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Barriers to work for Incapacity Benefit claimants in Wales.

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Abstract

Within the context of New Labour employment policies for Incapacity Benefit (IB) claimants, the paper discusses the UK wide literature on barriers to work for disabled people, in the absence of a strong evidence base regarding obstacles to employment for IB claimants. It will be demonstrated that four main barriers to work among IB claimants can be found in the literature: employment practices, employability, health and policy failure (Lindsay and Houston, 2011). This paper shows how these themes apply in Wales, using qualitative research within four of the six *Pathways to Work* areas within Wales. Additionally, this paper provides a commentary on ways in which the Welsh Government can provide support in order to reduce the impact of these barriers.

Key Words: Employment and Support Allowance, Pathways to Work, Disability, Employment, Wales, Incapacity Benefit

Introduction

Significant barriers exist to labour market re-entry among IB claimants in the UK. The research sought to ask if this picture was correct in Wales, and to provide some guidance on steps the Welsh Government might take in order to overcome such barriers. In order to do so, in the absence of a strong body of literature relating to IB claimants and employment issues, a review of the UK wide literature on disability and work was undertaken. There was nothing to suggest that employment prospects for people with disabilities were robust (Berthoud, 2006). However, following the introduction of the New Deal for Disabled People in 1999, on a voluntary basis for any person self-identifying as 'disabled', the New Labour Government focused their attention on returning Incapacity Benefit (IB) claimants to the labour market throughout their remaining terms in office. The Green Paper *Pathways to Work* expressed the Government's intention to return one million of the 2.7 million IB claimants to work (DWP, 2002). It is important to note, however, that whilst there is some overlap between those with disabilities and Incapacity Benefit claimants, the two groups are not homogenous and that many IB claimants do not self-identify as disabled (Burchardt, 2000). Unlike participants of the New Deal for Disabled People, IB

claimants would face benefit sanctions if they did not participate in *Pathways to Work*. 'Participation' included attending Work Focused Interviews with a Personal Advisor at Jobcentre Plus offices and completing an 'Action Plan'. Alongside this mandatory interaction, Personal Advisors were able to offer claimants a wide ranging package of support from a 'Menu of Choices'. Choices included the New Deal for Disabled People; work experience; financial incentives; training; and the Condition Management Programme, a service provided by health professionals, often delivered by the National Health Service. *Pathways to Work* was piloted from 2003-2007, before becoming compulsory for all IB claimants as part of the 2007 Welfare Reform Act. In addition, the Act replaced IB with Employment and Support Allowance (ESA) which divided claimants into those who were 'most ill', and accordingly were not expected to participate in work-focused activity; and those who were viewed as capable of some work, and thus were mandated to participate in activation policies or face a sanction of their Allowance, to the level of Jobseekers Allowance. This can be seen as removing the last traces of IB claimants' right to more support than the unemployed (Bambra and Smith, 2010).

Research conducted on behalf of the DWP found that claimants were frightened by the requirement to attend Work Focused

Interviews (Corden and Nice, 2006a). Accordingly, a high rate of 'Fail to Attend' occurred, with the majority of advisors experiencing at least one a day (NAO, 2006). This is in spite of advisors reporting implementing strategies to attempt to reduce such anxiety, such as phone calls prior to interviews (Dickens et al., 2004). Dickens et al.'s research found that within interviews, advisors recommended a wide range of 'choices' to claimants based upon which they thought would be most benefit. However, many claimants did not choose to participate in the (voluntary) choices. Furthermore, among claimants who participated in one or more 'choices', the benefit experienced was directly related to how ready the claimant felt to take steps towards returning to work. For claimants who felt less able, or unable, to consider returning to work, a sense of powerless compliance occurred, and progress towards a return to work did not occur. This should not be seen as an indication of blaming claimants but as recognition that some claimants felt too ill to consider work as an option at the time of *Pathways* (Corden and Nice, 2006b; 2007). For claimants who were closest to work prior to their participation in a 'choice', benefits included increased confidence and reduced pain (Blyth, 2006). However, some claimants did not attribute the success to their participation in *Pathways*, seeing the support as a catalyst only (Corden and Nice, 2006b).

Whilst early indicators suggested that Pathways to Work would succeed in supporting IB claimants to return to work (Blyth, 2006), and some claimants reported positive experience having participated (Corden and Nice, 2006a, 2006b), a National Audit Office evaluation reporting in 2010 found that participation in *Pathways to Work* did not improve an IB claimant's chances of successfully (re)entering work (NAO, 2010). As such, *Pathways to Work* was disbanded.

Despite the evidence base from Pathways to Work, and evidence that those with health conditions are the most disadvantaged in the labour market (Beatty and Fothergill, 2003), the coalition government has continued to adopt the most punitive elements of Pathways to Work within their *Work Programme* whilst reducing the supportive elements available. The programme is based upon the perceived need to reduce public expenditure on IB (and ESA). Accordingly, New Labour's ESA, dividing claimants into two groups through claimant's participation in the Work Capability Assessment (WCA), will continue to be rolled out, despite criticisms of the test's rationale (Bambra and Smith, 2010). Moreover, there have been many criticisms of the administration of the WCA leading to the 2010 Harrington Review. Findings included a lack of transparency and poor communication between ATOS, the private company undertaking the WCA, and Jobcentre Plus

(Harrington, 2010). Not surprisingly, the confused administration of the WCA has resulted in very high rates of appeal; in the first two quarters of 2010, over 90,000 appeals were lodged (Harrington, 2010: 54). Moreover, the Work and Pensions Select Committee (2011) notes that some individuals who were initially judged ineligible for ESA were transferred to the ‘support group’, for the most ill, on appeal, showing significant flaws with the system. Despite these flaws, since May 2011, 11,000 IB claimants a week were due to be reassessed in order to move into either the support group, or the work focused activity group (Hansard, 2011).

Disability, incapacity and work

Although many of those claiming IB would not identify as ‘disabled’, it is necessary to consult the literature on disability and work in the absence of a more comprehensive evidence base on ‘incapacity’ and work. Those researching the relationship between disability and work point to the differing rates of employment of disabled people overtime as evidence that impairment alone does not prevent an individual from working (see for example Barnes and Mercer, 2005), providing evidence for the widely accepted social model of disability (Oliver, 1990). Consequently, if the aim of facilitating the employment of IB claimants is to be realised, the will of

government (Lonsdale and Walker, 1984) and employers (Bolderson, 1980; Oliver, 1990) is crucial. Following the replacement of the 1944 Disabled Persons (Employment) Act, which had a poorly-enforced quota scheme for employers, with the 1995 Disability Discrimination Act, there was increased optimism. However, the legislation can be seen as weaker than the equalities legislation of the 1970s (Marks, 1999) and can be seen as having had a limited impact (Sayce, 2003). From October 2010 the Equality Act replaced the majority of the DDA, including sections relating to employment. There has been very little evaluation of the Act to date, however, there was concern about the Equality and Human Right Commission's past performance, and their suitability to take forward the Equalities agenda. Furthermore, the legislation was still weak in terms of not requiring employers to conduct pay reviews (Hepple, 2010). It is also important to note that IB claimants who may fit within the legislations remit may be some of the people who are least able to use the provisions in the Act available to them (Bell and Heitmueller, 2009).

In the absence of strong disability equality legislation, if governments are serious about increasing the employment rate of those with disabilities and/or those claiming IB and ESA, attention should be paid to the barriers that these groups experience to their labour market participation. Barriers to

work for those with impairments can be seen as relating to four factors: employment practices, employability, health and policy failure (Lindsay and Houston, 2011), and these will form the basis of the discussion of the literature.

Employment practices

Research by Beatty and Fothergill (1996 – 2011) has provided persuasive evidence for an employment related account of increasing numbers of IB claimants in the UK since the 1970s. It is beyond the scope of this paper to give details, however, a full discussion of this can be found in Grant (2011). Within Wales, there is evidence from Beatty and Fothergill (2011) that the labour market is particularly weak in comparison to the rest of Britain. In particular areas with high levels of IB claims, such as the Valleys, were experiencing lower rates of labour market growth prior to the recession. Research suggests that this variation can be accounted for by the lower levels of educational qualifications held by those who self-identify as disabled (Jones et al., 2006).

As a result of the persistence of such inequality in times of economic growth, it can be seen that without significant (Welsh) Government intervention, this problem will persist and worsen in times of economic difficulty. Thus if Wales is to be

elevated to a similar level of economic activity as the best parts of Britain, 170,000 jobs need to be created (Beatty and Fothergill, 2011:5).

Research on disability argues that such underemployment can be seen as a result of those with health conditions being seen as the least desirable workers, because of concerns about their productivity (Kruse and Schur, 2003, Bricout and Bentley, 2000). In addition to this, Macnicol (2011) argues that ‘virtually all net growth in the UK has been via part-time jobs’, resulting in a polarised labour market. Whilst part-time work might be desirable to some people with health conditions (Kruse and Schur, 2003), it may also carry disadvantages making it economically undesirable to work (CPAG, 2010), particularly when many part time jobs are insecure (Dean, 2008).

Employability, health and policy failure

Whilst there is significant evidence that the UK’s employment practices disadvantage those with disabilities and health conditions in the labour market, it would be an oversimplification of a complex set of inter-relating factors to suggest that this is the only barrier affecting those with

disabilities. Research by Lindsay and Houston (2011) argue that three other issues combine with labour markets to disadvantage IB claimants: employability, health and policy failure.

Research for several decades has pointed to the disadvantage of those with disabilities at all levels, including during schooling. Accordingly, it is unsurprising that disabled people are more likely to have fewer formal qualifications than their able bodied peers (Berthoud, 2003, 2006; Macnicol, 2011), and to have had breaks in their work history, due to unemployment or incapacity (Kemp and Davidson, 2007; 2010). This has been found to be a particular issue in Wales (Jones et al., 2006). Furthermore, if a lack of formal qualifications or a poor work history is paired with low confidence, Robinson (2000) argues that disabled people are even more likely to experience labour market disadvantage. Finally, for older disabled people, age can also be seen to correlate with underemployment (Berthoud, 2006). Accordingly, if these factors are present among those with disabilities, multiple disadvantage could occur.

It is important to note that the impairments can - and do - have a very real impact upon functioning in the UK today, which can impact upon the decision to search for work (Shuttleworth et al., 2005), and will continue to do so unless society becomes

more accommodating. Research based upon Labour Force Survey data found that the number of health conditions a participant had correlated with the likelihood of being unemployed. Whilst this could be used to support the discrimination thesis, the research found that the strongest factor correlated with unemployment was ‘feeling ill’ (Berthoud, 2003:174). This may suggest that people feeling the most ill feel unable to work. Kruse and Schur’s (2003) research in the USA found that of those who self-reported as ‘disabled’, those who reported ‘excellent’ health were the most likely to be in employment, showing a link with health and employment status. In addition to this, it has been suggested that some jobs will be too physically demanding for some with physical impairments (McLean, 2003), which may result in a concentration of workers with disabilities within certain sectors (Ruggeri Stevens, 2002). It has been argued by Macnicol (2011:5) that in contemporary Britain, disability is being ‘defined down’, and that policies such as the Work Programme fail to acknowledge the real impacts of impairments upon people, in an attempt to remove ill health as an acceptable excuse for joblessness. There is some possibility that the Coalition’s ‘Work Choice’ project, which provides specialist employment support for disabled people, may also be attached to the Work Programme, although this has not yet occurred.

A further factor that can prove to be a significant barrier to labour market re-entry is government policy, or more specifically the UK wide social security system, which encouraged the unemployed to claim IB during the 1980s and 1990s (Webster, 2002; Waddell and Aylward, 2005). The New Labour government introduced significant policy changes in order to ‘make work pay’, including the National Minimum Wage and a system of tax credits. In addition to this IB claimants were targeted in this way through *Pathways to Work*’s menu of choices. Two new financial elements were introduced which enabled Advisors to provide people leaving IB with a Return to Work Credit of £40 per week and/or to provide claimants with a Return to Work Grant, which varied between £100 and £300, in order to facilitate their return for work. Examples of uses of the Grant include clothes to wear to an interview, or as part of a uniform, or equipment that might be necessary, for example tools for a trades person. Despite these changes, a significant poverty trap remains, and has intensified for some claimants since the introduction of ESA in 2007 (CPAG, 2010).

Accordingly, it can be seen that the UK wide body of literature suggests that significant barriers exist to labour market re-entry among IB claimants. The research sought to ask if this picture was correct in Wales, and to provide some guidance on steps

the Welsh Government might take in order to overcome such barriers.

Methodology

The research reported involved fiftytwo individuals from four groups of respondents who each took part in semi-structured interviews. Three of the four groups had direct experiences of *Pathways to Work*: Jobcentre Plus Personal Advisors who undertook Work Focused Interviews (8); Condition Management Programme (CMP) clinical staff and managers, who attempted to facilitate IB claimants participating in *Pathways to Work* to better understand and control their condition (13); IB claimants (21). A fourth group, employers (10), were included in the research as a result of the comprehensive literature review that showed the importance of employers' attitudes in securing increased numbers of people with disabilities in the labour market.

Participants were recruited in a number of ways. Initially access was granted to two CMPs by the programmes' managers, subject to review by the (NHS) National Research Ethics Service, who approved the study. Following interviews with CMP staff, the entire staff of both CMPs were briefed on the study and provided with 'participant information sheets' in

order to recruit IB claimants into the study once they had attended three CMP sessions, resulting in interviews occurring with 10 IB claimants. A second subset of IB claimants were recruited externally to the Pathways to Work process via housing associations (5) and a Citizens Advice Bureau (6). The recruitment of claimants from three different locations was intended to span a range of experiences and views of the *Pathways to Work* process. Alongside this, Jobcentre Plus Advisors were recruited from two of the six *Pathways to Work* districts in Wales following an email circulated to all Advisors who also performed the Disability Employment Advisor role¹. Finally, employers were recruited through opportunistic sampling, via gatekeepers and ‘cold’ approaches. It is important to note that this sampling approach within a small-scale qualitative study will undoubtedly have influenced the results.

The fieldwork took place between 2007 and 2009, under a climate of increased political attention directed towards IB claimants, as a result of the introduction of ESA, and the national roll out of *Pathways to Work* as part of the Welfare Reform Act.

¹ The Disability Employment Advisor (DEA) role was very similar to the Incapacity Benefit Personal Advisor role, but DEAs provided support to customers who were not IB claimants, who volunteered for Jobcentre Plus support to find work or to retain their current job.

The research occurred primarily in two of the six *Pathways to Work* areas in Wales where the National Health Service had secured the contract to provide CMP in collaboration with Jobcentre Plus. Accordingly a wide geographical spread was secured through a purposive sample with Advisors, CMP staff and employers, and through opportunistic sampling of claimants. Half of the unengaged claimants who participated in the research were from outside of the two research areas, and lived in areas where *Pathways to Work* was provided by the private sector. Wales was in a stronger position than other areas of the UK in this regard; only one third of Wales's *Pathways to Work* provision was provided by the private sector, whilst in England the figure was significantly higher (NAO, 2010). As a result of claimants' (understandable) fear of the welfare reform process, and the small number of CMP staff and jobcentre advisors meeting the study's criteria, all data were anonymised and the locality of these areas will not be disclosed.

Barriers to work

The research found that all four groups of respondents felt that IB claimants in Wales faced a number of barriers to their return to work, and there was largely consensus between and within

groups. It will be shown that health problems were considered the major barrier to work for claimants, but these were seen in the context of claimants' employability and employers' practices. Alongside this, specific barriers were raised for some claimants including caring responsibilities, transport issues and cultural factors.

Health

It is clear that the majority of the research into the rise in IB claims has focused upon employment practices (see for example Beatty and Fothergill 1996-2011). However, these accounts explicitly state that there *is*, in fact, also a very real health component: employers in the UK today are under-employing those with health conditions that limit their functionality (Baumberg, 2011). The research very clearly supported the prominence of health conditions that limited the activities that claimants were able to do. These are divided for the purposes of this discussion into physical and mental health, although claimants were often exhibiting symptoms of both physical and mental health conditions.

For the majority of the claimants, a physical condition was their stated primary reason for claiming IB, although this is not representative of the UK IB population (Kemp and Davidson,

2007). These ranged from heart conditions, requiring limited exertion in order to control symptoms, to physical conditions such as a snapped Achilles tendon. Both could be completely incapacitating, as described by an occupational therapist from the CMP in area 1, which in the context of limited employment options resulted in a forced labour market exit:

there is somebody that I bought back today and he's got ...heart failure...and really there's very little that I am going to be looking at doing (to facilitate a return to work)... He's desperate to work but there isn't very much light work around that he could potentially do...

Other claimants had chronic illnesses such as diabetes, asthma and back injuries. Claimants with physical conditions reported pain, fatigue and limited functionality as a result of their conditions. In addition to this, all were undergoing some form of medical investigations, including trialling medication, tests and physiotherapy. For one claimant who briefly worked as a nurse, strong medication, necessary to relieve near constant back pain, made her feel unable to work: 'I don't feel switched on enough to (work)... when I'm on...morphine-based painkillers, I don't feel at all with it, and certainly I couldn't do nursing. I couldn't be responsible for dishing out drugs.' Several claimants described a feeling of being 'in limbo' and

not knowing what to do to lessen their symptoms.

Accordingly, often under medical advice, claimants were cautious about trying new activities, including work.

For a small group of the claimants, a mental health condition was their primary diagnosis. For these claimants, anxiety, depression and panic attacks were literally incapacitating in their lives without work. One claimant described his brief return to work as a plasterer after two years claiming IB:

So I went back, I tried it, but uh... at the end, in four months, it got a bit too stressful and I couldn't handle it. I was having panic attacks in work. I was getting through them... Some could last just one or two minutes and then half hour but some symptoms can last all day.'

Whilst his colleagues were not openly hostile, the claimant felt that it was not fair to his employer or his colleagues, which exacerbated his anxiety. Depression was also seen as incapacitating, with one claimant describing how it made everyday life a 'battle'. Furthermore, Jobcentre Plus advisors and CMP clinical staff reported that whilst some claimants with mental health conditions were desperate to return to a more normal life, and thus applying for work, the severity of their symptoms may leave them unable to attend an interview, let

alone work. Claimants and CMP staff reported at length that mental health symptoms could be exacerbated by a return to work. There was also concern from all five groups that there are low levels of occupational support available within Wales, to support work re-entry.

Employability

As was noted in the literature section, IB claimants as a whole can be seen as less employable than the general population because of several issues: confidence, qualifications, labour market experience and applying for work.

The issue of confidence was seen as having wide ranging effects. Whilst all of the claimants in the sample had some work experience and a variety of skills, the CMP clinicians and Jobcentre Plus advisors stated that claimants were often unsure about transferring their skills into a different work environment. Thus whilst there may be a job that the professionals felt the claimant was 'qualified' to apply for, the claimant may believe that they are unsuitable. Alongside this, a lack of confidence could make the process of applying for work extremely daunting to some IB claimants:

I think the worst thing I fear is actually going through interviews because I (have) not had an interview for about sixteen years...and it's the whole thing really. It's filling in the application form, getting, you know, as far as an interview. I think is the worry for me because I've been out of um... I haven't needed...to go through an interview for sixteen years...I suppose to be honest with you I'd be terrified of an interview situation.

Access to the labour market was effectively barred for those with literacy and numeracy difficulties by the need to apply for almost all jobs via an application form. A further issue of access occurs when applications for work are to be completed online as many IB claimants do not have access to the internet in their homes, and some are not computer literate.

A second employability barrier to work is that of qualifications. It is well established that IB claimants have lower levels of qualifications than their working peers, and this trend was largely reflected within the data collected. However, whilst Pathways to Work offered claimants the opportunity to participate in various courses, Jobcentre Plus advisors reported that a lack of confidence was a significant barrier to participation in Further Education. One highly motivated IB claimant in the sample did take up a full time Level 2 course in

secretarial skills, although she was finding meeting the course requirements difficult as a result of her health conditions, and also found that it was difficult fitting into a course filled largely with teenagers. A further barrier in more rural parts of Wales was that although there appeared to be a wide range of courses available, many of these did not run due to insufficient student numbers, and as such there was poor course availability in some areas.

A final issue to be considered is the claimants' work history. Gaps in employment history, particularly in relation to health conditions, were seen as likely to be viewed negatively by employers by Jobcentre Plus advisors and claimants, although the employers did not confirm this. The research identified that advisors felt that women who had employment breaks to have children, who then claimed a wide variety of benefits until their eligibility for Income Support ended when the children were aged 16 were in a particularly vulnerable position. These claimants tended to have few qualifications and a variety of physical and mental health conditions and were seen by advisors as some of the most disadvantaged in terms of their likelihood of finding paid employment.

Employment Practices

As would be expected from the literature review, being able to secure employment was one of the most significant perceived barriers to work for IB claimants. For those who were successful in securing an interview, two IB claimants described situations where they had been openly discriminated against during job interviews because of their physical health conditions. Concern that such discrimination would occur resulted in several claimants not declaring their health conditions on application forms, which resulted in anxiety that their employer would find out about their dishonesty, should they be awarded the job.

Alongside this, both IB claimants and those supporting claimants to return to work questioned why an employer would want to employ a person who might be less productive than other staff. In itself, this view shows the widely held negative views of IB claimants, but this can also be explained by the very real incapacity and life-limiting illness faced by all of the 21 IB claimants. Alongside this, claimants suggested that workers with health conditions would be more likely to be 'letting (an employer) down', or a 'burden', and to need to take considerable amounts of time off work. Whilst the New Labour government stated that these attitudes were incorrect

(PMSU, 2005), the fact that IB claimants believed it to be true reflects the very real limitations their health conditions impose upon productivity. Furthermore, some employers expressed this attitude, including one from a national chain of supermarkets, who described difficult situations with a young deaf man and a woman with mobility issues who had previously worked in the cigarette kiosk and the checkouts. The manager described how it was important for reasonable adjustments to be made, but did not rule out dismissal as an option:

If however, they were not able to (work in a different area) and we have undertaken reasonable adjustments, there is a point in time where any individual could be dismissed from employment with us, but that is after going through you know, quite a rigorous process really.

In some smaller businesses, concerns about productivity were more prolific, with one employer stating that someone who could not work productively and alone, for whatever reason, would not be employable. This shows that the idea that workers should be highly productive at all times was seen as a somewhat undesirable, but nonetheless understandable, attitude for employers to take (Spithoven, 2001). The exception to this came from the five employers who had previously employed a

person on a back to work scheme. For this group of more philanthropic employers, attitudes around supporting those who were vulnerable focused upon being responsible employers, and also recognised that they may also experience ill health in the future. Alongside this, government subsidies for those on back to work schemes made good intentions affordable for five businesses. Furthermore, one CMP clinician, who was near retirement age, noted that when they began work, there was 'room' in a company for 'all sorts of abilities'. Accordingly, the clinician noted the change in British employment practices, and suggested that if a more inclusive practice was to occur in the future, the public sector, and in particular, Councils, should lead the way with good practice. In the context of today's public sector cuts, this seems unlikely to occur.

In addition to changing employers' views of workers with health conditions, it would also be necessary to change the views of other workers. Within interviews with CMP clinicians, it became apparent that work-place bullying of people with health conditions, who later became IB claimants, was relatively common. Furthermore, employers described the employment of people who require accommodations as a 'minefield'. For example, one young deaf man who was employed by a small hotel appeared to be difficult to handle: the man did not conform to his employer's policies on a range

of issues not related to his disability (eg: punctuality, uniform). In addition, the man was inflexible about the departments that he would work on. However, the managers were wary of how to deal with him, to avoid the label of ‘discrimination’. The manager interviewed described how this had resulted in tension among the man’s colleagues, mostly teenagers, who did not feel the exceptions to the rules were fair. On the other hand, two of the 21 IB claimants had been forced to leave their previous employment because they were considered to be ‘a health and safety risk’ by their employer. There was also evidence of concern among the employers in the sample, that they could face legal action should a breach of health and safety regulations occur.

For many IB claimants living in rural parts of Wales, a lack of suitable opportunities for work exists. This can include, a lack of work generally, a lack of ‘light’ work, a lack of flexible work opportunities, and the work being a prohibitive distance from home. On top of this, if such work is poorly paid, claimant may be worse off financially in such employment.

An important factor to note is that it is ill workers with insecure employment who become IB claimants. This can be as a result of poor employment practices in their previous role, as described by several IB claimants. On the other hand,

approximately half of the IB claimants had supportive employers who attempted to make accommodations for them, some clearly going above their statutory duties, such as one claimant's employer who paid his mortgage for three months whilst his IB claim was processed.

Additional barriers

Whilst health, employability and employers' practices were factors that impacted all of the IB claimants within the research to some extent, some IB claimants experienced additional barriers which compounded those already affecting them.

Whilst claiming IB was often perceived by the New Labour Government as a passive role (DWP, 2002), many respondents described IB claimants having productive roles. In particular over half had caring responsibilities, including their own children, grandchildren and elderly relatives. In the main, these claimants, with low levels of qualifications, were likely to be able to secure poorly paid, insecure employment, if any, once their health condition had improved enough to make a return to work possible. As such, the choice to remain on benefits in order to perform 'work' which is perceived as more valuable can be seen as desirable in the context of few financial benefits to working, and evidence that the wrong type of work can be damaging to health (Waddell and Burton, 2006). Other

claimants were active in their community: performing valuable (voluntary) community work and supporting neighbours (Arnstein, 2002). Displays of such acts associated with being a good citizen in the Big Society should be rewarded under Cameron et al.'s leadership, however, it seems more likely that these acts will be used as evidence of the ability to work as part of the Work Capability Assessment.

Another barrier to work was transport. Public transport was often described as inadequate to get claimants to and from work, time consuming and expensive in the context of low wages. This situation could be a major barrier to work for claimants living in rural areas, and was also identified as a barrier to participating in CMP sessions. For claimants who were likely to be offered undesirable employment, if any, inadequate transport can compound the undesirability of, and the inability to, work. Finally, in some communities, interviewees described a situation where some families 'haven't worked for generations', and where, if a claimant did decide to attempt to secure work, their family would actively try to undermine attempts. There was no evidence, however, that this was a barrier for more than a small minority of claimants.

Did Pathways to Work address barriers to employment for IB claimants in Wales?

Pathways to Work attempted to reduce both the inflow onto IB and also to reduce the numbers of those already claiming the Benefit. Although this was found to be an unsuccessful strategy by the National Audit Office (2010), there are indications that some of the support offered as part of Pathways to Work *was* having the effect of taking steps to reduce or remove health and confidence as barriers to work among IB claimants.

All groups of interviewees agreed that building confidence was essential to facilitating a return to work. The wider research project, reported in Grant (2011), found that participating in the CMP had the effect of improving the confidence of the majority of the 11 participants. The factor that was described as crucial by the CMP clinical staff was that the claimant felt that they were ready to change. This should not be seen as a type of victim blaming; like grieving, the CMP staff described a process where the person takes time to accept their health condition. Before this has occurred, most people with ill health will not be mentally prepared to make changes to their lives. In order to speed the process of becoming 'ready', timely medical investigations and treatment are crucial. Furthermore, the CMP

staff described CMP as part of a 'journey', where claimants make some progress but may not immediately return to work. Thus in the context of this research, it is fair to conclude that CMP went some way to reducing some of the barriers to work, despite not facilitating full labour market re-entry for any of the 11 participants, as also found in other qualitative research projects (Warner et al., 2009; Nice and Davidson, 2010).

Whilst it is positive that participation in CMP was associated with reduced health symptoms and increased confidence, the Government's approach did little to address employment practices, and as such Pathways to Work was never going to be return one million IB claimants to work. The coalition Government's Work Programme is providing less in terms of specialist support; by abolishing *Pathways to Work*, and the intensive health-related support provided by qualified clinicians as part of the Condition Management Programme has been withdrawn. Accordingly, whilst the migration to ESA will remove claimants from sickness benefits, it will be very unlikely to return them to work, as it is not addressing the barriers to their employment.

Implications and conclusion

Whilst four separate categories of barrier have been discussed, it is crucial that academics and policy makers alike note that IB claimants cannot be neatly packaged into one type of barrier: all claimants in the research had met a variety of barriers to their employment, and some had experienced all four barriers. It has been demonstrated that the link between ill health and employment is incredibly complicated throughout the UK, and is just as complex within Wales. However, research shows that Wales is more disadvantaged than the rest of the UK in this area with higher rates of incapacity during times of economic prosperity.

If the Welsh Government intend to create a Wales that supports IB claimants back to work, it is essential that they provide support to employers to make businesses in Wales more accommodating than those in the rest of the UK. This could include providing: (some of) the 170,000 jobs required to create full employment (Beatty and Fothergill, 2011); support and incentives to employers to employ workers with health conditions; increased occupational support, which should not be linked to the DWP (Lindsay and Dutton, 2010), nor provided by a private company payable on results.

For IB and ESA claimants who are outside of the labour market, productive rolls, such as volunteering and therapeutic work, should be encouraged *when claimants feel ready*, in order to facilitate the claimants' return to work. Such rolls should not be seen as grounds to remove entitlement to the Allowance. It seems unlikely that such an initiative would occur as a result of guidance from central government. As such, to enable IB and ESA claimants to use their existing skills and learn new skills, the Welsh Government should design and implement a new programme, that would allow claimants to continue receiving their Allowance. Moreover, timely medical treatment and appropriate guidance on which activities a patient can undertake would enable claimants to live more active lives and, in some cases, retain their links with employers.

Obviously all of these interventions would cost the Welsh Government, whilst the present bill for IB and ESA are paid for from Central Government funds, presenting a significant challenge to policy change. However, the costs of not facilitating the employment of disabled people are, for society, high. It is crucial that any measures targeted at IB claimants are voluntary, although they should be accessible and well publicised.

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