both the client and the PA agree to undertake.**

#### **Proposal 5 – Closer linking of the work-focused interview and the Personal Capability Assessment processes**

The consultation paper suggested closer linking of the WFI and the PCA processes to ensure all questions about whether a person should be on IB as opposed to another benefit or working were resolved at the earliest possible opportunity. More effective processing would also allow the PA to know by the time of the first WFI whether a person fell into a PCA exempt category (and so should be excluded from the series of monthly WFIs). By the second WFI they will know, in most cases, whether a person has satisfied the medical assessment and also have a Capability Report containing additional information on a client's remaining health-related capabilities.

Respondents generally thought that linking the interview and assessment processes was an important move.

*"We welcome the decision to pilot undertaking PCAs much earlier... and to introduce a focus on advising on the health related capabilities that clients have, rather than on their disabilities" (Faculty of Occupational Medicine)*

<sup>6</sup> Viewable at [www.rsmprss.co.uk/bkwaddell2.htm](http://www.rsmprss.co.uk/bkwaddell2.htm)

<sup>7</sup> Existing clients will also be able to access all provision on a voluntary basis. As set out in the consultation paper, we will consider whether it would be sensible and feasible to extend a WFI requirement to some existing recipients in pilot areas as well once we have a clearer idea about the effectiveness of the new arrangements.

There were some concerns over whether prompter processing would effectively mean that clients would be given less time to complete forms or that medical examinations would be curtailed. However, this will not be the case and all clients will still have the same amount of time to complete forms and medical examinations will continue to the same requirements as now. Respondents were supportive in principle about the Capability Report, thinking it could help ensure a better work focus from clients. Many highlighted results from the initial trials which suggested the use of Capability Reports had been limited.<sup>8</sup> This research has allowed us to make a number of improvements<sup>9</sup> to Capability Reports which, when utilised by specialist PAs in a more supportive environment, should make them more effective.

**We therefore intend to press ahead with the suggested changes to the PCA process in pilot areas.**

Many respondents suggested that, over time, the PCA process should have as great an emphasis on assessing capabilities as it does on assessing incapacity. Multi-disciplinary teams should be created covering expertise in health, labour market and workplace assessment. We welcome these suggestions and remain clear on the need, over time, to develop the IB regime further to provide an ever-greater focus on a person's remaining ability to gain employment.

### **New measures in light of the consultation exercise**

In light of some of the responses received the Government has also decided to press ahead with two additional measures to improve the framework of support in the early stages of a claim. First, we have noted comments about the need to offer continued support to help many people on IB manage the transition from benefits to

employment. **We have therefore decided that specialist advisers in the pilots will offer an in-work support service to IB clients who successfully manage the transition back to work.**

Second, we will help to address clients' insecurities about engaging in work search activity while on IB. A large number of responses suggested that people were afraid to consider any training or part-time work in case they were given a further PCA.

We will ensure PAs help clients understand the nature of the PCA process. In particular they will explain that a person who satisfies the PCA is not required to remain inactive and that they will not be required to undergo a further medical test just because they are doing some return to work activity. In addition, once a client has satisfied their initial PCA we will also look to allow their specialist adviser, in limited circumstances, to seek a short delay where a *repeat* PCA is due and the client has agreed to try some work or work-related activity (as recorded in their action plan).

### **Part 2 – Proposals for creating a Choices Package**

We need to ensure that the improvements to the Jobcentre Plus WFI regime are accompanied by easily accessible, specialised programmes of help that enable each individual to overcome the particular obstacles that they face. Both awareness, and take up, of existing Jobcentre Plus programmes is low. In addition, there is good evidence that there are gaps in provision. To address this, the consultation document suggested that improvements were needed to current arrangements and provision. The aim is to create an easily marketable 'Choices Package' in pilot areas that can be clearly understood by both

<sup>8</sup> DWP Research Report 162, *Evaluation of the Capability Report: Identifying the Work-Related Capabilities of incapacity benefit claimants.*

<sup>9</sup> See Chapter 7.

clients and PAs with simple referral arrangements to existing and new provision. It would provide additional support beyond that which we could reasonably expect PAs to provide.

### Proposal 1 – Improving referrals to existing specialist programmes

*Pathways to work* suggested that for a more marketable 'Choices Package' to be established, accessibility needed improving. Many respondents agreed that the most important way of encouraging more people on IB to take up existing programmes was through more effective marketing, publicity and communications.

There were also numerous observations that simplifying the access criteria and referral arrangements would support this. This was particularly mentioned in the context of the New Deal for Disabled People (NDDP). Also, given the skill levels of many IB clients, it is important that awareness of existing basic skills programmes is raised.

To this end **we have decided to press ahead and simplify the eligibility and access criteria for all Jobcentre Plus employment programmes so that the specialist adviser can directly refer IB clients to appropriate provision from day one of their claim.**<sup>10</sup> We will also link up with NDDP job-brokers in pilot areas to try and establish clearer referral routes so that Jobcentre Plus advisers can give clients better information about the NDDP and other options available to them.

### Proposal 2 – New rehabilitation support to help people manage their conditions

The consultation document identified a gap in the provision of employment-focused rehabilitation programmes for people coming onto IB. It proposed working with the NHS in pilot areas to establish a number of these programmes to provide additional specialist support for people coming onto IB to support clients back to work. These programmes aim to transform the client's approach so that they are better able to manage their condition and are re-focused on the potential for work, and we believe they can be vital in helping people return to work. Up to now such support has been largely limited to people in employment working for large organisations.<sup>11</sup>

We are aware of a number of successful, small-scale multi-disciplinary programmes that work from a holistic perspective. Such programmes cover the same broad areas. Rather than attempting to duplicate traditional treatments or to cure long-term conditions they aim to help the patient:

- manage their pain;
- improve their physical fitness and mood; and
- cope with uncertainty and fear about their illness.

Most respondents thought there was a 'rehabilitation gap' and welcomed the DWP aim to promote additional rehabilitation services, which they felt would offer a better chance for many IB clients to secure a return to work. A number of organisations felt they were a very welcome step forward, particularly given the need to increase the quality and quantity of rehabilitation services in the UK.

<sup>10</sup> The only exception to this will be WORKSTEP where the assessment process is more complex than we could, initially at least, expect our PAs to routinely undertake.

<sup>11</sup> Research suggests only 3% of employers in small and medium-sized firms are able to offer this sort of support. People out of work have no access unless their local NHS provider offers support.

*“We welcome the proposal to provide health focused rehabilitation delivered by, and building on best practice within, the NHS. At present rehabilitation programmes more often deal with newly acquired impairments and rarely extend beyond the initial stages. There is a generally recognised lack of rehabilitation provision in GB” (Royal Association for Disability and Rehabilitation)*

Respondents felt that improved rehabilitation would have both health and employment results for the people receiving treatment, with mental health clients being most frequently mentioned as being the group with most to gain. Most responses concentrated on concerns and issues around NHS capacity to deliver the programmes, and on a need for partnership working with all organisations that could offer support services. At present we have received a very positive response from those local health service providers with whom we are looking to establish provision.

**Chapter 7** provides more detail on how we are approaching implementation of these programmes.

**We will therefore be establishing employment rehabilitation programmes that initially cover at least the three main conditions indicated in *Pathways to work* (non-severe mental health, cardiovascular and musculo-skeletal conditions) and seek to further build up an evidence base on the effectiveness of this, and other rehabilitation provision.**

## Conclusion

Our proposals are designed to help people focus, from the outset of their claim, on their remaining capabilities and to provide appropriate services to facilitate a return to work. This will help us do more to challenge the assumption that a life on benefit is all we can offer people on IB. Many of the consultation document proposals build on existing best practice within Jobcentre Plus employment programmes and NHS services. The proposals were broadly welcomed and should enable us to help more people on IB back to work. We will ensure that there are sufficient flexibility and safeguards within the new regime to ensure that people who are unable to comply are not sanctioned.

## 4. Response to the consultation: clearer incentives to try work

### Summary

- There was universal support for the broad proposals to introduce a Return to Work Credit, and to allow immediate access to the Adviser Discretion Fund.
- In light of the consultation responses we will introduce some changes to the detail of the Return to Work Credit to make it an even more straightforward and visible incentive to help people back to work.



### Background

The consultation document made clear that a key element in any improved package of support is clear, easily understood financial incentives. Worries about whether a person can 'afford' to return to work can be a significant barrier to all people on benefits. The gains from moving back to work can be poor for people on IB, particularly part-time work. The introduction of the Working Tax Credit has substantially improved incentives for this group but more needs to be done and we proposed two additional changes – allowing day one access to the Adviser Discretion Fund for people on IB and the creation of a Return to Work Credit (RTWC).

### Proposal 1 – Allowing immediate access to the Adviser Discretion Fund

The proposal to extend access to the Adviser Discretion Fund to all people on IB from day one of their claim was universally

welcomed. We therefore plan to take forward this proposal.

*"This is clearly a beneficial provision and its extension is to be supported"* (MIND)

*"The extension of the Adviser Discretion Fund which means Advisers will be allowed to make awards of up to £300 to spend on anything that will help the client get a job is welcome"* (Leonard Cheshire Foundation)

### Proposal 2 – Creating a new Return to Work Credit

The consultation document recommended introducing an RTWC that would pay £40 a week to anyone moving off IB into work of 16 hours a week or more for 52 weeks. The credit would be payable to anyone whose personal income (i.e. earnings, savings, pension income) was less than £15,000 a year. It could be made to anyone starting work who had been on IB for at least 3 months (or immediately if they had previously been on Statutory Sick Pay

### Gains to those moving into work from IB whilst the RTWC is payable<sup>12</sup>

Gains from entering work for incapacity benefits caseload		Loss	Gain of up to £40	Gain over £40
Without credit	16 hours	49%	49%	3%
	30 hours	5%	40%	55%
With credit	16 hours	9%	44%	47%
	30 hours	2%	5%	92%

12 From the consultation document *Pathways to work: Helping people into employment* Page 37, Figure 8.

(SSP) for at least 28 weeks). This payment would make a substantial difference to work incentives whilst it is payable.

Most respondents welcomed the proposal for an RTWC as a positive step to encourage inactive claimants to move into work.

*“The Committee welcomes the Return to Work Credit... We also recommend that the credit should be excluded from the Housing and Council Tax Benefits income calculation”* (Work and Pensions Select Committee)

Where concerns were expressed they were about whether the payment would be clear to clients (alongside other incentives such as the Working Tax Credit) and how such payments would interact. **In light of the comments received we have decided to press ahead with the proposal in pilot areas** but with three adjustments:

- To make the incentive simpler to understand and administer, we will change the eligibility threshold to the RTWC from less than £15,000 personal annual *income* to personal annual *earnings*. In other words, a client’s pension and savings income will not be taken into account.
- To make it a clear and visible incentive for moving into work, we can confirm that the RTWC will be disregarded for Income Tax, National Insurance, Tax Credits, Housing Benefit and Council Tax Benefit and the income-related benefit of any partner.
- To achieve greater parity between all IB claimants, those who come onto IB from SSP will be given access to the RTWC immediately if they have already spent at least 13 weeks on SSP rather than 28 weeks as originally proposed.

Specialist advisers will be fully aware of the new credit and will ensure it is brought to their client’s attention in order that it is visible and can actively encourage return to work activity. In addition, in response to

concerns raised by some respondents we can also confirm that the RTWC provision is not budget limited.

## Existing financial incentives

A number of helpful comments were also received on improving the operation of existing financial incentives. Concerns were raised about the operation of linking rule provisions (whereby a person on long-term rates of benefit who moves into work can return to benefit at the same rate within 52 or 104 weeks if that job fails to work out). In particular it was considered difficult to access. In light of these comments **we will ease the notification process by allowing a person on IB who moves into work to access the linking rule provision through telephone as well as written confirmation of employment and to allow advance notification of a job as well.**

A number of respondents also suggested that the existing 4-week Housing Benefit run-on provision should be extended to the small number of people claiming contributory Incapacity Benefit and Housing Benefit only who return to work. We can confirm that, as announced in last year’s Pre-Budget Report, from April 2004, the 4-week Housing Benefit run-on is to be extended to cover people in receipt of Incapacity Benefit and Housing Benefit. This is to give them equality of treatment with those sick and disabled people on Income Support, who are already eligible for this provision.

## Conclusion

These proposals, strengthened in light of the consultation responses, will firmly complement the other pilot changes. Stronger support mechanisms combined with visible and more sustained return to work assistance will be of real value to many people.

# 5. Response to the consultation: helping those moving from incapacity benefits to Jobseeker's Allowance

## Summary

- Respondents agreed that people having to move from IB to JSA need a higher level of support than other JSA clients. We will therefore proceed with the proposal to ensure they are seen by a specialist adviser, who will support their early referral to the relevant JSA New Deal provision.
- In light of the concerns raised about the proposal to withdraw the option for moving onto reduced rate Income Support, pending an appeal, we will not proceed with this proposal at the present time. Instead we will look at introducing more effective work-focused support for those disallowed IB following a PCA.



## Background

The consultation document proposed a number of changes in dealing with people who had to leave IB and move onto JSA (because they do not satisfy the requirements of the PCA). These changes will complement the new, more work-focused IB regime. People with health problems on JSA need to be dealt with promptly and effectively as well. Around 35,000 people are disallowed IB and move across to JSA each year. Research<sup>13</sup> shows that this group has significant medical and non-medical barriers to work and:

- people who leave IB voluntarily are seven times more likely than IB disallowance cases to move *immediately* from IB into work (67%:10%);
- of all those who moved from IB to JSA, people who had been disallowed IB had only returned to work in 23% of cases 12–18 months later compared with 69% of voluntary IB leavers and 95% of the overall inflow into JSA; and
- IB disallowance cases were back on IB in about 35% of cases.

To address these issues, we suggested providing better work-focused support by ensuring that where a person moves across to JSA having failed to satisfy the PCA they see a specialist adviser to draw up their Jobseeker's Agreement. We also suggested that such individuals should be automatically referred onto the relevant JSA New Deal without the normal wait of up to 18 months. We also proposed changes to handle the PCA appeals process more effectively. In particular we suggested that those appealing against a PCA disallowance should no longer have the option of claiming reduced rate Income Support. We also suggested that a Presenting Officer should attend every appeal hearing, to support effective tribunal decision-making.

## Proposal 1 – Better support for those having to move from IB to JSA

There was general agreement that people disallowed IB should be seen by a more skilled adviser on their return to JSA and get early New Deal support. This was seen as an important way of ensuring that they receive

appropriate support. The presence of a Capability Report in most cases should also help advisers to draw up appropriate Jobseeker's Agreements.

*"We very much welcome the proposal to improve the treatment of those who are found capable of work. The evaluation of [the] ONE [pilots]... shows that people valued the advice they received after 'failing' the PCA" (MIND)*

**We therefore intend to proceed with these proposals. We will also look to ensure that, where the person moving across to JSA already has an IB specialist adviser, that same adviser handles the transition onto JSA and across to the New Deal.**

### **Proposal 2 – Handling the PCA appeals process more effectively**

Whereas there was general support for the idea of sending a Presenting Officer to PCA appeal hearings (and **we will be pressing ahead with this recommendation**), virtually all respondents had strong reservations about the proposal to remove a client's right to claim Income Support (IS) whilst appealing against a PCA decision.

*"People who seek advice following a negative decision often feel that their illness or disability genuinely removes their capacity for working" (National Association of Citizens Advice Bureaux)*

*"... claimants may be shuffled from IB onto JSA and required to fulfil the JSA labour market conditions, only to return to IB following a successful appeal" (Royal National Institute for Deaf people)*

Many respondents felt that a more appropriate approach would be to focus initially on delivering the more effective JSA regime. Once there was evidence that more people with health problems on the benefit could be motivated and supported back to

work then it might be appropriate to remove the option of claiming reduced rate IS. Taking account of these arguments, **the Government has decided *not* to take this proposal forward in the pilot areas at the present time.** We will reconsider in light of evaluation evidence from the pilots on the effectiveness and flexibility of the new, more tailored JSA regime.

Instead we will clarify the information given to clients when they are disallowed IB in order to improve understanding of their options and help them make better choices as to which benefit to claim. We will also seek to reassure clients that claiming JSA will not prejudice an appeal and that health issues can be reflected in a Jobseeker's Agreement.

In addition, those claimants who were already subject to the WFI regime before they were disallowed IB and started to appeal will, if they get reduced rate Income Support, be required to continue to work with their specialist adviser until the result of the appeal is known.

### **Conclusion**

If we want to complement the changes within IB we also need to ensure that we provide more tailored support to those who have to leave IB for JSA following a PCA disallowance. The responses have generally endorsed this approach. However, we recognise the need to move cautiously before we have clearer evidence of the effectiveness of the new regime we are looking to put in place, and so will not be moving forward with the proposal to remove the option of claiming reduced rate Income Support at this stage.

## 6. Response to the consultation: how others can help

### Summary

- There was agreement on the central role of other stakeholders – most notably employers and General Practitioners – to make progress in the retention in work or recruitment of people with health problems or disabilities.
- There was agreement that actively managing health at work and providing access to occupational health provision make good business sense for employers. We need to create the right environment for this to be delivered. We will press ahead with our proposals for pushing this agenda forward through collating and disseminating a best practice guide for employers on managing health at work and creating a simple aid for employers to assist in the collection and analysis of sickness absence data.
- For General Practitioners, there was agreement about the need for better awareness and training in order to improve their understanding of fitness for work and medical certification.
- We will proceed with the proposals for providing more effective on-line guidance and training on these issues and undertake research to examine whether there are more effective methods to deal with certification – we will consider further action carefully in light of the findings.



### Background

The consultation document made clear that poor health and disability do not commence at the point somebody claims IB and the changes we want to put in place will not be effective without recognising the key role other stakeholders have to play. The consultation document particularly identified the role of employers and General Practitioners. Like Jobcentre Plus, we also want to help these parties support return to work activity and many of the same broad solutions – early, sustained intervention and specialist support – are likely to be necessary here too.

### Part 1 – The challenge for employers – active management of health at work

The consultation document noted that employers are central to any debate about IB and work. The Government wants to create an environment where health at work is properly managed, effective occupational health support is provided and individuals are appropriately encouraged by employers to stay in, and return to, work when health problems arise.

Although this is a long-term agenda, it is also clear that many employers are already managing health at work effectively. Recent research<sup>14</sup> showed a clear link between businesses successfully managing sickness and giving access to good quality occupational health and rehabilitation

<sup>14</sup> Labour Research Department, *Rehabilitation – The Workplace View*.

provision. We want to facilitate more employers doing the same.

The consultation document recommended the dissemination of a best practice guide to employers on the key known elements that support effective management of health at work.<sup>15</sup> We also recommended issuing a simple aid<sup>16</sup> for employers to facilitate the collection of sickness absence data to help manage absence more effectively. Finally, we recommended that the newly established Disability Employment Advisory Committee (DEAC) report to us on how DWP and Jobcentre Plus can facilitate more active buy-in from key stakeholders to support returns to work amongst the IB client group.

Most respondents agreed that encouraging job retention and rehabilitation is a critical issue. It was felt that injury or the onset of illness frequently leads to redundancy or retirement of employees rather than the provision of effective help for them remaining in some form of employment. Many welcomed the Job Retention and Rehabilitation Pilots (which began earlier this year) but felt that there is still a need for a cultural shift towards improving occupational health provision, and developing rehabilitation and job retention policies. It was felt that areas for further development work included:

- increasing employers' awareness of what help and support are available, through providing guidance and examples of good practice;
- making a business case on, and providing incentives for, better sickness management and occupational health provision; and
- requiring employers to provide disability leave for employees who need time to cope with disability and to learn new skills.

On this final point it is worth noting that the examples of possible adjustments that might be required under the Disability Discrimination Act (DDA) should be adequate to meet the purposes of a period of disability leave. Since the consultation document was issued we have laid secondary legislation that will, amongst other things, ensure small employers have to meet the requirements of the DDA from October 2004. We have also announced publication later this year of our draft Disability Bill that will include changes to the DDA affecting the public sector, transport and premises.

We are **implementing the proposals in the consultation document**. The Health and Safety Executive is currently compiling the best practice guide for employers based on a research report<sup>17</sup> published in May 2003. The guide will be launched towards the end of the year. A review<sup>18</sup> to aid in the design of the tool for using sickness absence data to manage health at work has been completed. Development of the tool and its trial in businesses will be completed by April 2004. DEAC members have also started work on producing a report to the Department on short-term and long-term ways of ensuring more effective engagement with stakeholders. We are committed to pushing forward in this area from a number of different angles.

For example, the DWP's recent review<sup>19</sup> of Employers' Liability Compulsory Insurance (ELCI) makes clear our commitment to make rehabilitation play a more central role in the UK workers compensation system to improve outcomes for employees and to let compensation reflect this.

<sup>15</sup> Through the Health and Safety Executive, in conjunction with the Middlesex University Business School.

<sup>16</sup> Through the Health and Safety Executive, in conjunction with the Institute of Occupational Medicine.

<sup>17</sup> HSE Research Report 106, *Job retention and vocational rehabilitation; the development and evaluation of a conceptual framework*.

<sup>18</sup> Based on existing data and resources, augmented by a survey of over 350 businesses.

<sup>19</sup> Review of Employers' Liability Compulsory Insurance – First Stage Report.

## Part 2 – Improving GPs' awareness of fitness for work issues

The consultation document also recognised the critical impact of GPs in regulating the flow onto and off IB through statements such as the Med 3. GPs advise patients on fitness for work issues and, through their advice, aim to support the recovery and rehabilitation of people of working age who fall ill or are injured. There is good evidence that a client's understanding of what their GP has told them is an important factor in either encouraging or discouraging return to work activity.<sup>20</sup>

There is widespread recognition amongst doctors that lack of work is associated with poor health but there is still some scope for improving understanding and clinical practice in this area.<sup>21</sup> The consultation document set out the steps that are being taken to improve standards; however, we also suggested two further changes:

- To establish a website for all doctors, particularly GPs and GP registrars, to provide on-line interactive training and advice on sickness certification and fitness for work.
- To undertake research to look into the feasibility of extending responsibility for issuing sick certificates to other healthcare professionals where they are providing the main clinical treatment or support.

There was general agreement from respondents that GPs do play a critical role in advising on fitness for work issues. Most respondents agreed there was scope for better information and training for medical staff, particularly around the role of

rehabilitation, occupational health, aiding returns to work and the support available through Jobcentre Plus.

*"There is a major need for training of all health professionals in understanding the importance of work to health, and the interrelationships between employment and health. There is also a clear need for experts in the area of vocational rehabilitation"*  
(British Society of Rehabilitation Medicine)

*"Many GPs seem quite unaware of the resources available to their patients through the local Disability Employment Advisor/Access to Work Advisor"* (Shropshire County Council, Occupational Health Unit)

The interactive website was welcomed as a way of enabling GPs to access information easily and support their continuing professional development.<sup>22</sup> Many also recommended that we continue to look for further opportunities to disseminate best advice. **As such we have decided to take forward the proposal for an on-line training website for doctors, particularly GPs.** This will go live in late June 2003.

The proposal to undertake research into the feasibility of widening certification responsibilities beyond medical practitioners to incorporate other healthcare professionals (such as community psychiatric nurses and physiotherapists) drew a number of widely differing views.

All respondents agreed that certification is an issue needing ongoing critical consideration and most thought the research findings would need very careful consideration. However, some respondents were firmly in favour of extending responsibility for certification.

20 Recent reports have borne this out, including DWP Research Report W 162 (published by DWP June 2003), *Pathways to Work from Incapacity Benefits: a pre-pilot exploration of staff and customer attitudes*.

21 DWP Research Report 148, *The Role of GPs in Sickness Certification*.

22 The training will be accredited by the Royal College of General Practitioners and will count towards professional training necessary for GMC revalidation purposes.

*“We also believe that professionals such as Practice Nurses and Community Psychiatric Nurses could have an important role to play in matters of certifying sickness absence and referrals to rehabilitation services and would like to see this explored much further in future” (Royal College of Nursing)*

*“The college welcomes the DWP’s suggestion to include occupational therapists in the proposed research to assess the impact of allowing other professionals to undertake sickness certification. This recognition is valued, but in turn we recognise that it will be critical clearly to define the competencies required to undertake such responsibilities” (College of Occupational Therapists)*

Others expressed serious concerns about the potential impact – pointing out that widening responsibility could damage the integral role advice on fitness for work should have within the GP’s overall clinical management of a patient. Another risk was that we may simply end up passing across responsibility to a wider group of professionals without properly addressing the key issues for all healthcare professionals of the quality of information and training about occupational health.

In light of the responses received **we intend to press ahead with the research into widening responsibility for certification.** However, in light of the range of firmly held views we will consider any further developments in this area very carefully.

It is also worth noting that some respondents felt that the consultation document recommendations, in their entirety, would actually increase burdens on GPs in pilot areas. This is not the intention of the change. The Government’s commitment to try and reduce GP bureaucracy is very clear. In fact we believe that the pilots may actively support the GP’s role. This is because:

- the better framework of PA support and additional rehabilitation services may reduce pressures on GPs and provide them with additional sources of help for their patients;
- earlier medical assessment decisions will reduce the periods for which GP sickness certificates are required; and
- we will use the pilot areas as further opportunities to develop aids and guidance for GPs.

## Conclusion

Though DWP and Jobcentre Plus are taking the lead in helping more people on IB back to work, our agenda (both in the short and long term) will not succeed without actively engaging key external stakeholders. There is considerable scope for us to enhance the focus on supporting people back into work and we will continue to look for ongoing opportunities to promote this agenda.

## 7. Delivering the plan

We have secured nearly £100 million through the 2002 Spending Review to pilot the IB reforms in seven Jobcentre Plus districts for up to two and a half years. We estimate that the costs will be distributed as £15 million in 2003/04 and £41 million in 2004/05 and 2005/06. The number of pilot districts has been increased from the six mentioned in the consultation document in order to test the pilot measures in a representative range of labour markets and geographical locations to ensure we understand their potential national impact. Every pilot site will be an integrated Jobcentre Plus district (and so will be fully accessible to people with disabilities) and will have had some experience of mandatory WFIs with this client group for at least two years.

The first set of pilots will start in three Jobcentre Plus districts from late October 2003 – Bridgend, Rhondda, Cynon and Taff; Renfrewshire, Argyll, Inverclyde and Bute; and Derbyshire. A further four will be launched from April 2004 in Somerset, Essex, East Lancashire and Gateshead and South Tyneside. We are phasing start dates to maximise the support we can give each pilot location and to learn early lessons about implementation and live running to better support the second set of locations. The pilots will cover just under 9% (in the region of 60,000 clients a year) of the national IB inflow.

Work on a number of different aspects of our business including staff and manager roles and responsibilities, guidance, training, IT, and forms and leaflets is progressing apace and is in line with our plans to meet the October 2003 implementation date. We are working very closely with our staff and managers to achieve this target. The rest of this chapter picks up a few of the key elements of change.

### Personal Advisers

Our teams of specialist PAs are central in the delivery of the new boosted provision. We are looking for a real enhancement to their current role and this is undoubtedly a key challenge.<sup>23</sup> We have made good progress in developing a set of modular learning products that will provide them with a wider range of skills. These will include in-depth knowledge of the client group; the range of impacts their conditions are likely to have on their work potential; effective and realistic work planning; effective use of the Capability Report; and the range and content of the support available via the Choices Package including the new local rehabilitation programmes, new financial incentives and the provision of in-work support. In developing the learning products we are using the expertise of a range of internal and external stakeholders.

Consolidation and mentoring will be an important component of the PAs' learning and development and we will be confirming that these are done before PAs progress to the next stage. Learning products are also being developed for Adviser Managers to enable them to better support their specialist PAs' learning, development and performance.

### The WFI process and safeguards

Though there are changes to the frequency and the timing of the WFI regime that our specialist PAs will operate, the pilots will include most of the same features of the existing Jobcentre Plus WFI process. Pilot districts will therefore have an extensive range of safeguards to ensure that clients are not sanctioned due to an inability to comply. The overall package of safeguards in pilot districts will include:

- advising the client at the point of claim about the WFI process;

<sup>23</sup> We are in the process of identifying and recruiting experienced Jobcentre Plus staff to undertake this role.

- contacting the client before each WFI to remind them that the WFI is due;
- considering in the context of each WFI whether the timing is appropriate or a deferral or waiver would be more suitable;
- issuing an appointment letter notifying the client of the date, time and place for the WFI, telling them that fares are payable and asking them to get in touch if they cannot make it;
- offering them a more convenient location or a home visit where appropriate, and encouraging advocacy support if needed;
- exempting automatically from the more frequent, mandatory WFIs clients with the most severe mental and physical health problems;
- issuing a letter to clients failing to attend a WFI advising them that they have 5 days to 'show good cause' for non-attendance;
- identifying any relevant issues from the Capability Report (where available) that may impact on attendance;
- visiting every client (with their representative, if appropriate) with a stated mental health problem/learning disability before any sanction is imposed;
- visiting every IB client before a third sanction is imposed to ensure they fully appreciate any requirements placed upon them and that there is no underlying reason for non-attendance that has not come to light; and
- lifting all sanctions and reinstating benefit in full immediately the client participates in a WFI.

### The WFI and the PCA processes

As **Chapter 3** makes clear, we are looking to ensure that the WFI and the PCA processes reinforce one another. We will do this through ensuring that specialist PAs help clients understand the importance of attending any

examination due and understand the nature of the assessment they will be undergoing. The PCA process will also be closely linked to the WFI regime. To ensure this can happen we will be looking to initiate action by the fourth week of the claim. In appropriate cases, where exemption is a possibility we will give the client the early opportunity to provide further evidence at the same time as requesting a medical report from their own doctor.

In addition, Medical Services doctors will deliver a new, shorter, IT-generated Capability Report that reflects lessons learned from earlier piloting. This will enable specialist PAs to use the report in WFI discussions with the client as an additional resource to review and update their appropriate work plan and inform the selection of suitable employment and rehabilitation programmes that make up the Choices Package.

### Choices Package and partnership working

To ensure that we can market the additional, specialist provision that will make up the Choices Package, we are designing a single source of user-friendly information that PAs can easily help clients explore. To ensure that all the key elements of the Choices Package are delivered effectively we need real partnership working with those with relevant expertise in each pilot area. In particular we will need to work closely with local NDDP job-brokers if we want key elements of the provision to be readily accessible.

We have also been developing the range of rehabilitation programmes with local NHS providers. We have been working very closely with colleagues from the three Departments of Health for England, Scotland and Wales to drive forward the joint development and establishment of these programmes. Good progress has been

made with positive results in liaising with key lead staff in the local Primary Care Trusts/Health Boards and Mental Health Trusts in the pilot areas.

In addition, we are already starting to engage with local employers in pilot areas to explain the context of this new initiative. We will also be proactively engaging with General Practitioners in pilot areas to strengthen support for, and awareness of the new rehabilitation provision.

### **Evaluation**

A robust and rigorous evaluation is essential to establish whether and by how much the pilot interventions can reduce the rate at which IB clients move on to long-term IB. As important, will be to assess what interventions work best for whom and in what circumstances. The evaluation will cover all the key operational aspects of the pilots and will aim to make an assessment of the effectiveness of individual components. This will be achieved through a combination of qualitative and quantitative research and analysis of administrative data. The evaluation will be carried out by independent research organisations managed by DWP. We are currently running a tendering exercise and will appoint successful contractors by the beginning of August.

### **Conclusion**

Successful delivery of these pilots is a significant challenge for many people including DWP, Jobcentre Plus, the Departments of Health and local health service providers. Nonetheless, a significant amount of activity has already been undertaken. We remain on course to successfully implement these pilots. This will prove to be of real help to the many on IB who want to return to work but face real obstacles to doing so.

Despite the strong and stable state of the nation's economy, certain sections of society are not benefiting from the prosperity and opportunities that having a job brings. The Government is particularly concerned that, even though there has been no deterioration in the health of the nation, and the fact that more people than ever before are in employment, the numbers of people on benefits for sickness or disability have, over recent years, been increasing, albeit at a lower rate.

*Pathways to work* analysed the reasons why a health condition may result in a prolonged spell of inactivity and makes clear the Government's commitment to ensuring that more effective help, advice and encouragement are available to assist people to remain in work or, should they leave a job, return to employment as soon as possible. The consultation document contains a set of measures we wish to pilot to find out what is the most effective way of offering the support people need.

The responses to the consultation cover a wide range of policy and operational areas. They have provided a wealth of good ideas and clear messages about actions that are needed for improving the employment prospects of people who develop an illness or disability.

We are pleased that most respondents endorse the consultation document as a positive step forward and, starting from October 2003, we intend to go ahead with the introduction of the IB pilots. We have taken account of concerns raised during the consultation in making some changes and clarifying some of the proposals contained in the consultation document.

The pilots mark the first stage of a process that will demonstrate the Government's determination to do more for people with health conditions. Our aim is to develop, in light of evidence, the best practice on the WFI regime, NDDP, Work Preparation and all other elements of the Choices Package, and develop a set of effective measures to help people affected by sickness or disability return to, or stay in, employment. We also want to turn IB around so that we can continue to increase the focus within the benefit on a person's remaining capacity to work.

Responses to the consultation have been used in the design of the pilots and will also be used in the ongoing consideration of longer-term policy developments. We hope respondents will continue to give the Government the benefit of their experience and expertise as policy develops.

We would like to thank the many people who have taken the time to respond to this consultation exercise. Their comments are appreciated and have made a substantial contribution to our work in tackling the barriers to employment, and to achieving the objective of improving the employment prospects of people with a health problem or disability.





**Alphabetical list of the respondents to IB consultation document**  
***Pathways to work: Helping people into employment***

**Name of Organisation/Individual**

Action for Blind People	Disability Matters Ltd
Age Concern – Northern Ireland	Disability Rights Commission (DRC)
AIG Medical and Rehabilitation Ltd	Disabled Persons Transport Advisory Committee (DPTAC)
All Party Parliamentary Disability Group	Dudley Beacon and Castle Primary Care Trust
Association of Disabled Professionals	Durham County Council, Community Support Unit
Association of Independent Advice Centres (AIAC)	DWP, Incapacity Benefit Team – Shrewsbury Social Security Office
Association of Personal Injury Lawyers (APIL)	Electricity Association
Blaenau Gwent Health Alliance	Employers Forum on Disability
British Medical Association – General Practitioners Committee	Faculty of Occupational Medicine
British Society of Rehabilitation Medicine	Faculty of Public Health Medicine
Bro Taf Health Authority, Directorate of Public Health	Fenwick, Mr Peter
BUPA	Fern Training and Development Ltd
Camden, London Borough of – Welfare Rights Unit	Forth Sector
CBI – Human Resources Policy Directorate	Glasgow City Council/Scottish Enterprise Glasgow
Centre for Analysis of Social Exclusion (CASE)	Glasgow Council for the Voluntary Sector
Cheshire County Council, Social Services	Glasgow Homelessness Network
Child Poverty Action Group (CPAG)	Gurnos Health and Resource Centre
Citizens Advice Scotland	Hampshire County Council – Social Services Department
College of Occupational Therapists	Health at Work Centre, Liverpool
Cramp, Mr Simon	Health Development Agency (HDA)
Cripps, Jo	Heatherwood and Wrexham Park Hospitals, NHS Trust
Defence Services Medical Rehabilitation Centre (DSMRC)	Hertfordshire County Council – Money Advice Unit
DIAL UK	Hounslow, London Borough of – Welfare Benefits and Money Advice Unit
Directions Plus	Ingeus Group (Work Directions UK)
Disability Action	Investment and Life Assurance Group
Disability Advice Service	Jobcentre Plus, Work Psychology Service – Basingstoke
Disability Alliance	
Disability Information Training Opportunities (DITO)	

Jobcentre Plus, Business Development – London Region  
 Jobcentre Plus, Disability Employment Adviser – London Region  
 Jobcentre Plus, Work Psychology Service – London Region  
 Kneale, Dr Barbara – Consultant Occupational Health Physician  
 Kroese, Dr Biza – Consultant Clinical Psychologist  
 Lancashire County Council, Welfare Rights Service  
 Leicestershire Chamber of Commerce and Industry  
 Leicester City Council – Welfare and Employment Rights Advice Service  
 Leonard Cheshire Foundation  
 Local Government Association (LGA)  
 London Advice Services Alliance (LASA)  
 London East AIDS Network (LEAN)  
 Lowestoft into Work Volunteer Project  
 Luton Law Centre  
 MACA  
 Manchester Advice  
 Melville-Brown, Ms Penny  
 MENCAP  
 MENCAP – Open Ways to Employment Service  
 Mid Hampshire Primary Care Trust  
 MIND  
 MIND, Croydon  
 My Life My Choice Association  
 National Association of Citizens Advice Bureaux (NACAB)  
 National Association of Welfare Rights Advisers  
 National Autistic Society  
 National Bureau for Students with Disabilities (SKILL)  
 National Centre for Volunteering  
 National Institute of Adult Continuing Education (NIACE)  
 Neath Mind Income Project  
 New Beginnings – Advisory Group  
 New Beginnings – Large Employers Group  
 Newcastle Council – Welfare Rights Service  
 Newham, London Borough of – Social Regeneration and Access to Jobs Team  
 North Yorkshire County Council – Social Services  
 Norwich Union  
 Nottingham Welfare Rights Service  
 Objective 1 South Yorkshire Employability Task Group  
 Orchardville Society  
 Parratt, Mr Colin  
 People First  
 People First (Liverpool)  
 Prowse, Miss H A  
 Remploy Ltd  
 Richmond Fellowship Employment and Training  
 Royal Association for Disability and Rehabilitation (RADAR)  
 Royal College of Nursing (RCN)  
 Royal National Institute for Deaf people (RNID)  
 Royal National Institute for the Blind (RNIB)  
 SchlumbergerSema Medical Services  
 Scope  
 Scotia Clubhouse  
 Scottish Development Centre for Mental Health  
 Scottish Enterprise  
 Shaw Trust  
 Shout, Kingston Self Advocacy Group  
 Shropshire County Council, Occupational Health Unit  
 Shropshire County Primary Care Trust – Mental Health Service  
 Social Firms Scotland  
 Social Security Advisory Committee (SSAC)  
 Society of Occupational Medicine

South West London and St George's Mental Health NHS Trust

Southampton Welfare to Work for Disabled People

St Loye's Foundation

Stockport Advice

Sutton, London Borough of – Community Services

Swiss Life (UK) plc

Swiss Re Life and Health Ltd

Tameside Metropolitan Borough Council, Welfare Rights Service

Tayside Primary Care Trust

The Weaver Restaurant Trust

Third Age Employment Network (TAEN)

Trades Union Congress (TUC)

Trade Union Disability Alliance

UnumProvident

Wales New Deal Advisory Task Force

Walton, Ms Angela

Warrington Disability Information Service

Welfare Solutions

West Yorkshire Probation Board

Work and Pensions Select Committee – House of Commons

White, Mr Brian

Wise Group

Wiseman, Prof. Michael – George

Washington University

Work Foundation

Working Links

Four confidential responses were also received

**Number of respondents (by category)**

Category	Number of respondents	Percentage of total responses
Academics and Practitioners	5	3.5
Employers	3	2.1
Employment and Training Providers	12	8.3
General Public	6	4.2
Government Organisations	14	9.7
Health Professionals	19	13.2
Insurance and Pensions Industry	5	3.5
Local Government	19	13.2
Other Organisations	11	7.6
Politicians	4	2.8
Trade Unions	3	2.1
Voluntary and Disability Organisations	43	29.8
<b>Total</b>	<b>144</b>	<b>100.0</b>

## Analysis of respondents' views

*In total there were 144 responses to Pathways to work. The responses in the areas where we particularly welcomed views were as follows.*

Area	Total number of responses	Yes	No	Not sure/no clear opinion
Have we identified the best pattern of work-focused interviews?	91	19 (21%)	14 (15%)	58 (64%)
Are there certain categories of clients who should be exempted from work-focused interviews (based on severity of condition)?	49	9 (18%)	5 (10%)	35 (72%)
Expressed views on topics the adviser training should cover?	62	55 (89%)	1 (1%)	6 (10%)
Can we improve the take up of employment programmes already available?	47	43 (91%)	Nil (0%)	4 (9%)
Are there changes needed to elements of the Choices Package to support a greater work focus?	49	47 (96%)	1 (2%)	1 (2%)
Have we identified the correct areas to be covered in short-term programmes and are there issues to consider for delivery of rehabilitation support?	65	56 (86%)	1 (2%)	8 (12%)

*A number of other areas were also widely mentioned in the responses*

Area	Total number of responses	Yes	No	Not sure/no clear opinion
Is there a need to develop a set of specialist Personal Advisers to support IB clients?	87	77 (89%)	1(1%)	9 (10%)
Are changes required to the nature of the benefit, or the medical test, in the long term to support these changes?	66	64 (97%)	Nil (0%)	2 (3%)
Will the Return to Work Credit act as a financial incentive and make work pay?	62	46 (74%)	2 (3%)	14 (23%)