



Department
for Work &
Pensions



Understanding the journeys from work to Employment and Support Allowance (ESA)

June 2015

Research Report No. 902

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Summary

The purpose of this research was to strengthen the evidence base on the journeys from work to making a claim for Employment and Support Allowance (ESA)¹.

In 2010, the Government commissioned an independent review of sickness absence to examine how to prevent job loss due to ill health and reduce associated costs. The review was informed by *Routes onto ESA*² which suggested that around one-half (51 per cent) of ESA claimants were in work immediately prior to claiming ESA. Of this group, more than half (57 per cent) appear to have had no intervening period of sickness absence. The *Independent Review of Sickness Absence*³ recommended further investigation to understand why some individuals move straight from work to ESA with no sickness absence first, and identifying for who this is most likely.

Around one-fifth (19 per cent) of all claimants surveyed moved straight from work to claiming ESA without any period of sickness absence. A further 45 per cent did have a period of sickness absence prior to leaving work (36 per cent were paid and 9 per cent unpaid). The remainder, 36 per cent, were unemployed immediately before making their ESA claim.

This latest survey revealed that, if we look only at those who were **in work**⁴ immediately before making their ESA claim, 29 per cent moved straight from work to claiming ESA without any period of sickness absence. This is a much lower than the 57 per cent reported in the DWP research published in 2011.⁵

Those most at risk of leaving work without a period of sickness absence were more likely to be: on a casual or agency contract; new to their job or part-time workers.

Claimants with mental health conditions were more likely to report an attachment to the labour market and a greater appetite for accessing support services offered by employers. However those with mental health conditions were: less likely to have discussed their condition with their employer or to find adjustments helpful; and more likely to feel employers had not been supportive, or to be unemployed immediately prior to their ESA claim.

A third of all claimants (33 per cent) had access to an employer provided occupational health service (OH). Claimants that had used this service, where it was available, were more likely to have had a period of paid sickness absence, to still be formally employed when claiming ESA and to have received workplace adjustments (compared with those who had access to OH but did not use it).

¹ Note that findings are not representative of all ESA claimants. A particular subset of ESA claimants were selected for investigation in this research; namely those who had worked at some point in the 12 months prior to submitting their claim. Incapacity Benefit (IB) reassessment cases were also excluded from the sampling frame. For a full list of exclusions and screening criteria see Section 1.3 of the main report.

² Sissons, P., Stevens, H. and Barnes, H. (2011). *Routes onto Employment and Support Allowance*. DWP Research Report No 774. Available at: <https://www.gov.uk/government/publications/routes-onto-employment-and-support-allowance-rr774>

³ Dame Carol Black and David Frost CBE. (2011). *Health at work – an independent review of sickness absence*. TSO. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/181060/health-at-work.pdf

⁴ Includes those people either in work, or, those on sickness absence (paid or unpaid).

⁵ For information the latest survey excludes those that have not worked for the last 12 months before submitting their ESA claim, self employed unless on contract or employment agency (7per cent of sample was self-employed), and those that have had their claim rejected. In contrast, the earlier study included all claims for ESA during a certain time period (regardless of eligibility or previous work history).

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Christabel Downing, Research Executive at IFF Research Ltd, assisted in the day-to-day management of the project.

Glossary of terms

Long-term sickness absence (including recurring long-term sickness absence)	For the purpose of this report, long-term sickness absence is defined as four or more weeks. Recurring long-term sickness absence has been defined as more than one episode of long-term sickness absence, with each episode lasting more than four weeks. ⁶
Short-term sickness absence (including recurring short-term sickness absence)	For the purpose of this report, it is defined as an absence lasting up to (but less than) four weeks. Recurring short term sickness absence has been defined as more than one episode of short-term sickness absence, each lasting less than four weeks. ⁷
Fit Note (or Statement of Fitness for Work)	A form issued by doctors as evidence of the advice they have given on an individual's fitness for work, and the normal method by which employees provide evidence of sickness to employers after the seventh day of absence.
Access to Work	Access to Work is a service for people with disabilities, physical and mental health conditions and their employers. It can offer advice and support, including grants towards equipment, adapting the premises, or a support worker. It can also pay towards transport to work. It is available for people with disabilities, physical or mental health conditions, who are in a paid job, or unemployed and about to start work, or self-employed. ⁸
Fit for Work (FfW, previously known as the Health and Work Service)	'Fit for Work' was launched in late 2014 and is aimed at employees who have reached, or are expected to reach, four weeks of sickness absence. Eligible employees will normally be referred by their General Practitioner (GP) for an assessment by an occupational health professional, who will look at all the issues preventing the employee from returning to work. Attendance will be consent based. Following the assessment, employees will receive a return to work plan with recommendations to help them to return to work more quickly and information on how to get appropriate help and advice. In addition, employers, employees, GPs and others will be able to access general health and work advice via a phone line and website.

⁶ <http://publications.nice.org.uk/managing-long-term-sickness-and-incapacity-for-work-ph19/glossary#presenteeism>

⁷ *ibid.*

⁸ <http://publications.nice.org.uk/managing-long-term-sickness-and-incapacity-for-work-ph19/glossary>

Understanding the journeys from work to Employment and Support Allowance (ESA)

Employment and Support Allowance (ESA)

Employment and Support Allowance is an income replacement benefit for people of working age with a health condition or disability. It has two elements: one based on National Insurance contributions; and an income-related element. Claimants who are entitled to it are paid a basic rate (paid at the same rates as unemployment benefit Jobseeker's Allowance). Those judged (via a functional 'work capability assessment') to have limited capability for work or with limited capability for work-related activity due to the effects of their physical or mental condition, receive a higher rate of benefit.

Incapacity Benefit

An income-replacement benefit for people who are not able to work due to illness or disability. From 27 October 2008, Employment and Support Allowance (ESA) replaced Incapacity Benefit (and Income Support claimed on the grounds of incapacity by new claimants). Since October 2010, existing Incapacity Benefit claimants are being reassessed to see if they are eligible for ESA.

Sick Pay

There are two types of sick pay which may be provided to employees: Statutory Sick Pay and Occupational Sick Pay (also known as Company Sick Pay):

- Statutory Sick Pay is the legal minimum employees are entitled to. It is currently £87.55 per week, and is paid by employers for up to 28 weeks. Employers would usually pay it in the same way as normal wages (e.g. weekly or monthly) with tax and National Insurance deducted. To qualify for Statutory Sick Pay an individual must be absent from work for four or more days in a row (including non-working days).
- Employers provide Occupational Sick Pay or Company Sick Pay and this may be more than Statutory Sick Pay. Employees can potentially receive both types of pay at different times: employers may offer Occupational Sick Pay at first and then begin paying Statutory Sick Pay.

Occupational health service

An occupational health service provides advice and practical support on how to stay healthy in the workplace and how to manage health conditions. For example, access to health care professionals or support or advice for making workplace adjustments.

List of abbreviations

BME	Black and Minority Ethnic
CATI	Computer Assisted Telephone Interview
DWP	Department for Work and Pensions
ESA	Employment and Support Allowance
EU	European Union
GP	General Practitioner
HR	Human Resources
IB	Incapacity Benefit
IS	Income Support
JSA	Jobseeker's Allowance
ME	Myalgic Encephalomyelitis
MRS	Market Research Society
OH	Occupational Health
OSP	Occupational Sick Pay
SME	Small and medium-sized enterprises
SSP	Statutory Sick Pay
OSP	Occupational sick pay

Executive summary

The purpose of this research was to strengthen the evidence base on the journeys from work to making a claim for Employment and Support Allowance (ESA)⁸.

In 2010, the Government commissioned an independent review of sickness absence⁹ to examine how to prevent job loss due to ill health and reduce associated costs. The review was informed by *Routes onto ESA*¹⁰ which suggested that around one half (51 per cent) of ESA claimants were in work immediately prior to claiming ESA. Of this group, more than half (57 per cent) appear to have had no intervening period of sickness absence. The *Independent Review of Sickness Absence* recommended further investigation to understand why some individuals move straight from work to ESA with no sickness absence first, and identifying for who this is most likely.

The current research aimed to identify:

- those most at risk of health related job loss;
- how employment characteristics (and other factors) influence whether an individual has access to, and takes up, sickness absence; and
- the support currently available from employers, including sickness absence (for example, if/why some employers don't pay Statutory Sick Pay/Occupational Sick Pay).

The provision of sickness absence by employers is important as it gives employers and employees time to work together to agree any necessary adjustments that will enable a return to work whilst individuals recuperate, or to explore other alternative duties if a return to the same role is not possible. Therefore exploring why some individuals move straight from work to ESA with no sickness absence first, and identifying for who is this is most likely, is an important first step in understanding how to develop support in this area. The findings from this research will inform measures to prevent people from falling out of work due to ill health.

⁸ Note that findings are not representative of all ESA claimants. A particular subset of ESA claimants were selected for investigation in this research; namely those who had worked at some point in the 12 months prior to submitting their claim. Incapacity Benefit (IB) reassessment cases were excluded. For a full list of exclusions and screening criteria see Section 1.3.

⁹ Dame Carol Black and David Frost CBE. (2011). *Health at work – an independent review of sickness absence*. TSO. Available at: www.gov.uk/government/uploads/system/uploads/attachment_data/file/181060/health-at-work.pdf

¹⁰ Sissons, P., Stevens, H. and Barnes, H. (2011). *Routes onto Employment and Support Allowance*. DWP Research Report No 774. Available at: www.gov.uk/government/publications/routes-onto-employment-and-support-allowance-rr774

Methods

The research comprised:

- A quantitative survey: 3,301 telephone interviews with individuals who submitted a claim for ESA between December 2013 and January 2014 and had worked at some point in the 12 months prior to their claim.
- Qualitative case studies: depth interviews with 22 employers and 16 claimants. The interviews were conducted face-to-face with management level staff in organisations that had previously employed one of the ESA claimants that took part in the survey. Follow-up telephone interviews were also conducted with claimants.

Key findings

- Around one-fifth (19 per cent) of **all** claimants surveyed moved straight from work to claiming ESA without any period of sickness absence. A further 45 per cent did have a period of sickness absence prior to leaving work (36 per cent were paid and 9 per cent unpaid). The remainder, 36 per cent, were unemployed immediately before making their ESA claim.
- Under a third (29 per cent) of those who were in work immediately before making their ESA claim, moved **straight from work** to claiming ESA without **any** period of sickness absence. This is lower than the 57 per cent reported in the DWP research published in 2011¹¹.
- Those most at risk of leaving work without a period of sickness absence were: on a casual or agency contract; new to their job or part-time workers.
- Claimants with mental health conditions were more likely to report an attachment to the labour market and a greater appetite for accessing support services offered by employers. However those with mental health conditions were: less likely to have discussed their condition with their employer or to find adjustments helpful; and more likely to feel employers had not been supportive or to be unemployed immediately prior to their ESA claim.
- A third of all claimants (33 per cent) had access to an employer provided occupational health service (OH). Claimants that had used this service, where it was available, were more likely to have had a period of paid sickness absence, to still be formally employed when claiming ESA and to have received workplace adjustments (compared with those who had access to OH but did not use it).

¹¹ Ibid.

Summary of findings

Journeys from work to ESA (Chapter 2)

- Around one-fifth (19 per cent) of **all** claimants moved straight from work to claiming ESA without any period of sickness absence. A further 45 per cent of claimants did have a period of sickness absence prior to leaving work (36% were paid and 9% unpaid). The remainder, 36 per cent were unemployed immediately before making their ESA claim (25 per cent were actively seeking work and 12 per cent not seeking work).
- This research has revealed that, if we look only at those who were **in work**¹² immediately before making their ESA claim, 29 per cent moved straight from work to claiming ESA without any period of sickness absence. This is lower than the 57 per cent reported in the DWP research published in 2011^{13 14}.

Which individuals are most at risk of leaving work without a period of sickness absence? (Chapter 2)

- Those who moved directly from work to ESA without a period of sickness absence were more likely to be: not directly employed by the organisation they were working for, i.e. on a casual or agency contract; new to their job; and part-time workers.
- Conversely, they were less likely to have: discussed their health condition early on with their line manager; and had not accessed independent counselling.

Taking the relationship between different employment and employer characteristics into account, what matters most in predicting whether or not a period of sickness absence preceded an ESA claim is whether or not an individual was employed directly by their business or organisation.

Relationship with employers – before and after leaving work (Chapter 3)

- Most claimants (75 per cent) made the decision to stop working for health-related reasons themselves. However, 19 per cent of claimants that stopped work because of their health condition felt pressurised by their employer to stop working; and were more likely to have more than one condition, or have a mental health or ‘other’ condition.
- Approximately a third (34 per cent) of claimants (who stopped working for health related reasons) had a formal arrangement to return to their employment when/if they felt capable of doing so.
- Those who moved onto ESA after a period of paid sickness absence were more likely to have a formal arrangement to return to work. Linked to this, the longer a claimant had been with their employer, the more likely they were to have a formal arrangement to allow them to return to work in the future. Claimants with only one health condition, and those where their main condition was physical were also more likely to have formal arrangements.

¹² Includes those people either in work, or, on sickness absence (paid and unpaid).

¹³ For information the latest survey excludes those who have not worked for the last 12 months before submitting their ESA claim, self-employed unless on contract or employment agency (7 per cent of sample was self-employed), those who have had claim rejected. In contrast the earlier study included all claims for ESA during a certain time period (regardless of eligibility or previous work history).

¹⁴ Sissons, P. *et al.* (2011). *Routes onto Employment and Support Allowance*. DWP Research Report No 774. Available at: www.gov.uk/government/publications/routes-onto-employment-and-support-allowance-rr774

Sickness absence and sick pay patterns of ESA claimants (Chapter 4)

Sick absence before and after exiting work

- Overall 61 per cent of all claimants took a period of sickness absence from their last job (i.e. between starting their most recent role and submitting their claim for ESA).
- 39 per cent of claimants did not take a period of sickness absence (either paid or unpaid) from their last job (i.e. between starting their most recent job and submitting their claim for ESA). Those that had been self-employed, worked for a micro-sized employer, and/or a private sector employer were significantly more likely not to have taken any period of sickness absence.

Sick pay after exiting work

- Where sick pay was received¹⁵ in a claimant's final period of sickness absence before claiming ESA, most reported having received Statutory Sick Pay (SSP), (66 per cent exclusively and 15 per cent in combination with Occupational Sick Pay (OSP)). A further 13 per cent received OSP only. Therefore 29 per cent received some OSP.

Sick pay entitlement – why was sick pay not received? (Chapter 4)

- Around one-third (35 per cent) who had not received sick pay reported that their employer had told them that they were not entitled to it.
- Among those who were advised they were not entitled to sick pay, more than half (55 per cent) said this was because they were employed on a probationary period, temporary contract or as an agency worker and just over one-third (36 per cent) because they worked variable or part time hours.

However, guidance stipulates that casual and agency staff are eligible¹⁶ to SSP and that the minimum earnings for eligibility are £111 per week, suggesting that for at least some of these individuals, perceptions around eligibility may not have been correct. The qualitative research confirmed these findings and highlighted cases of temporary or agency workers and/or part-time or newly employed individuals having left work assuming they were not entitled to any pay, but had not generally checked this assumption with their employer.

Although employees can self-certify their sickness absence for up to seven consecutive calendar days¹⁷, employees were commonly required to produce medical evidence sooner than this in order to qualify for SSP. Most claimants (70 per cent) said that they were required to supply a fit note, and just over half (55 per cent) of these said they were required to do so within the standard self-certification period (and 25 per cent within three days).

¹⁵ These findings relate to the period of sickness absence taken immediately before claiming ESA.

¹⁶ www.gov.uk/statutory-sick-pay-how-different-employment-types-affect-what-you-pay

¹⁷ <https://www.gov.uk/taking-sick-leave>

How are sickness absence policies applied within organisations? (Chapter 5)

- Most organisations had some form of sickness policy in place, though public sector and large private sector organisations were much more likely to have more rigid formal policies than smaller private sector organisations.
- Most employers reported applying discretion with their sickness absence policies. This was more common among smaller companies, who tend to apply their policies on a more case-by-case basis. Discretion was generally applied to favour members of trusted staff who had worked at the organisation for a long period of time, or staff who had certain conditions such as cancer, or those who had suffered an accident at work.
- There was some inconsistency over whether some staff, including those on zero hours or casual staff were eligible for SSP although the guidance stipulates that casual and agency staff are eligible¹⁸. In addition, many employers did not offer OSP to casual staff or those on probation (casual staff are often not included on the company's record system) and so in some organisations, some staff were not eligible for any sick pay.

What support was provided for claimants when they were still in work? (Chapter 6)

- Nearly three-fifths of claimants with a health condition in work reported that at least one adjustment had been made for them (58 per cent).
- The most commonly provided adjustment was being allowed to take time off work at short notice (e.g. for medical appointments; 44 per cent of those who had adjustments made) Other more common adjustments included: flexible hours (20 per cent); extra breaks (19 per cent); changing types of tasks (16 per cent); and reducing overall workload (16 per cent).
- Despite this, only just over half found the adjustments useful in **helping them stay in work** (52 per cent). This was highest among those who had experienced a reduction in their overall workload (69 per cent found helpful) and those who reported that specialist equipment had been provided or changes to their working environment had been made (68 per cent).
- Only one-third of all claimants indicated that they had access to an OH (33 per cent), and less than one-fifth access to independent counselling (18 per cent). More than half of all claimants did not have access to either service (54 per cent).
- Sixty-two per cent of claimants who had a health condition when they last worked and had access to OH, made use of this service, and just over one-third made use of independent counselling (35 per cent). Claimants who made use of OH were more likely to have had a period of paid sickness absence, still be formally employed, and received workplace adjustments.
- Around one-quarter of ESA claimants had not discussed their health condition with either Human Resources (HR) or a line manager (24 per cent). Those with a mental health condition were less likely than those with either physical or other conditions to have discussed their condition with a manager.

¹⁸ www.gov.uk/statutory-sick-pay-how-different-employment-types-affect-what-you-pay

How did claimants feel about working in the future? (Chapter 7)

- Most claimants surveyed were not currently doing any paid work (91 per cent) and in general did not feel ready to return to work. However, self-employed claimants were much more likely than others to have returned to work.
- Only 14 per cent stated they would find it easy to resume their previous role and 16 per cent to take up any job role.

In terms of attitudes towards work more generally, two-thirds of all claimants agreed that people who work are always better off financially (66 per cent), and three-fifths stated that they were prepared to take any job that they could do (61 per cent). Just under half of all claimants felt being in work helped their health (47 per cent).

Among those that are expecting to return to work in the future, the majority (73 per cent) felt that flexible or part-time working options would make a return to work easier. Aside from health concerns, other concerns included: lack of suitable jobs in their area (47 per cent); lack of qualifications or experience (37 per cent); worries about age (32 per cent); a need to sort out personal problems (29 per cent); and confidence (26 per cent).

Conclusions (Chapter 8)

This study confirmed **the positive role that paid sickness absence had among ESA claimants in maintaining an attachment to the labour market**; whether an individual took a period of paid sickness absence was the main driver to whether they had a formal agreement in place with their employer that would allow them to return to work in the future.

Some groups were more likely to be considered at risk of leaving work without a period of sickness absence and these were:

- **those not employed directly by the organisation they are working for, but who are on a casual or agency contract;**
- **those who were new to the job; and**
- **part-time workers.**

The most important factors determining whether or not an individual had a period of sickness absence were contract details, length of service, whether they accessed independent counselling where available and whether they discussed their health condition with an immediate manager as soon as it started.

In addition the research found that a quarter of ESA claimants had not discussed their health condition with either HR or a line manager (24 per cent).

Those working for smaller organisations might also be considered at risk of leaving work without experiencing a period of sickness absence. Survey evidence showed that those previously employed by small private sector companies were more likely than average to leave work and go straight to ESA. In the qualitative research, these employers reported that they were more likely to make decisions about offering sickness pay and sickness absence on a case by case basis. However, there was also evidence to suggest that even the smallest employers were often prepared to extend flexibility to repay valued staff.

Understanding the journeys from work to Employment and Support Allowance (ESA)

The picture was complex among those with mental health conditions. On one hand claimants with mental health conditions were more likely to report an attachment to the labour market and a greater appetite for accessing support services offered by employers. However, the research found that those with mental health conditions were:

- less likely to have discussed their condition with an employer;
- more likely to feel employers had not been supportive;
- less likely to find adjustments helpful; and
- more likely to be unemployed immediately prior to their ESA claim.

There were some **positive findings relating to the role of occupational health services.** Where claimants had used these services, compared with those who had access but did not use them, they were more likely to have had a period of paid sickness absence, to still be formally employed when claiming ESA and to have received workplace adjustments.

Although 59 per cent of claimants had at least one adjustment made for them by their employer, only around half of these said these changes helped them stay in work longer. This suggests that there may be more employers can do to hold detailed discussions with employees to understand how best to tailor adjustments to their needs.

1 Introduction

1.1 Background

1.1.1 Policy context

For several years now, the Government has been taking steps to support individuals, employers and General Practitioners (GPs) in managing sickness absence. Underpinning this activity are the principles that:

- For most people – in most circumstances – remaining in work is better for longer-term health than leaving work entirely.
- The levels of expenditure on sickness absence at the time of publication of this report were unsustainable both for the State and for employers. The pressure that the economic downturn placed on expenditure means that this was the case in the immediate term. In the longer term, managing an ageing population means that it will be critical both to the economy and to supporting pensions to enable older people to stay in work for longer. This will entail a change in how health conditions are managed in a work context;
- Much of the intervention that has taken place in the management of sickness absence has sought to tackle a ‘black and white’ distinction between being ‘fit for current/recent job’ and ‘not fit for work’. This encourages stakeholders to explore the middle ground where individuals may be able to continue their attachment to work in a different capacity even if it is not possible/appropriate for them to continue with their previous role and responsibilities (either permanently or temporarily).

1.1.2 Recent reforms

Recent reforms to sickness benefits¹⁹ involved the introduction of the Work Capability Assessment and a focus on what an individual could do rather than what they could not. Alongside this, steps were taken to try to reduce the volume of people needing to claim sickness benefits at all by looking to encourage a dialogue between employers and individuals about how a return to work can be achieved. In 2010, the ‘fit note’ was introduced as a new form of the medical statement that GPs use to give advice on an individual’s fitness for work. In contrast with the previous sick note, the fit note introduced a new option for GPs to select to indicate that an individual ‘may be fit for work taking account of the following advice’.

For some time, the Government has also offered financial assistance for employers to make ‘reasonable adjustments’ to accommodate an individual’s illness or disability through the Access to Work scheme. This scheme has been recently refined with the intention of removing some of the barriers to use – e.g. by removing some costs for smaller employers with under 50 employees; creating more flexibility by removing the ‘standard equipment’ list; and fast-tracking applications from individuals with a clear idea of their support needs.

¹⁹ Employment and Support Allowance (ESA) replaced Incapacity Benefit (IB) and Income Support (IS) on incapacity grounds for new customers from October 2008. ESA is designed to provide a personalised programme of support to claimants, helping them to manage their health condition and prepare for a return to work.

1.1.3 The Sickness Absence Review

However, the Government felt that there was a need for further action. Consequently, in 2011, the Government called for a holistic review of the sickness absence system in Great Britain. The review was jointly chaired by Dame Carol Black and David Frost²⁰. The review provided a critique of the roles that healthcare professionals, employers and government services play in the management of sickness absence.

The recommendations of the review focused on two areas of reform:

- Encouraging greater dialogue between employers and individuals while individuals are still employed but off sick;
- Improving the speed with which state support is provided when individuals are in the early stages of sickness absence.

In its response to the independent review of sickness absence²¹, the Government made a commitment to act on many of these recommendations. The recommendation to introduce an Independent Assessment Service was being actioned at the time of publishing this report. This remit will be met by Fit for Work which was launched at the end of 2014. This will provide an occupational health assessment for individuals after four weeks of sickness absence. It will utilise a range of channels – telephone and face-to-face and will provide reports for individuals, employers and GPs. It will also offer case management support for employees with complex needs.

It is also intended that the need identified for a job brokerage service will be met through the Universal Jobmatch service that was launched in November 2012 (replacing and expanding on the previous Employer Direct online service). Some of the other recommendations should be addressed in the medium term by the introduction of Universal Credit.

One final area that was highlighted in the review was the need for further investigation into the proportion of individuals who appear to move straight from being in work to claiming ESA without first having a period of sickness absence (either paid or unpaid). A period of sick absence gives employers and employees an opportunity to work together to manage a return to work and to make any necessary adjustments to roles and patterns, for individuals to recuperate and to recover; or to explore other potential employment if a return to the same employer is not possible. Therefore exploring why some individuals miss out on this opportunity, and who is most at risk of this outcome, is an important first step in understanding how to develop support and guidance in this area. It is this final recommendation from the review that was the focus of this study.

1.1.4 Previous findings from Routes onto Employment and Support Allowance

The *Sickness Absence Review* was concerned about the proportion of individuals that end up on ESA without a period of sickness absence because of figures published in a previous Department for Work and Pensions (DWP) study entitled *Routes onto Employment*

²⁰ Dame Carol Black and David Frost CBE. (2011). *Health at work – an independent review of sickness absence*. TSO. Available at: www.gov.uk/government/uploads/system/uploads/attachment_data/file/181060/health-at-work.pdf

²¹ www.gov.uk/government/uploads/system/uploads/attachment_data/file/181072/health-at-work-gov-response.pdf
www.gov.uk/government/uploads/system/uploads/attachment_data/file/181060/health-at-work.pdf

Understanding the journeys from work to Employment and Support Allowance (ESA)

and Support Allowance²². This survey found that, of claimants that moved on to ESA from employment, a high proportion (57 per cent) appeared to move directly from being at work as normal, to claiming ESA without a period of sick absence. Similar findings were also highlighted in a study with IB claimants entitled *Employability Trajectories among New Claimants of IB*²³.

Further research was required to explore this issue in more depth to fully understand why claimants move straight from work on to ESA.

1.2 Research objectives

IFF Research was commissioned by the Department for Work and Pensions (DWP) to undertake a new study to strengthen the evidence base on the journeys of ESA claimants from work to long-term sickness benefits, particularly the factors behind sickness absence and sickness pay availability and take-up for those who were in employment. The study looked in detail at the circumstances of ESA claimants to understand the role that work, health and social factors play in managing and contributing to sickness absence. Specifically the study covered:

- which individuals (in terms of demographics) were most at risk of leaving work without a period of sickness absence;
- the variation in experiences of sickness absence by characteristics of job role and employer; and how this influences both attitudes towards ill-health and decisions to claim sickness benefits;
- whether some individuals are not offered Statutory Sick Pay (SSP) and the reasons why this is the case;
- use of Occupational Sick Pay (OSP) schemes and their influence on employment outcomes and likelihood to claim long-term sickness benefits.

The findings from this research have provided valuable evidence which has been fed into the set-up of Fit for Work, through providing indications of the types of support, advice and guidance that both individuals and employers find beneficial when managing health and sickness absence at work.

In addition to this study, *Health and Wellbeing at Work: a Survey of Employees* (2014) was also commissioned, the focus of which was to explore the relationship between an individual's health and work life. The study had a particular emphasis on what factors might influence the ability of those with a health condition to remain in or return to work. Where appropriate, findings from the survey of employees in 2014²⁴ are referenced throughout this report to provide further context.

²² Sissons, P. *et al.* (2011). *Routes onto Employment and Support Allowance*. DWP Research Report No 774. Available at: www.gov.uk/government/publications/routes-onto-employment-and-support-allowance-rr774

²³ Kemp, P.A. and Davidson, J. (2010) *Employability trajectories among new claimants of Incapacity Benefit*, *Policy Studies*, 31, 2, 203-221.

²⁴ Steadman, K., Wood, M., Silvester, H. (2015). *Health and Wellbeing at Work: a survey of employees, 2014*. DWP Research Report No 901.

1.3 Methodology

The DWP commissioned this research in two separate stages, the first of which involved cognitively testing key question topics and questionnaire development.

The second stage, undertaken by IFF Research and to which this report refers, involved a quantitative survey of claimants as well as the qualitative case studies with both employers and claimants. This section of the report briefly outlines the methods used to collect information required from both ESA claimants and employers to understand individuals' routes onto ESA and their circumstances prior to this. The following sections outline how the perspectives of each of these key groups were collected.

1.3.1 ESA claimants: Quantitative survey

The research among ESA claimants was conducted across two main stages.

The initial quantitative survey consisted of 3,301 telephone interviews with individuals who had submitted a claim for ESA between December 2013 and January 2014.

An opt-out exercise was conducted prior to survey fieldwork commencing. A full sampling strategy is detailed in the separate technical report.

Prior to the main survey, a pilot exercise was conducted to test the questionnaire structure, respondent understanding of the questions asked and to check the interview length. The pilot exercise uncovered a few issues which were:

- IB Reassessment cases (which were out of scope for this particular study²⁵) accounted for 25 per cent of the sample supplied.
- The nature of the interview was not suitable for most self-employed groups on the basis that they were not eligible to receive Statutory Sick Pay and were unlikely to have access to support services such as Occupational Health. This rendered a number of the core sections of the questionnaire redundant and so it was decided that most self-employed groups would be excluded from the main survey.
- Some individuals had ended up claiming ESA via alternative routes and had:
 - not formally terminated their employment (and were still contracted to their employer);
 - submitted a claim for ESA because they were not entitled to or had used up their SSP allowance; or
 - submitted a claim for ESA because they were not in receipt of Statutory Maternity Pay or Maternity Allowance.

It was decided, in conjunction with the DWP, that the first two of these three groups were still of particular interest within the context of this study. However, those who had submitted a claim for ESA in place of Statutory Maternity Pay or Maternity Allowance were screened out of the main survey because the focus of the survey was on those with health conditions.

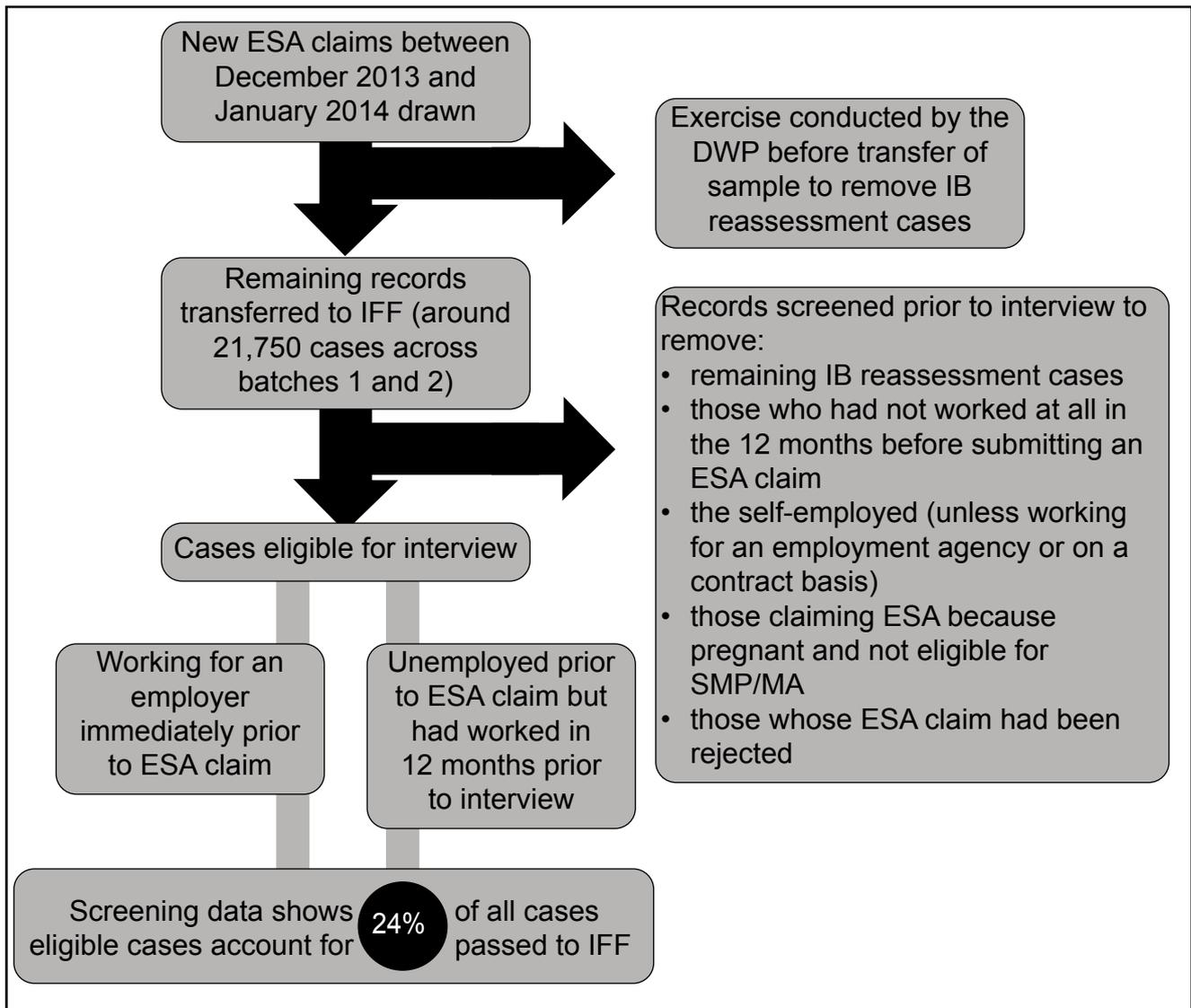
A number of screening questions were included at the beginning of the main survey, to exclude these groups.

²⁵ The study was only interested in **new** ESA claims meaning that individuals who were receiving Incapacity Benefit and reassessed for Employment and Support Allowance were not in scope of the research.

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Figure 1.1 summarises the claimant groups that were in scope for the survey and shows where exclusions were made. It should be noted that eligible cases accounted for 24 per cent of all cases passed to IFF Research (i.e. after the process of removing the majority of IB reassessment cases had been conducted).

Figure 1.1 Claimants in scope for survey and exclusions



Interviews were conducted from IFF's in house computer-assisted telephone interviewing (CATI) centre in Central London between 10 February 2014 and 1 April 2014 (on average just over two months after individuals had submitted their ESA claim).

The questionnaire was structured into six key areas as follows:

- Confirmation of the individual's situation immediately before submitting their claim and route onto ESA.
- Details about the last period of employment prior to submitting a claim for ESA.
- Information about the main and any other health condition(s) present which led the individual to make a claim for ESA.

Understanding the journeys from work to Employment and Support Allowance (ESA)

- Detail on any periods of sickness absence (either paid or unpaid) during their most recent employment.
- Information about any support available and adjustments made by most recent employer.
- Individuals' views on returning to work.

A total of 3,301 interviews were conducted, representing a response rate of 23 per cent (completed interviews as a proportion of all eligible cases). More detailed sample outcome information is provided in the technical report.

Table 1.1 Response rate

	N	Population in scope of study %	Population in scope of fieldwork %	Complete contacts %
Number sampled	21,640	–	–	–
Number opted out of study in response to letter	1,623	–	–	–
Invalid cases: screenouts	5,783	–	–	–
In scope of study	14,234	100%	–	–
Invalid cases: Unobtainable numbers	2,002	14%	–	–
In scope of fieldwork	12,232	86%	100%	–
General call backs	6,779	48%	55%	–
Appointments	32	<1%	<1%	–
Incomplete contacts	6,811	48%	56%	–
Complete contacts	5,421	38%	44%	100%
Refusals	1,544	11%	13%	28%
Alternative language requests	174	1%	1%	3%
Partial (abandoned) interviews	402	3%	3%	7%
Complete interviews	3,301	23%	27%	61%

The survey data was weighted so that it was representative of the population of claimants who had submitted a claim for ESA in December 2013 and January 2014 and would have been eligible to participate in this study²⁶.

1.3.2 Employer-claimant case studies

To supplement the information captured in the claimant surveys, follow-up research was conducted with a selection of employers to discuss in detail their perspectives of managing sickness absence and their policies around sick pay.

Employers were sampled using the employment information claimants had provided in their quantitative interview (i.e. all employers had employed someone who went on to claim ESA). The claimants that had previously worked for each selected employer were also followed up qualitatively to build on the information provided in the survey interview.

The final list of employers drawn up for the case studies included those where:

- the 'case study' claimant had agreed to take part in follow-up research themselves (discussed in the next section);

²⁶ Eligibility criteria are set out in Section 1.3.1 of this report.

Understanding the journeys from work to Employment and Support Allowance (ESA)

- the ‘case study’ claimant stated in their interview that their health condition was present when they last worked;
- the ‘case study’ claimant stated that they had stopped working for this employer for health-related reasons.

Quotas were set according to the organisation’s sick absence/sick pay arrangements and size of employer in order to explore practices in a good mix of employers (as sickness absence management may vary by size of organisation). A total of 22 employer case studies were achieved between May 2014 and June 2014 the profiles of which are set out in Table 1.2. This sample size allowed for a good spread of interviews by size and for responses to be ‘cut’ by subject or theme (for example sick pay policy, company ethos in relation to sickness absence) as well as by audience (for example, small and medium-sized enterprises (SMEs)) to ensure cross-cutting themes were fully triangulated.

Table 1.2 Profile of interviews achieved

Size of employer	Situation immediately before ESA claim			Total
	Period of OSP/ SSP before ESA claim	Period of sickness absence but no sick pay before ESA claim	No sickness absence period before ESA claim	
Small/Micro (1-49 staff)	3	0	5	8
Medium (50-249 staff)	2	1	4	7
Large (250+ staff)	2	1	4	7
Total	7	2	13	22

The research entailed half day site visits to employers and face-to-face discussions with multiple members of staff. Individuals targeted for the research included the person responsible for sickness absence policy at the organisation, someone with line management responsibilities (ideally someone who had managed a staff member with a health condition), Occupational Health (OH) where appropriate and any other relevant staff.

The topic guide was designed in collaboration with the DWP and was structured into four main sections; on the organisation’s sickness absence policy; recording and managing sickness absence at the company; the support service available to staff with a health condition and workplace adjustments.

At no point during the site visits were the details of the ‘case study’ claimant/previous employee revealed, nor the details of their specific case discussed. Although employers were asked to provide examples of cases where they had had to manage staff with health conditions or make adjustments for employees, they were not prompted about the ‘case study’ claimant. As such the claimant’s full anonymity was preserved and the research conducted in accordance with Market Research Society (MRS) guidelines.

As part of the employer-employee case studies, follow-up in-depth interviews were also conducted with the individual claimants who had worked for the 22 employers.

The aim of the follow-up discussions were to collect more detail about any sickness absence they might have taken when last in work and any support their employer might have provided in relation to the claimant’s health condition. Ultimately this meant that it was possible to analyse both the employer and employee experiences alongside one another.

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The topic guide was designed in collaboration with the DWP and was structured into three main sections; the claimant's health condition when last in work and related discussions with their employer; any adjustments made to help them remain in work for longer, and information on entitlement to sickness absence and sickness pay.

Follow-up interviews were conducted as in-depth telephone interviews and lasted 30 minutes on average. Fieldwork took place during May and June 2014. A total of 16 interviews were achieved; the remaining claimants either refused to take part in the next stage (despite initially indicating they would be happy to be re-contacted) or were unable to take part for health-related reasons. The final profile on interviews achieved is set out in Table 1.3.

Table 1.3 Profile of interviews achieved – claimants (1)

Size of employer	Situation immediately before ESA claim			Total
	Period of OSP/ SSP before ESA claim	Period of sickness absence but no sick pay before ESA claim	No sickness absence period before ESA claim	
Small/Micro (1-49 staff)	3	0	4	7
Medium (50-249 staff)	3	1	4	8
Large (250+ staff)	0	0	1	1
Total	6	1	9	16

1.3.3 ESA claimants previously unemployed: qualitative follow-up

Initial findings from the survey revealed that there were a number of individuals who reported that they did not have any health-related problems when they last worked in the 12 months preceding the ESA claim, but had arrived at ESA following a period of unemployment (rather than a period of sickness absence).

As such, the DWP requested that further research be undertaken with a subset of these claimants to better understand how and why they had come to claim ESA, the findings of which can be found in Section 2.3.2.

The topic guide was semi-structured and covered the following areas: further information on the health condition that led to the claimant's ESA claim, any contact with Jobcentre Plus and contact with GPs and other healthcare professionals.

A total of ten tele-depths were conducted with these individuals and took place during June 2014. Although no hard quotas were set, a good spread of interviews were achieved according to type of health condition (mental health, physical health or a combination of the two) and the length of time the claimant had been unemployed.

Qualitative analysis

All case study and claimant interviews were coded, analysed and entered into a bespoke electronic analysis framework in such a way that themes and findings from each element of the research were explored alone or in conjunction with other elements to look for patterns and conflicts in the entire data set. Data was 'cut' by subject or theme (for example, sick pay policy, company ethos in relation to sickness absence) as well as by respondent group (for example, SMEs) to ensure cross-cutting themes were fully triangulated.

1.4 Report outline

The findings from this report have been structured into six chapters:

- **Chapter 2** explores what people were doing immediately before starting their ESA claim. It also looks at whether people moved straight from attending work to claiming, or whether a period of (paid/unpaid) sickness absence was taken.
- **Chapter 3** explores claimants' relationship with their most recent employer, the extent to which their employer had a role in them leaving work and any arrangements that might be in place to allow the claimant to return to work.
- **Chapter 4** details claimants' history of sickness absence.
- **Chapter 5** discusses employers' policies on sickness absence and sickness pay and explores the level of variability in how they are applied in practice. Findings in this chapter are taken entirely from the qualitative case studies with employers.
- **Chapter 6** explores the support those claimants with a health condition received from their employer when in work.
- **Chapter 7** discusses claimants' attitudes to returning to work in the future, including any barriers they face to doing so.
- **Chapter 8** presents the conclusions of this research.

All findings reported are statistically significant at the 95 per cent confidence level unless otherwise stated.

2 Journeys from work to ESA

This chapter discusses what claimants were doing immediately before submitting a claim for Employment and Support Allowance (ESA). Individuals have been grouped by whether they were working (including those on periods of paid or unpaid sickness absence) or whether they were unemployed.

Key findings

Journeys from work to ESA:

- Around one-fifth (19 per cent) of all claimants moved straight from work to claiming ESA without any period of sickness absence at all. Forty-five per cent had a period of sickness absence first (36 per cent paid and 9 per cent unpaid). The remainder (36 per cent) were unemployed immediately before making their ESA claim.
- As a proportion of all those **in work immediately** before their claim, **29 per cent moved straight from work to ESA without any period of sickness absence**. This is a much smaller proportion than reported in the previous Department for Work and Pensions (DWP) research published in 2011²⁷ (at 57 per cent).

Individuals most at risk of leaving work without a period of sickness absence:

- Those who **moved directly from work to ESA without a period of sickness absence** were more likely to be: not directly employed by the business or organisation they were working for (i.e. agency or casual workers); new to their job; a part-time worker; working for a smaller sized employer or in the primary or utilities sector.
- Those **who had a period of unpaid sickness absence immediately before making their ESA claim**, tended to work in the private sector, be self-employed²⁸, work in skilled trades occupations or have a health condition that came on suddenly (e.g. through an accident in or outside of work).

Taking the relationship between different employment and employer characteristics into account, what matters most in predicting whether or not a period of sickness absence preceded an ESA claim is whether or not an individual was employed directly by their business or organisation.

²⁷ Sissons, P. *et al.* (2011). *Routes onto Employment and Support Allowance*. DWP Research Report No 774. Available at: www.gov.uk/government/publications/routes-onto-employment-and-support-allowance-rr774

²⁸ Only the self-employed who stated they were paid a salary or wage by an employment agency or classed themselves as sub-contractors were included in the survey – a total of 228 survey respondents (unweighted).

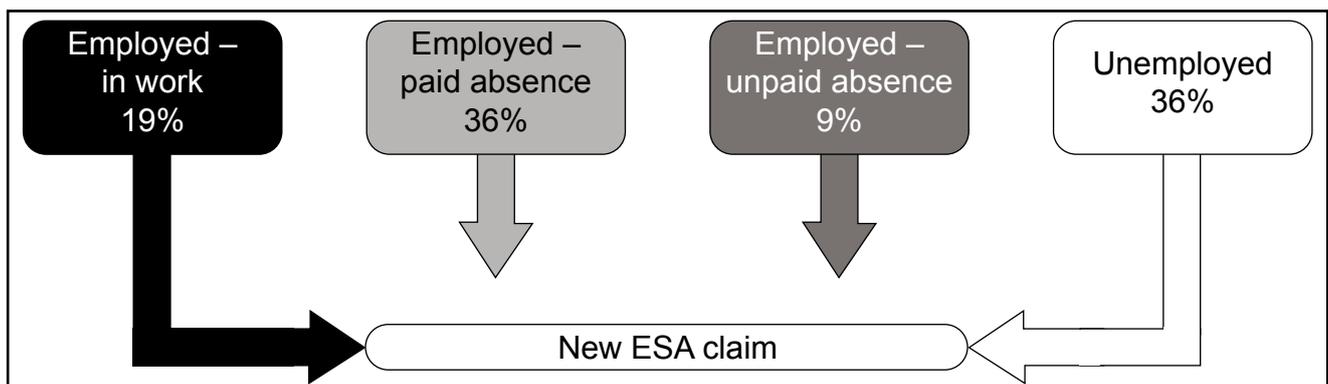
2.1 Overall classification of situation prior to ESA claim

As discussed in the previous chapter, ESA claimants covered by this research were those who had been in employment at some point in the 12 months before their claim. As Figure 2.1 shows, around two-thirds (64 per cent) of all claimants moved on to ESA directly from a period of employment.

One-fifth (19 per cent) moved from being in work to making a claim for ESA without any sickness absence period at all. More than one-third of all claimants had a period of paid absence before their ESA claim (36 per cent). A lower proportion – nine per cent – had only a period of unpaid sickness absence before moving on to ESA.

The remaining third (36 per cent) were unemployed. They can be split into 25 per cent who were actively seeking work and 12 per cent who were not seeking work.

Figure 2.1 Situation immediately prior to ESA claim



As a proportion of **all those in employment before their ESA claim**, those who moved straight from work to claiming, with no period of sickness absence at all represent 29 per cent. This group is of key policy interest as while individuals are on sickness absence they still have a link to their job, and an appropriate intervention at this point has the potential to help these individuals return to work much more quickly than when they have left their job and are claiming ESA.

Over half (57 per cent) of those employed before their claim had a period of paid absence before submitting a claim, and 14 per cent had a period of unpaid absence.

2.2 Comparisons with previous research

One of the aims of this study was to further explore the seemingly high proportion of claimants (indicated from previous research) that moved directly from attending work to claiming ESA without a period of sickness absence.

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These findings on how individuals arrived at ESA, presented a different picture to those recorded in an earlier DWP study²⁹. The *Routes on to Employment and Support Allowance* study, conducted in 2011 found that 57 per cent moved straight from being in work to claiming ESA without a period of sickness absence. This left 43 per cent who reported taking a period of paid or unpaid sickness absence before claiming ESA (30 per cent paid and 13 per cent unpaid). The findings from the two pieces of research are compared in Table 2.1.

Table 2.1 Comparison of claimants' situation immediately before ESA claim (previously employed claimants only)

Survey	Situation immediately before ESA claim		
	Period of paid sickness absence	Period of unpaid sickness absence	No period of sickness absence
	%	%	%
Routes on to Employment and Support Allowance (2011)	30	13	57
Understanding Sickness absence (2014)	57	14	29

Clearly findings from this study show that the proportion that moved straight to ESA without a period of sickness absence was lower than the previous research at 29 per cent³⁰. We have confidence in the robustness of the findings from the current study though the two studies have different definitions of work history and eligibility³¹. In addition, in the current study we have conducted cognitive testing of the survey questions to check respondents understand the questions.

The findings indicate that direct progression to ESA without a period of sickness absence first, is less of an issue than previously thought, although it is still a situation faced by a relatively large proportion (29 per cent) of those in employment prior to their claim.

The next section of this chapter looks at the profiles of the claimants in each of the four groups shown in Figure 2.1.

2.3 Impact of health on decision to stop work

Not all claimants covered by the research necessarily reported leaving employment because of their health.

When claimants were asked why they had stopped working they were able to provide more than one reason. While the majority of claimants (73 per cent) cited their health condition as the reason/one of the reasons for stopping work, around one-quarter (27 per cent) did not mention this as a reason at all. The vast majority of these individuals worked for private

²⁹ www.gov.uk/government/uploads/system/uploads/attachment_data/file/214556/rrep774.pdf

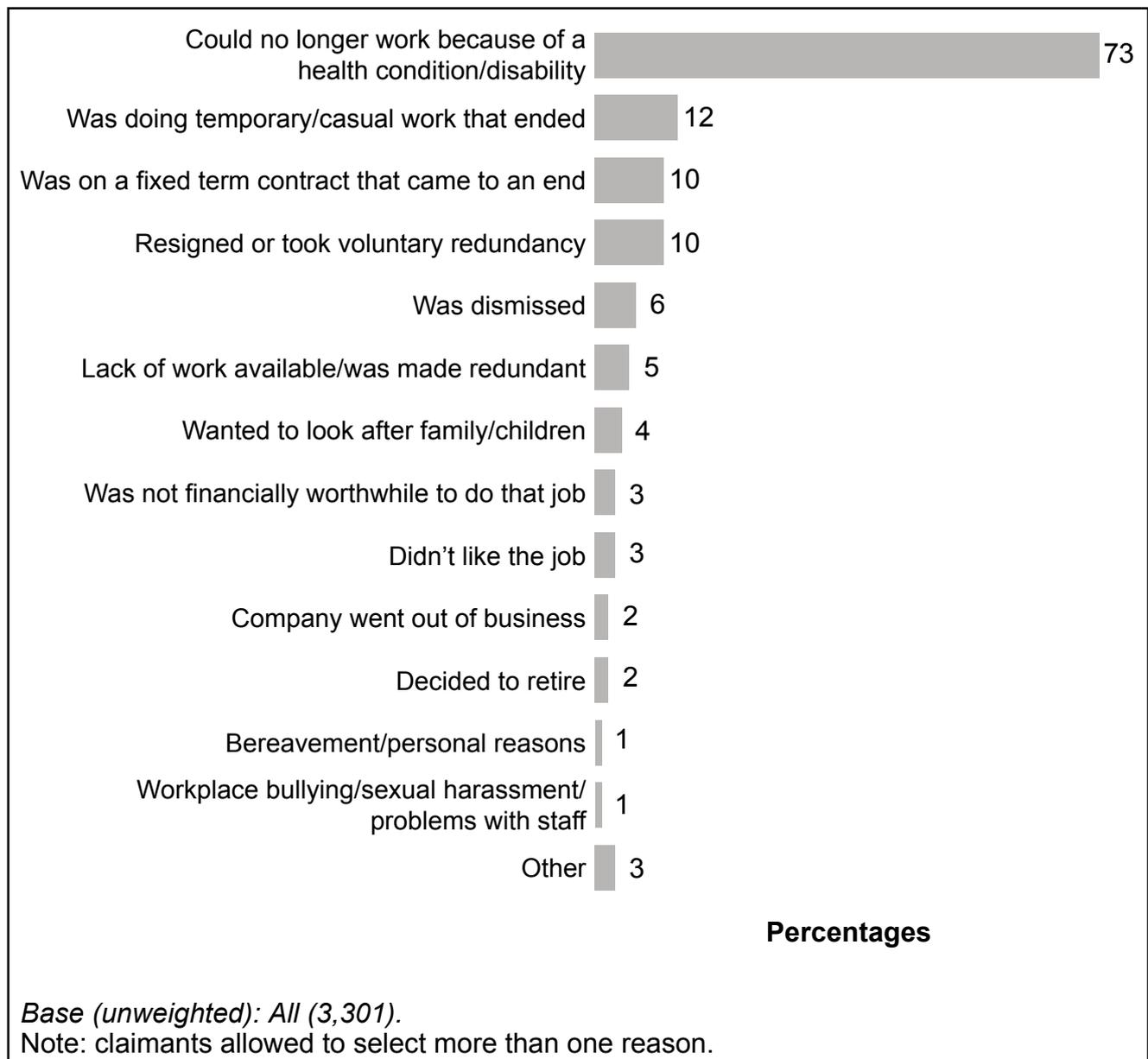
³⁰ Ibid.

³¹ For information the latest survey excludes those who have not worked for the last 12 months before submitting their ESA claim, self-employed unless on contract or employment agency (7 per cent of sample was self-employed), those who have had claim rejected. In contrast the earlier study included all claims for ESA during a certain time period (regardless of eligibility or previous work history).

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sector employers (82 per cent) and were unemployed immediately before starting their ESA claim (73 per cent). Figure 2.2 presents the full list of reasons given for stopping work.

Figure 2.2 Reasons given for stopping work



Other reasons given for stopping work were mentioned much less frequently than health-related reasons, but included temporary/casual work ending (12 per cent), a fixed term contract ending (10 per cent), an individual resigning or taking voluntary redundancy (10 per cent), or being dismissed (6 per cent).

Those claimants working for the largest employers were more likely to have cited health-related reasons for leaving work – 77 per cent compared with 65 per cent of those who worked for small employers. This also meant that claimants who worked for public sector organisations (which were more likely to be the largest employers) were more likely to have stopped work because of their health condition (84 per cent compared to 70 per cent of those who worked for private sector employers).

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The length of time a claimant had worked for their employer appeared to have had an impact on claimants' reasons for stopping work. Overall, the longer the claimant had worked for their employer, the more likely it is that they stopped working because of their health condition, and not for some other reason (83 per cent who had been with their employer for five or more years compared to 61 per cent who had worked for their employer for less than three months).

2.3.1 Situation immediately before ESA claim by key characteristics

Table 2.2 summarises the key characteristics of claimants who left work for health reasons based on their situation before making their ESA claim. Appendix A provides full profiles of each of these groups i.e. demographics, nature of employment and employer, and nature of health condition (Tables 2.1 – 2.4 in Appendix A).

Table 2.2 Key characteristics of the four claimant groups who left work for health related reasons

Employed – No period of sickness absence	Employed – paid sickness absence
<p>More likely than those in the other groups to be claimants who:</p> <ul style="list-style-type: none"> • worked part time; • were on an annual salary of less than £10,000; • had a single condition. 	<p>More likely than those in the other groups to be claimants who:</p> <ul style="list-style-type: none"> • were employed directly by the organisation (rather than agency or casual workers); • worked in the public sector (and specifically in public, education and health); • worked for the largest employers (250+ staff); • worked full time; • worked in (associate) professional occupations; • had worked with their employer for the longest period of time (5+ years).

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Employed – unpaid sickness absence	Unemployed (and left work for health related reasons)
<p>More likely than those in the other groups to be claimants who:</p> <ul style="list-style-type: none">• worked in the private sector (and specifically within the construction industry);• were self-employed;• worked in skilled trades occupations;• had a health condition that came on suddenly (and not over time).	<p>More likely than those in the other groups to be claimants who:</p> <ul style="list-style-type: none">• had a mental health condition as their main condition;• had a health condition that had always affected their ability to do their job (as opposed to one that started to affect them after they had worked in the role some time).

2.3.2 Key drivers of whether a claimant had a period of sickness absence

The previous section showed that numerous claimant, employer and employment characteristics were associated with whether or not an individual had a period of sickness absence before starting their claim for ESA. As shown in Table 2.3, the factors found to be associated with sickness absence include: nature of contract (e.g. whether full or part time, whether employed directly by the organisation); salary; details of health condition; employer details (e.g. size and sector) and occupational details (e.g. role and tenure).

However, the analysis conducted to date does not comment on the relative importance or influence of each of these characteristics, in relation to each other. Further analysis was therefore conducted in order to understand the key drivers of not having a period of sickness absence. In other words, we explored which characteristics were most important in terms of influencing whether or not a claimant left work without a period of sick absence.

Full details of the analysis technique used is in Section 6.2 of the Technical Report and full data tables can be found in Appendix B (see Table B.1 and B.2 for analysis relating to whether or not a claimant had a period of sickness absence or pay).

This analysis is useful as it indicates where policy efforts could be focused to identify and work with groups who are 'at risk' of leaving the labour market without a period of sickness absence.

The key drivers for not having a period of sickness absence³² were:

- contract type;
- discussed health with immediate manager;
- job tenure;
- length of employment;
- employer size;
- number of hours worked;
- sector of employment.

³² Note that this analysis was only based on those who said they were no longer working because of their health condition.

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Whether or not an individual was employed directly by the business or organisation they worked for was the single most important factor driving whether an individual had started an ESA claim without a period of sickness absence. Those employed by an agency or on a casual or non-contracted basis (as opposed to directly by the organisation) were twice as likely to have left work without a period of sickness absence.

Claimants who had used an independent counselling service where it was available, as well those who had discussed their condition with a manager when it first started, were almost twice as likely to have left work without a period of sickness absence than those who had not done these things.

Length of time employed in current role was also found to be important in driving whether or not an individual left work without a period of sickness absence. The likelihood of leaving work without a period of sickness absence reduced with length of time in role, with those with five years or more service being the least likely.

Likelihood of leaving work without a period of sickness absence decreased with employer size, in terms of number of people employed. Those who worked in micro businesses were almost twice as likely to have left work without a period of sickness absence as those working for large organisations.

Likelihood of leaving work without a period of sickness absence decreased with number of hours worked. Those who worked fewer than 16 hours per week were almost twice as likely to have this outcome as those who worked 30 hours or more per week.

Working in the primary and utilities sector was associated with not having a period of sickness absence before claiming ESA. Those who worked in this sector were more than twice as likely to have left work without a period of sickness absence as employees of other industry sectors.

Analysis was also conducted to explore **the key drivers of having received any sick pay** (whether statutory or occupational). As shown in Table 2.2, the likelihood of having received sick pay was associated with working: in the public sector (and specifically in public, education and health); for the largest employers (250+ staff); full-time; in (associate) professional occupations; in current role for the longest period of time (5+ years). The relationship between these and others factors³³ was analysed to understand which were most important in driving whether or not an individual received sick pay.

The key drivers³⁴ of whether or not sick pay was received were:

- length of employment; and
- contract type.

Length of employment in current role: the likelihood of receiving sick pay increased the longer the person had been employed in their role. Even being in the role between six months and a year made an individual three times as likely to have received sick pay as those in the role less than three months. Those who had been employed in the role for five years or more were more than nine times as likely to have received sick pay.

³³ A full list of variables that were input into the key driver analysis are shown in Section 6.2 of the Technical Report.

³⁴ Between them these two factors account for the majority of all the variation observed in the model. Or in more technical terms between them they contribute 73 per cent of the R-squared value. See Table B.2 in Appendix B.

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As with sickness absence, contract type (i.e. whether or not employed directly by the business or organisation) was also an important predictor of whether a person received sick pay: Those who were employed directly by the business or organisation were almost ten times as likely to have received sick pay as those not employed directly (i.e. agency workers or those on casual contracts)

In summary, this analysis demonstrates that while receiving sickness pay or absence is associated with employer size and sector, employee health condition and demographics, what is most important is being employed directly by an organisation and length of service.

2.3.3 Routes onto ESA from JSA

Those who left work for reasons other than their health and who were unemployed in the period immediately before making their ESA claim were a significant minority (20 per cent of all ESA claimants). Their routes on to ESA are interesting as while there is arguably little that employers could have done here (given that these claimants did not have their main health condition when last working) there may have been interventions from Jobcentre Plus, the health service and/or other agencies that influenced their journey. Whilst these claimants were already out of work when their health condition began to affect them, it is interesting to explore their level of (dis)connection to work and their experiences of the benefits system. To this end a small number (ten) of qualitative interviews were conducted with this group of claimants. The main topics covered were:

- reasons for leaving previous employment;
- experiences of job seeking;
- discussions with a General Practitioner around health and work;
- signposting to ESA;
- aspirations for the future.

Claimants mainly left work because of redundancy, being 'laid off' or short-term work running out. In the main they had wanted to remain working in the role and had begun looking for alternative work immediately. A couple reported a history of health issues and sickness absence which they felt may have influenced their employer's decision to let them go.

For some leaving work was an active choice because of caring responsibilities. One claimant described having to leave work to look after his young daughter after her mother was no longer able to care for her. Another claimant left work to care for her husband when he was diagnosed with cancer. Claimants falling into this group tended to have their own long-standing health conditions which had worsened or returned since being out of work. They had received advice from a Jobcentre Plus adviser or agencies such as the Citizens Advice Bureau about claiming ESA to supplement Carer's Allowance or Income Support. Some were reasonably positive about returning to work in the future although stressed it would need to be a job that fitted in with their caring commitments.

'I've got a 6 year old who is now living with me permanently. She's been through an awful lot of stress and she comes first.'

(Male, 50-64, physical health condition, unemployed for more than nine months prior to ESA claim)

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Once out of work claimants reported a range of different health scenarios including: accidents and injuries; health conditions relating to housing, financial or personal issues; and the return or worsening of long-standing health issues. It was not uncommon for claimants to have a relatively long period of claiming Jobseeker's Allowance (JSA) whilst also struggling with their health.

For several claimants being out of work had exacerbated their condition. Some felt that while they could have worked with their condition when it first began to affect them, over time being out of work had been linked to the condition worsening and now they would struggle to work at all. Some went further and felt that unemployment was the main cause of their condition.

'Inactivity was the main contributor [to my condition]'

(Male, 30-49, physical health condition, unemployed between nine months and a year prior to ESA claim)

'[Being out of work] was causing me depression as it made me feel like I had failed. When I stopped [work] it made me worse as the work was helping the depression.'

(Female, 30-49, physical and mental health conditions, unemployed between six and nine months prior to ESA claim)

That was not the case for all though. Some claimants felt that taking a break from work and from job seeking was necessary to them being able to address their health issues and seek the help they needed. For example, one claimant with anxiety and depression only felt able to go to the GP and explain the extent of his condition once he had stopped looking for work.

Typically claimants did not proactively speak to their Jobcentre Plus adviser about their health while they were looking for work. They did not want the adviser to think they were not fit for work, and/or often did not feel comfortable or have enough rapport with advisers to discuss health issues.

'I didn't speak to anyone there [Jobcentre Plus] about my health issues as I didn't want to admit I was ill. There were a number of times I was late for interviews with the Jobcentre Plus and that was due to ill health but I would make excuses for that.'

(Male, 30-49, mental and physical health conditions, unemployed between nine months and a year prior ESA claim)

'They would say you are not fit for work [if health condition was discussed with a Jobcentre Plus adviser?], and I wanted a job!'

(Female, 30-49, physical and mental health conditions, unemployed between six and nine months prior to ESA claim)

However, in some cases it was the Jobcentre Plus adviser who first suggested to the claimant that they may not be fit for work.

'I think I remember I claimed JSA and I was in such a state when I went to claim it, the lone parent adviser that I spoke to said she thought I should go and see my doctor.'

(Female, 30-49, mental health condition, unemployed between six and nine months prior to ESA claim)

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Indeed individuals were ultimately typically signposted to ESA by their Jobcentre Plus adviser. Others had approached Jobcentre Plus or the DWP to ask about Income Support and were advised to claim ESA instead. However, others first heard about ESA from Citizens Advice, a recruitment agency or the GP.

'My Pertemps support worker advised me I could get ESA the week I had my accident.'

(Male, 16-29, physical health condition, unemployed between nine months and a year prior to ESA claim)

Most claimants had also discussed their health, in the context of their ability to work, with a GP. On the whole they had not received any advice from GPs about returning to work that they considered useful, however, some had simply wanted a fit note from GPs for claim purposes and so hadn't expected or asked for advice of this nature.

'I asked him [GP] what would I do about work or benefits and he just filled out the medical form and said to take it to the Jobcentre Plus and they'd help me. That was my back to work advice!'

(Male, 30-49, physical health condition, unemployed between nine months and a year prior to ESA claim)

'The first one [GP] ... I explained to him I was unable to work and I needed some help and he looked at me, smiled and started to laugh. He said to me I'll be okay in 2 weeks. I think he was an idiot. My family one [GP] did ask if I wanted to go back to work, but I told him I would never be able to do it and he said fair enough.'

(Male, 16-29, physical health condition, unemployed between nine months and a year prior to ESA claim)

At the time of the interview most claimants did not feel well enough to return to work in the short term. Some were retired or approaching retirement and did not want to work again. However, some recognised that while they were not capable of doing the work they had previously done, there may be other roles that they could manage. There was little awareness about the advice or support available for them in terms of retraining or changing careers. Some had received training (or heard about the potential for training) while claiming JSA but there was a sense among some that perhaps support of that nature was less available on ESA.

'I suppose I need a career change ... I need some kind of advice and help in finding something else. Advice about different work, I assume it would be less physical as that's the only way I can see myself getting out of the situation. When I was on JSA they would refer me to a 50+ scheme, that gives you different skills, but now I'm not really sure.'

(Male, 50-64, physical health condition, unemployed between 9 months and a year prior to ESA claim)

In summary, **some individuals may have benefited from additional help or support with managing their condition while on JSA, before it got to the point where their condition had worsened and they were signposted to ESA.** Some claimants were open to the idea of changing careers and retraining, but because they had not wanted to or not felt able to discuss their health with their Jobcentre Plus adviser while claiming JSA, they generally had not accessed support of this nature. For most the first time they had discussed their

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health with their Jobcentre Plus adviser was at the point at which ESA was suggested. Some claimants were on ESA when (as well as having a significant health problem) their primary reason for being out of work was caring responsibility for a child or other family member. In some of these cases it may be that JSA was a more appropriate benefit as the individual was open to the idea of part-time work.

3 Relationship with employers, before and after leaving work

This chapter explores the relationship claimants had with their employer at their most recent place of work. While most claimants were direct employees, some were working on a casual basis or employed via a third party as a contract/agency worker.

This chapter first explores the role that claimants feel that their employer had in their decision to stop work. It then goes on to look at whether individuals formally left work before starting their claim for Employment and Support Allowance (ESA) and also whether they had in place an arrangement allowing them to return if their health improves. It also explores whether claimants had contact with their employer since they were last in work. Finally it explores the length of time between a claimant last being present in work and the point at which they formally ended their employment term.

Key findings

The key points from this chapter are:

- Around three-fifths (61 per cent) of all claimants had formally left their job by the time they started to claim ESA and this was most commonly the case for those who had been with their employer for the shortest amount of time (less than three months – 85 per cent) and those employed via an agency or on a casual basis (both 81 per cent).
- Most claimants (75 per cent) made the decision to stop working for health-related reasons themselves. However, 19 per cent of claimants (who stopped work because of their health condition) felt pressurised by their employer to stop working; and were more likely to have more than one condition, or, have a mental health or ‘other’ condition.
- Approximately a third (34 per cent) of claimants (who had stopped working for health-related reasons) had a formal arrangement in place with their employer when/if they felt capable of doing so. Claimants with a formal arrangement to return to work were more likely to have a single health condition or a physical health condition.
- Those who moved onto ESA after a period of paid sickness absence were more likely to have a formal arrangement to return to work. Linked to this, the longer a claimant had been with their employer, the more likely they were to have a formal arrangement to allow them to return to work in the future. Claimants with only one health condition, and those where their main condition was physical were also more likely to have formal arrangements.

3.1 Employer influence on decision to stop work

All claimants who had stopped working because of their health condition were asked whether they had made this decision themselves or whether they felt pressurised to leave by their employer. Their response is of course their perception of their situation.

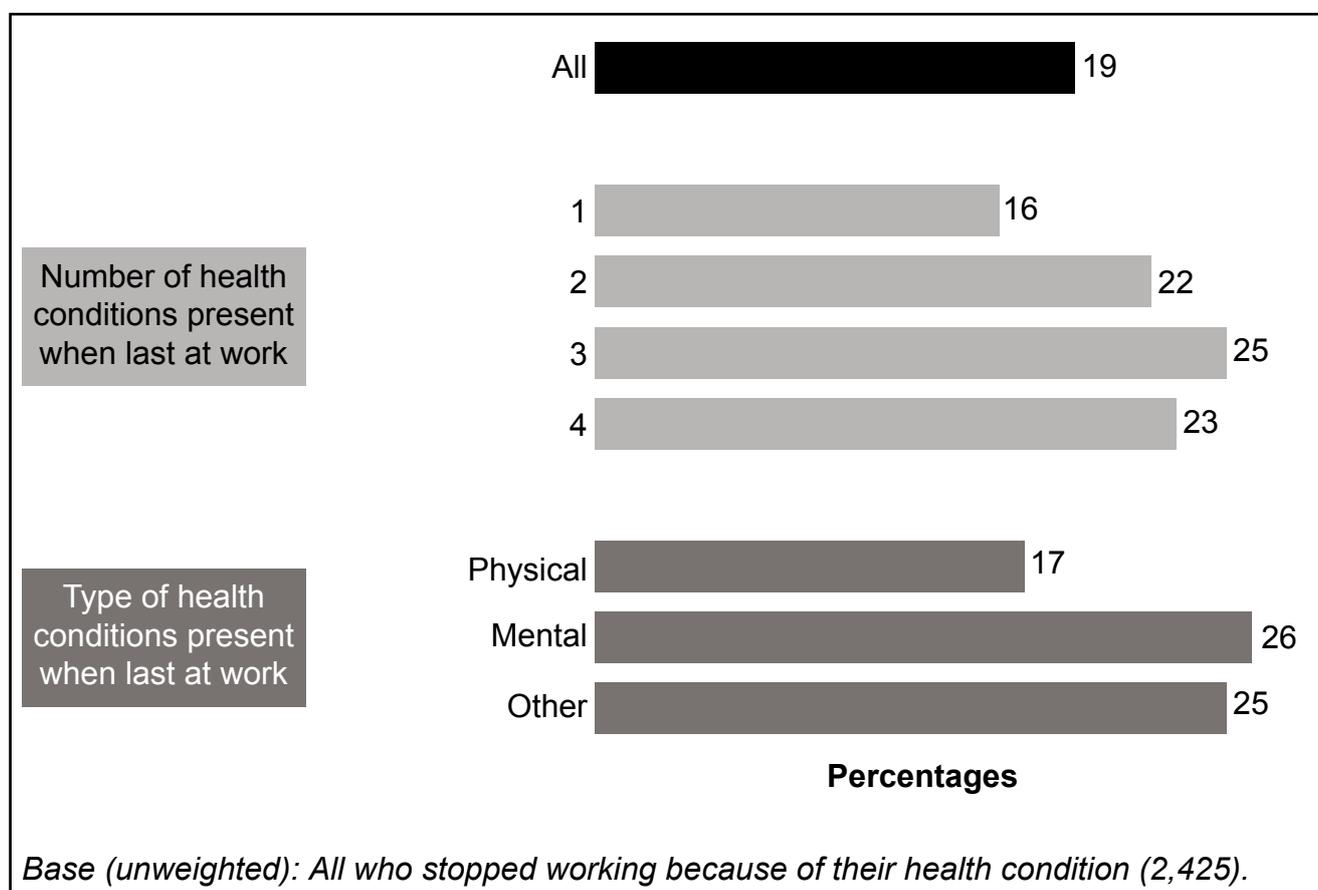
In the majority of cases (75 per cent), claimants stated that they made their own decision to stop working. However, as many as almost one-fifth (19 per cent) of claimants reported that

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they felt pressurised by their employer to stop working (the remaining 6 per cent preferred not to say). These figures are tabulated in the Appendix A, Table 3.1.

On the whole, responses appear to have been determined by the nature of the claimant's condition. The perception that they were pressurised by their employer to stop working was more common among certain groups; from 16 per cent of claimants with one health condition to around one-quarter (22 per cent to 25 per cent) among those with multiple conditions. Similarly, the perception of being pressurised to leave, increased from 17 per cent of claimants with a physical condition to around one-quarter (25 -26 per cent) among those with mental health or other health conditions (Figure 3.1).

Figure 3.1 Claimants who felt pressured by their employer to leave their most recent work, by type and number of health conditions



3.2 Incidence of formally leaving employment

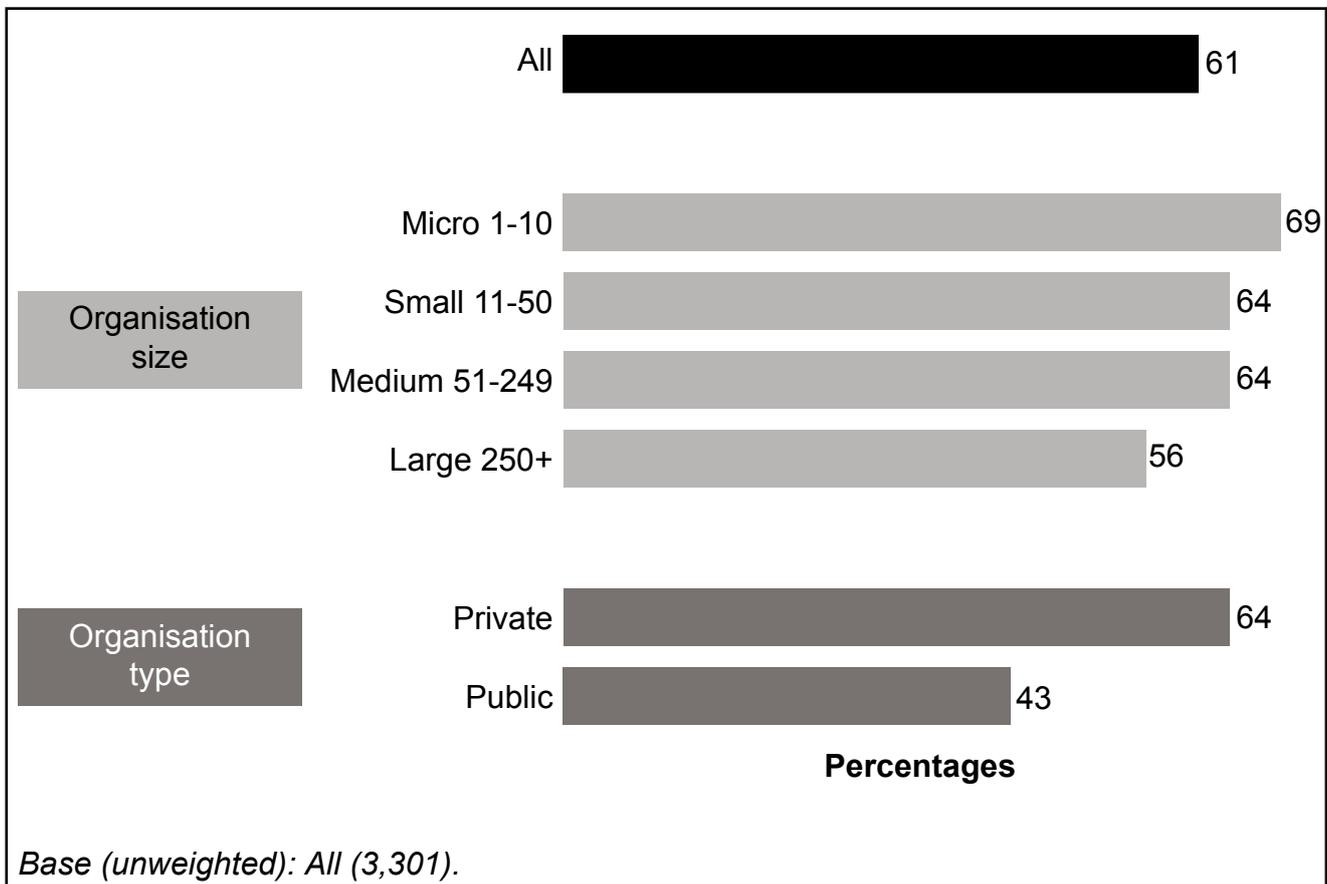
For around three-fifths (61 per cent) of all claimants, their employment had been formally terminated before their claim for ESA. The remaining claimants (39 per cent) submitted their claim whilst they were still (at least in their eyes) formally employed.

Employers' basic characteristics appeared to influence whether a claimant had formally left work prior to their claim. Claimants who had formally left their last place of work before they submitted their claim for ESA were more likely to be working for a micro, small or medium-sized employer than a large employer (Figure 3.2). There was greater disparity according to the broad sector within which claimants worked; those who had formally left before making

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their claim were more likely to be working in the private than the public sector, also shown in Figure 3.2.

Figure 3.2 Whether formally left employment, by size and sector



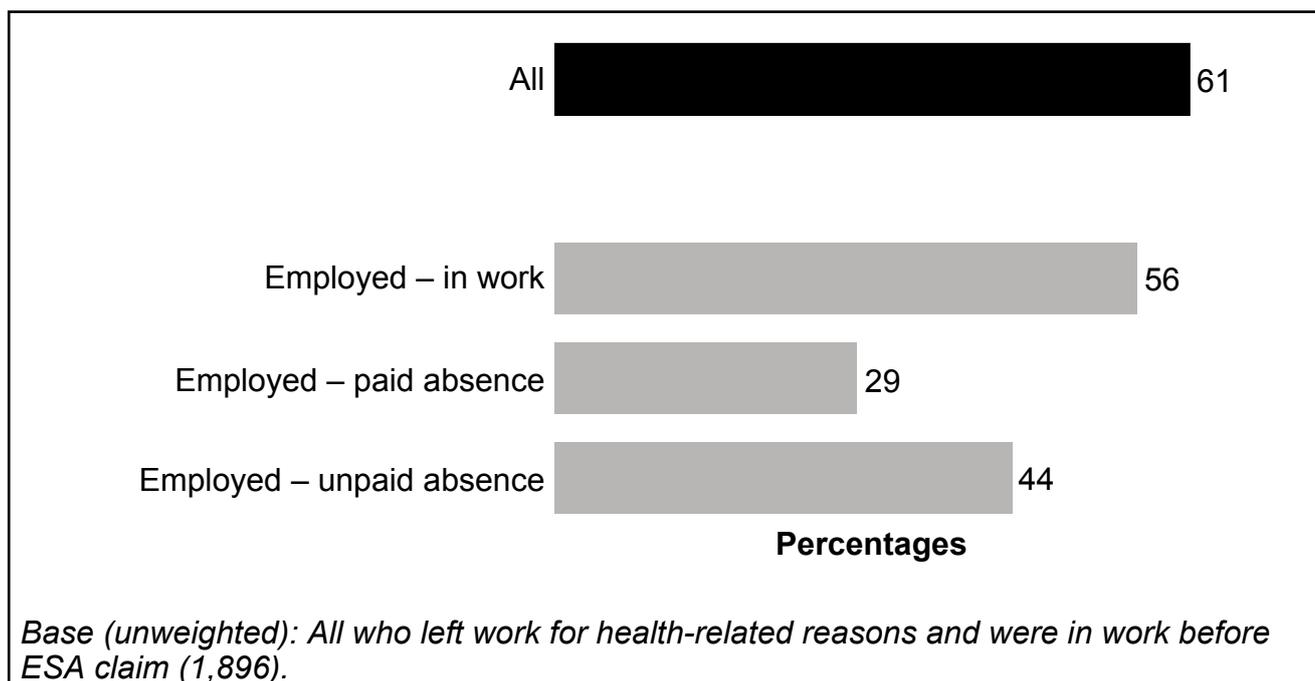
A claimant's employment term was also related to whether they had formally left their last work prior to their claim – specifically, the amount of time they had spent with their employer and the type of contract in place. Claimants who had been with their employer the shortest amount of time as well as those who were employed by an agency or casually (as opposed to directly by the organisation they worked for) were more likely to have formally left their employer.

In addition to employer characteristics, there were clear differences between whether or not claimants had formally left their employment according to their health condition.

Claimants who had formally left their last place of work before they submitted their claim were more likely to have a main mental health condition (74 per cent) than either a physical health condition (52 per cent) or another condition (67 per cent). Tables detailing this information can be found in Appendix A, Table 3.2.

Figure 3.3 shows the **incidence of formally leaving employment before starting an ESA claim** by each of the four key claimant groups who stated they stopped working for health-related reasons.

Figure 3.3 Whether claimant formally left employment, by route onto ESA



Those who had a period of paid sickness absence immediately before starting their ESA claim were least likely to have formally ended their employment at this point (29 per cent). Of those who had not formally left work, nearly all had had some form of ongoing contact with their employer since they were last present at work (ranging from 77 per cent of those in work immediately before their ESA claim, to 92 per cent of those who had a period of paid sickness absence). See Appendix A, Tables 3.3 and 3.4 for more detail on this information.

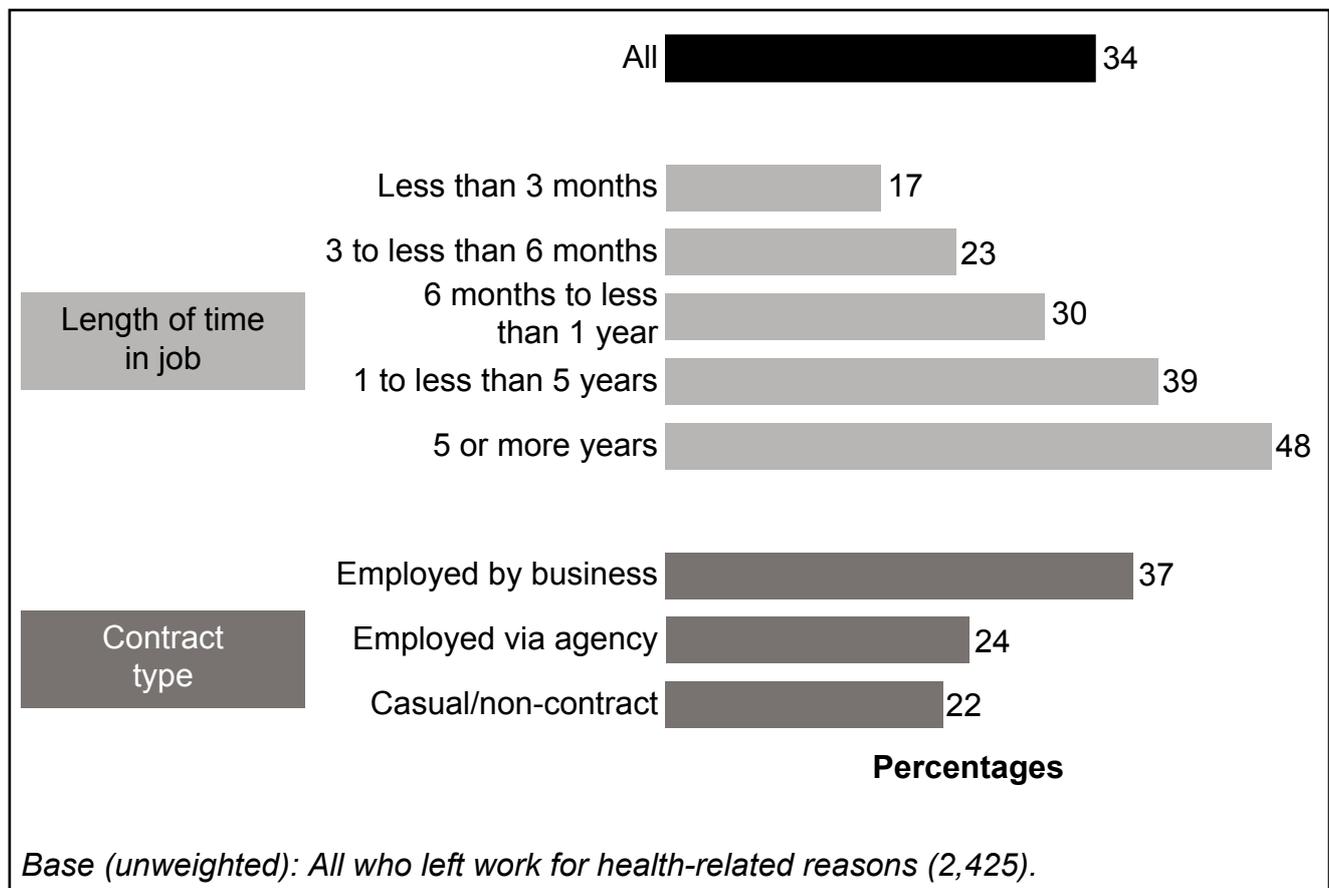
3.3 Formal arrangements to return to work

All claimants who stated they had stopped working because of their health condition were asked whether they had a formal arrangement to allow them to **return to work in the future** (which is slightly different to whether or not they had formally left work as discussed in the previous section).

One-third (34 per cent) of those who stopped working because of their health condition stated that they had a formal arrangement to return to their employment when/if they were capable of doing so. For these individuals, their period of ESA could be considered to be a period of state-funded sickness absence.

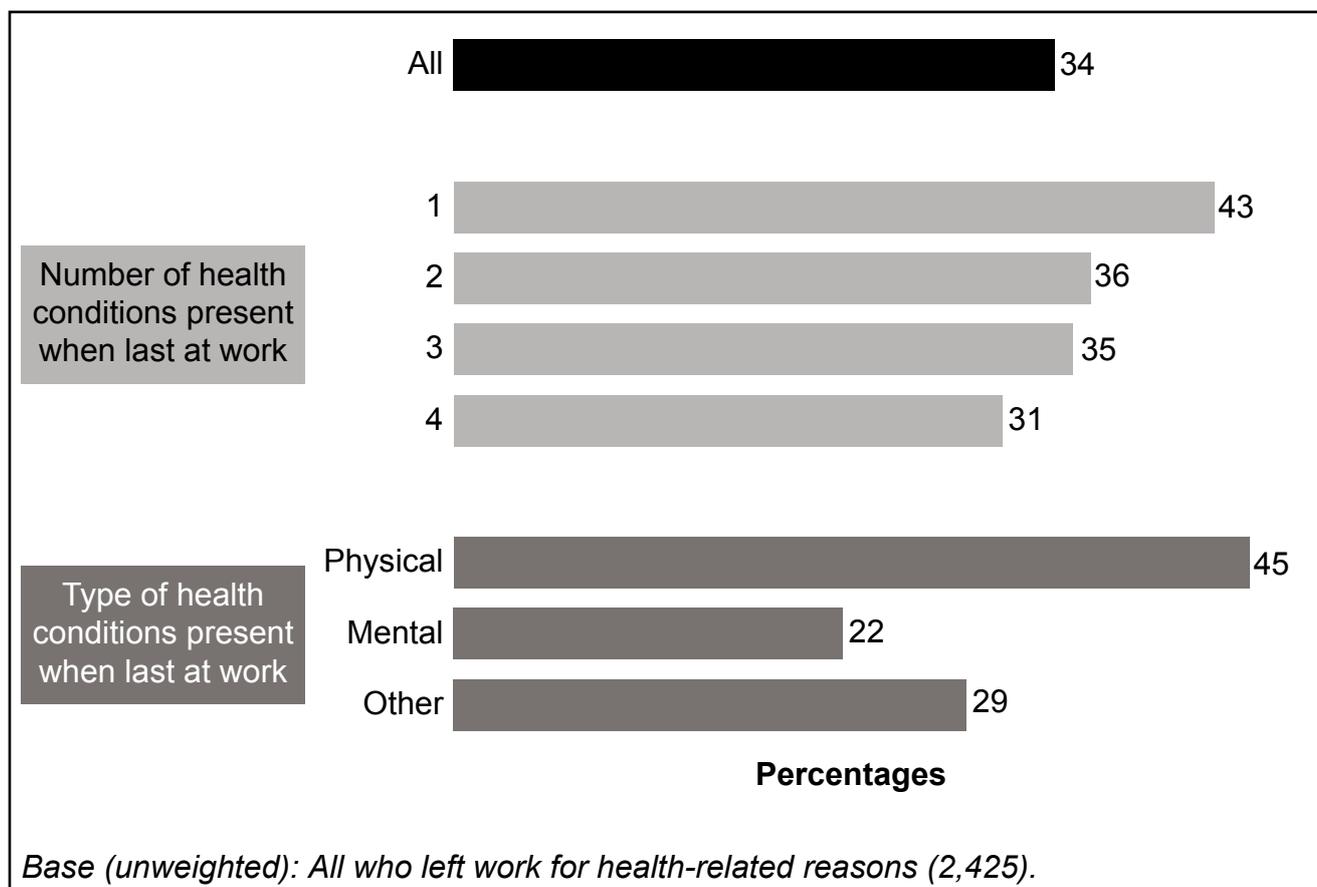
Claimants with a closer contractual relationship with their employer were more likely to report having formal arrangements in place. The longer the claimant had been employed by that same employer, the more likely they were to have formal arrangements to allow them return to work in the future. Similarly, claimants directly employed by their employer were more likely to have formal arrangements for their return in place but, as shown in Figure 3.4, these differences are perhaps not as large as might be expected.

Figure 3.4 Whether claimants had a formal arrangement allowing return to work when health improves, by tenure and contract type



The nature of the claimant’s health condition also had an impact on arrangements to return to work. Claimants with only one condition were more likely to have formal arrangements to return in place: 43 per cent, reducing to as few as 31 per cent amongst those with the highest number of conditions (Figure 3.5). Similarly, claimants who reported their main condition was physical were more likely than those whose main condition was mental and/or another condition to have formal arrangements to allow them to return.

Figure 3.5 Formal arrangement to return to work when health improves, by nature of health condition



The prevalence of arrangements to return to work also varied by key claimant group. The likelihood of having a formal arrangement to return to work was much higher among those who moved to ESA after a period of paid absence (50 per cent) than among the other groups (which was 40 per cent among those who moved to ESA after a period of unpaid absence and 36 per cent among those who moved straight to ESA without any period of sickness absence). These figures are tabulated in Table 3.5 in Appendix A.

3.3.1 Key drivers of whether a claimant had a formal arrangement to return to work

Section 3.3 showed that several factors were linked with being more likely to have a formal arrangement to return to work in place, namely:

- length of time employed by the employer;
- being directly employed by the employer;
- only having a single health condition;
- having a physical health condition;
- having moved to ESA after a period of paid absence.

Further analysis was conducted to understand which of these factors was **most important** in determining whether a claimant had a formal arrangement to return to work. In other words,

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the analysis explored the relationship of these factors with each other and with the outcome of interest. The analysis took account of the correlations between each of the factors. Other relevant factors relating to claimant demographics, employer characteristics, nature of employment, nature of health condition and attitudes to their health condition and work were also explored.

This analysis found that **receiving a period of paid sickness absence³⁵ was the main driver of having a formal arrangement to return to work**. It was almost twice as important as any other individual factor³⁶. Those who had received sick pay were more than four times as likely to have a formal arrangement to return to work in place as those who had not.

Length of employment was found to be the next most important factor: likelihood of having a formal arrangement in place to return increased with length of tenure

This was followed by **having a physical health condition**. Those with a physical health condition were around twice as likely to have a formal arrangement to return to work as those whose condition was not physical.

The analysis also found that certain attitudes were linked with having a formal arrangement to return to work:

- **A belief that a health condition was aggravated by work:** Those who felt this way were around half as likely to have a formal arrangement to return to work than those who did not
- **Agreement that their employer had been supportive about their health condition:** likelihood to have a formal arrangement to return to work increased with perceived supportiveness of employer, with those feeling their employer was 'very supportive' being more than twice as likely to have a formal arrangement to return to work than those who found their employer 'not supportive at all'.

Full data tables relating to this analysis can be found in Appendix B.

³⁵ Including both statutory and occupational sickness pay.

³⁶ This factor explained 37 per cent of the model (in other words, contributed to 37 per cent of the R-squared value). See Table B.3 in Appendix B.

4 Sickness absence and sickness pay patterns of ESA claimants

In order to better understand claimants' employment history and how they arrived at Employment and Support Allowance (ESA), questions were asked to establish patterns of sickness absence – both paid and unpaid – while in their last job. These covered:

- length of time on paid/unpaid sickness absence;
- type of pay received during any period of paid absence;
- rate of sick pay received;
- entitlement to sick pay.

These allow us to capture the detail of any additional periods of sickness absence a claimant might have had prior to the point when they submitted their claim for ESA. This is particularly interesting for the group who were unemployed immediately before submitting their claim.

This chapter summarises the overall amount and type of sickness absence taken by individuals since starting in their last job, while also focusing on the finer detail of their final period of sickness absence before submitting their ESA claim³⁷.

Key findings

Sickness absence before and after exiting work

- Overall around three-fifths (61 per cent) of all claimants took a period of sickness absence from their last job (i.e. between starting their most recent job and submitting their claim for ESA). Those working for public sector organisations, large organisations and women were all more likely to have done so. These findings reinforce those seen in a similar survey conducted with employees; *Health and Wellbeing at Work: a survey of employees* demonstrating that ESA claimants had similar patterns of sickness absence to other employees.
- 39 per cent of claimants did not take a period of sickness absence (either paid or unpaid) from their last job (i.e. between starting their most recent job and submitting their claim for ESA). Those that had been self-employed, worked for a micro-sized employer, and/or a private sector employer were significantly more likely not to have taken any period of sickness absence.

³⁷ Findings based on this section of the questionnaire exclude data for 153 individuals who provided inconsistent answers about the sickness absence they had taken immediately before submitting their ESA claim. Data for these claimants were excluded on the basis that we could not be certain of the sickness absence patterns given the differences in their responses to a series of questions.

Sick pay after exiting work

- Where sick pay was received in a claimant's **final period** of sickness absence before claiming ESA, most reported having received Statutory Sick Pay (SSP) (66 per cent exclusively and 15 per cent in combination with Occupational Sick Pay (OSP)). A further 13 per cent received OSP only. Therefore 29 per cent received some OSP.

Sick pay entitlement – why was sick pay not received?

- Around one third (35 per cent) of those who **did not receive sick pay** reported that their employer had told them they were not entitled to it. Of these employees, more than half (55 per cent) said this was because they were employed on a probationary period, temporary contract or as an agency worker and 36 per cent because they worked variable or part-time hours (see Appendix A, Table 4.7 for more detailed information on types of employees who thought that they were not entitled to sick pay). But it is possible that many of these claimants were actually entitled to SSP.
- However, guidance stipulates that casual and agency staff are eligible³⁸ to SSP and that the minimum earnings for eligibility are £111 per week, suggesting that for at least some of these individuals, perceptions around eligibility may not have been correct. The qualitative research confirmed these findings and highlighted cases of temporary or agency workers and/or part-time or newly employed individuals having left work assuming they were not entitled to any pay, but had not generally checked this assumption with their employer.
- Although employees can self-certify their sickness absence for up to seven consecutive calendar days³⁹, employees were commonly required to produce medical evidence sooner than this in order to qualify for SSP. Most claimants (70 per cent) said that they were required to supply a fit note, and just over half (55 per cent) of these said they were required to do so within the standard self-certification period (and 25 per cent within three days).
- While the majority of claimants (87 per cent) believed they had received their full sick pay entitlement; four per cent did not and a further nine per cent were unable to answer this question indicating that they were unsure as to the amount of sick pay to which they were entitled (see Appendix A, Table 4.6 for more detailed information).

³⁸ www.gov.uk/statutory-sick-pay-how-different-employment-types-affect-what-you-pay

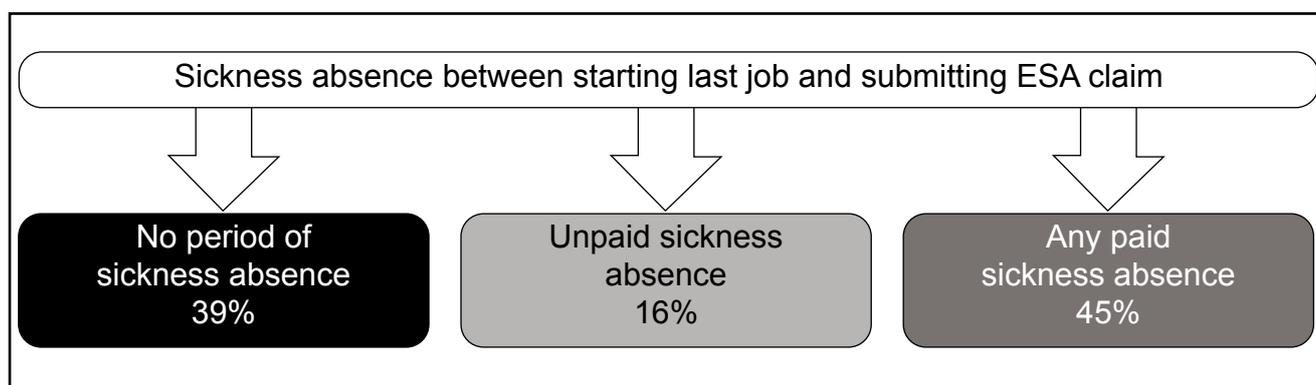
³⁹ www.gov.uk/taking-sick-leave

4.1 Overview of sickness absence since starting most recent job

Around three-fifths (61 per cent) of all claimants took a period of sickness absence (either paid or unpaid) **at some point** between starting their last job and submitting their claim for ESA.

Around half (45 per cent) of all claimants had at least one period of paid sickness absence after starting in their most recent work role whereas less than one-fifth (16 per cent) took only a period of unpaid sickness absence.

Figure 4.1 Overall patterns of sickness absence since starting most recent employment



Sickness absence (paid or unpaid) was more likely among:

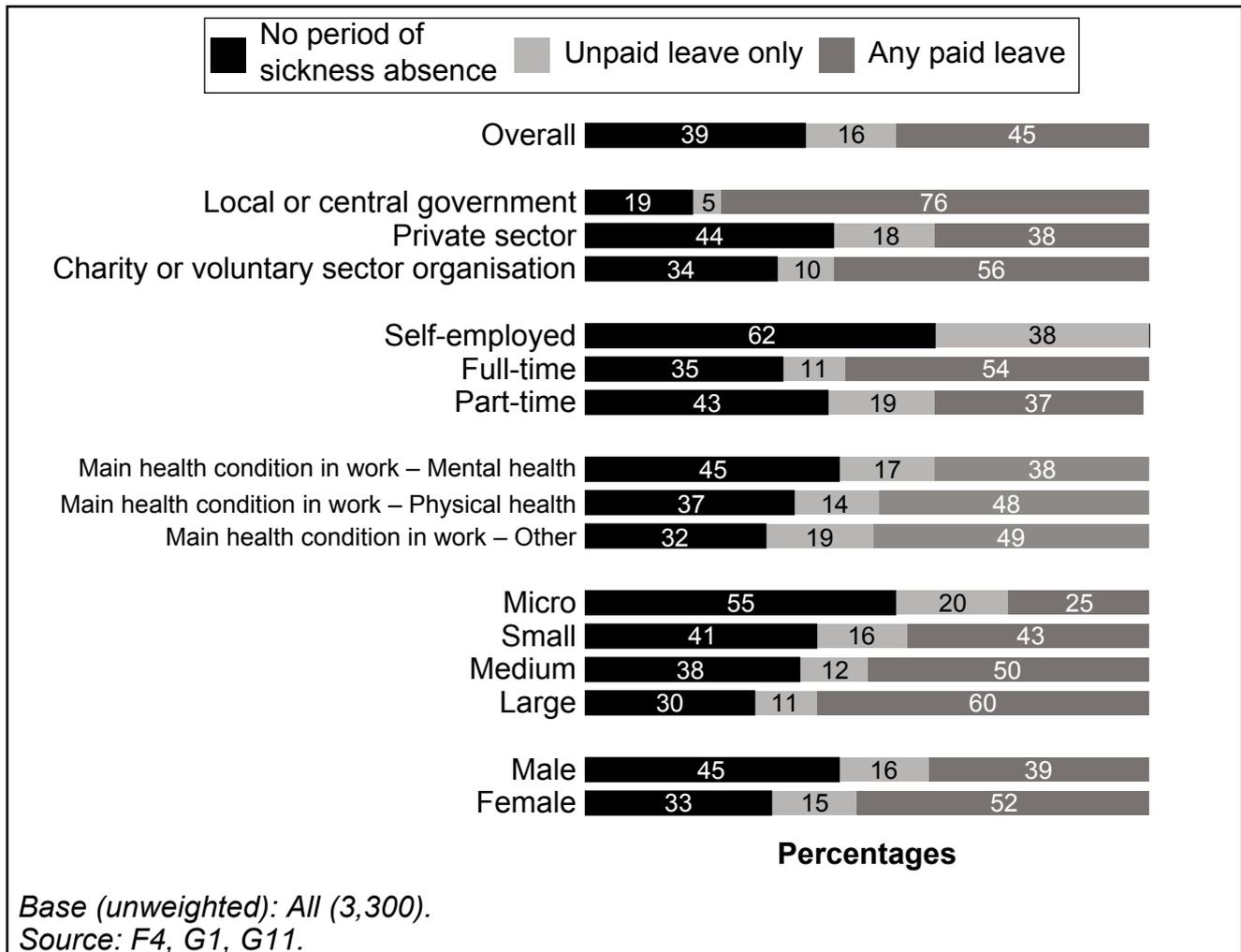
- those who worked for central or local government (81 per cent compared with 56 per cent who worked for a private employer) and for the largest companies (71 per cent versus 62 per cent medium, 59 per cent small and 45 per cent micro);
- those who worked for their employer for the longest period of time, i.e. five years or more (80 per cent);
- individuals whose main condition when last in work was physical (63 per cent compared to 55 per cent of those with a mental health condition);
- women (67 per cent compared to 55 per cent of men).

These findings are in line with those found in the survey of employees⁴⁰, which also found that sickness absence in the 12 months leading up to the research was more common among women and, those working in the public sector.

Among those who did not take any period of sickness absence at any point after starting work in their most recent role, 57 per cent had a health condition during this time. Those who had been self-employed, worked for micro-sized employers as well as those who worked for a private sector employer were significantly more likely not to have taken any period of sickness absence (Figure 4.2).

⁴⁰ Steadman, K., Wood, M., Silvester, H. (2015). *Health and Wellbeing at Work: a survey of employees, 2014*. DWP Research Report No 901.

Figure 4.2 Sickness absence since starting last job



4.2 Sickness absence after last attending work

This section concentrates on the final period of sickness absence taken by an individual, **that is, the period of sickness absence that immediately preceded their ESA claim.** Unless otherwise stated, findings are based on only those claimants who stated that they left their most recent employment because of their health condition, illness, injury or disability, either exclusively or in combination with other factors.

In Chapter 2, it was established that the vast majority of claimants (73 per cent) stopped working because they felt they could no longer work due to their health condition and/or disability.

Of all claimants who left their last place of work because of health-related reasons, half – 51 per cent – had a period of paid sickness absence after leaving work and before claiming ESA. This equated to 35 per cent of **all** claimants.

4.2.1 Types of paid sickness absence

An individual may be entitled to sick pay through one or more schemes. There are two types of sick pay – Statutory Sick Pay (SSP) and Occupational Sick Pay (OSP), also referred to as company or contractual sick pay.

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SSP, currently £87.55 a week, is the legal minimum payment individuals who qualify are entitled to receive from their employer for up to 28 weeks. SSP is paid only for 'qualifying days' these are usually the days an employee normally works. SSP is paid when an employee has been absent from work for four consecutive working days and is paid from the fourth qualifying day⁴¹. To be eligible for SSP employees must have a contract of employment and have worked under this contract, provide proof of illness after an absence of seven days, and earn at least £111 a week.

Agency workers are eligible for SSP but certain other groups of people do not fit the criteria⁴², including those who: have already received the SSP for the maximum period, are receiving Statutory Maternity or Maternity Allowance, are working outside the European Union (EU) and those who were in custody or on strike on the first day of sickness.

If an employer offers OSP this may be at a rate that is higher than the legal minimum (SSP). However eligibility for the scheme may be conditional on a number of factors, e.g. length of service and there will be a limit on the number of weeks for which sick pay can be received. The nature of OSP schemes vary from one employer to another.

If eligible for both SSP and OSP, individuals may be paid through both schemes at the same time; for example, often SSP is 'topped up' to normal pay. An employee retains an underlying entitlement to SSP for 28 weeks and would revert to SSP only, if they have used up their entitlement to OSP, before the 28 weeks is exhausted.

If an employee is not enrolled on an OSP scheme and is not eligible for SSP, an employer must provide them with an SSP1 form within seven days of their illness which can be used to claim ESA. This means that individuals can claim ESA whilst still formally employed by their company.

4.2.2 Type of sick pay received

Among those claimants who took **any** paid sickness absence **after last attending work**, two-thirds (66 per cent) received SSP exclusively and 15 per cent received SSP in combination with OSP. Roughly three in ten (29 per cent) received some OSP.

Among **all claimants** involved in the research, this equated to just over one-fifth (22 per cent) who received SSP exclusively and five per cent that received a combination of SSP and OSP. Nine per cent received any OSP at some point between last being in work and submitting a claim for ESA. The remainder had not had a period of paid sickness absence between last attending work and moving on to ESA.

Certain groups were more likely to have received SSP only during their paid sickness absence (these tables can be found in Appendix A, Table 4.1):

- Those working for a private sector employer (75 per cent compared to 56 per cent among those who worked for a charity or voluntary sector organisation and 47 per cent for local or central government).

⁴¹ If an employee works two days a week then they will have to be absent for two weeks (i.e. four days) before they can claim SSP.

⁴² The full list of criteria can be found on www.gov.uk/employers-sick-pay/eligibility-and-form-ssp1

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- Those whose last employer had not made any adjustments for them (these tended to be private sector employers) (69 per cent compared to 63 per cent of those whose employer had)⁴³.
- There was some indication that the smaller the company a claimant worked for, the more likely it was that they would receive SSP only, although findings were not significant at the 95 per cent level.

4.2.3 Length of time sick pay received

On average claimants who received sick pay during their final period of sickness absence before submitting a claim for ESA, did so for a total of 22.6 weeks.

There was some variation in the length of time a claimant received sick pay and this tended to be determined by the broad sector within which they worked, type of health condition and the type of sick pay received.

Those more likely to have received sick pay for a longer period of time were those who were more likely to have received any sick pay, as were those who worked for local or central government (received sick pay for 25.9 weeks) and/or had a health condition physical in nature (received for 23.7 weeks).

As may be expected, those who received a combination of both SSP and OSP scheme also received pay for the longest period of time (25.9 weeks).

In line with the fact that the majority of claimants who received sick pay received only SSP, three-fifths (60 per cent) reported that the sick pay they received after last attending work was lower than their normal rate of pay. More information on the length of time sick pay was received and the rate of pay received can be found in Appendix A (Tables 4.2 to 4.5).

4.2.4 Sick pay entitlement

Those who had received sick pay were also asked whether, as far as they were aware, they had received all of the sick pay to which they were entitled. The majority of claimants (87 per cent) believed they had received their full entitlement; just one in twenty-five (four per cent) thought this was not the case.

However, one in ten (nine per cent) were unable to answer this question indicating that they were unsure as to the amount of sick pay to which they were entitled. This figure more than doubled among black and minority ethnic (BME) claimants (21 per cent) who were also more likely than white claimants to have been most recently employed via an agency (17 per cent versus 10 per cent of white participants) or doing non-contracted or casual work (six per cent compared to three per cent respectively).

Those who felt pressured to leave their job by their employer were almost three times more likely to believe that they did not receive their full entitlement to sick pay (eight per cent compared to three per cent who left their role through their own choice). This may suggest that in some cases claimants perceive employers to not offer sufficient financial support during a period of sickness absence leading them to feel under pressure to leave their job. It may also indicate that those who were treated unfavourably by their employer and left, did so because of this reason. More detail on perceived sick pay entitlement by various types of employees can be found in Appendix A, Table 4.7.

⁴³ More detail on any adjustments made by employers for their staff is given in Chapter 6.

4.2.5 Reasons for not receiving sick pay

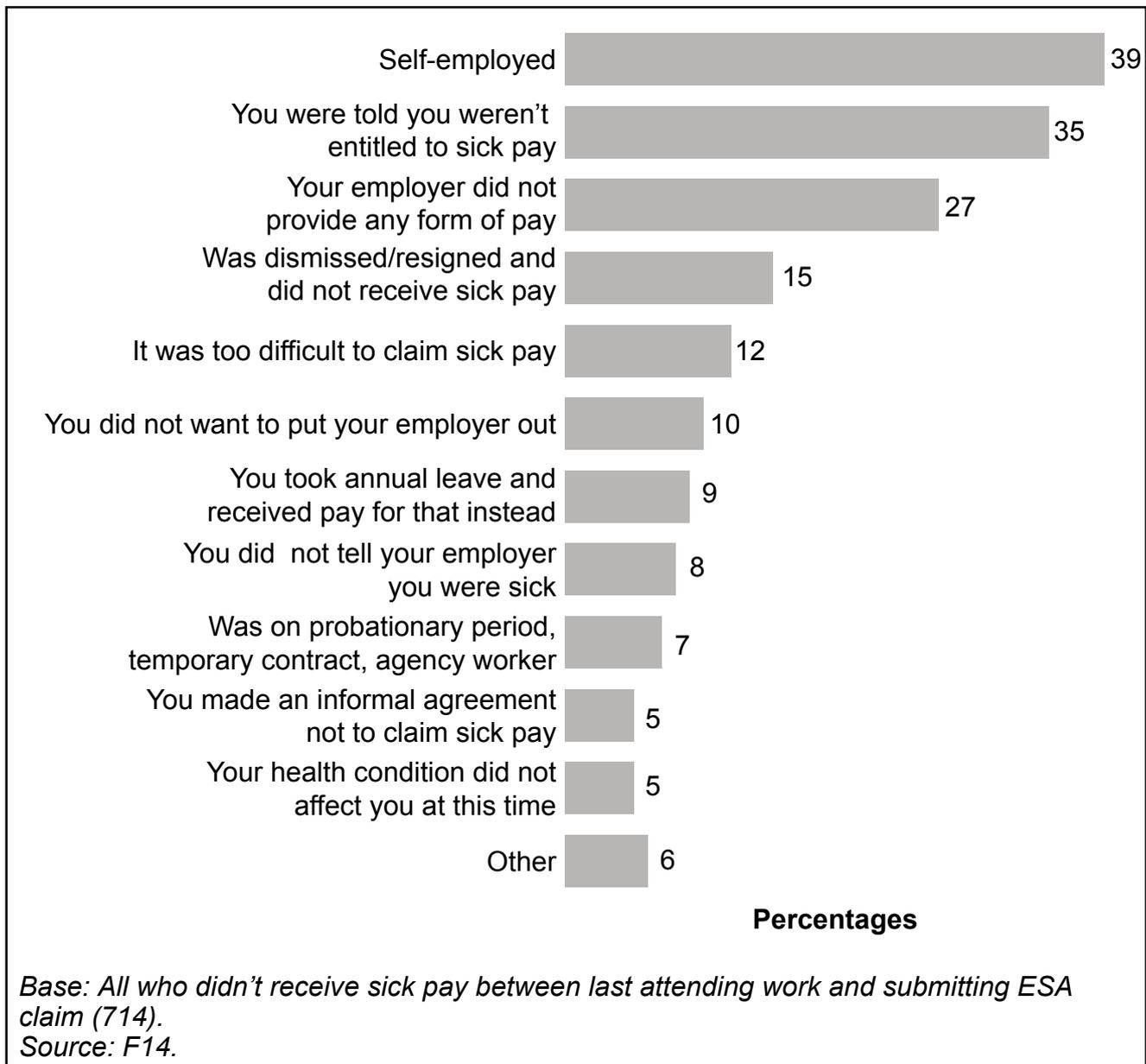
Claimants who did not receive sick pay during their final period of sickness absence before submitting a claim for ESA were asked why they thought this was the case⁴⁴.

As shown in Figure 4.3, most commonly claimants believed they did not receive sick pay because they were self-employed i.e. paid a salary or wage by an employment agency or were working as a sub-contractor (39 per cent). As such they would have been less likely to be covered by an OSP scheme and nor would they have qualified for SSP.

A slightly lower proportion – just over one-third (35 per cent) stated that their employer advised them that they were not entitled to sick pay. This was most common among part-time workers (50 per cent) as well as those who had not formally left their employer (and so had moved on to claim ESA without terminating their contract, 45 per cent). This suggests that a number of employers are aware that staff can go on to claim ESA if they are not eligible to receive either SSP or OSP and can hold their position open for them until they are able to return to work, in much the same way as if they had taken a period of paid sickness absence.

⁴⁴ Originally this question was only asked to claimants who stated that they had taken a period of paid sickness absence, but did not specifically receive sick pay during this absence. In agreement with the DWP a call back exercise was conducted to also include those who either took a period of unpaid sickness absence only or did not take a period of sickness absence at all at this point. Subsequently findings in the section are based on all available data, and claimants for whom it was not possible to contact during the call back exercise have been excluded from this section – a total of 134 records.

Figure 4.3 Reasons why sick pay was not received



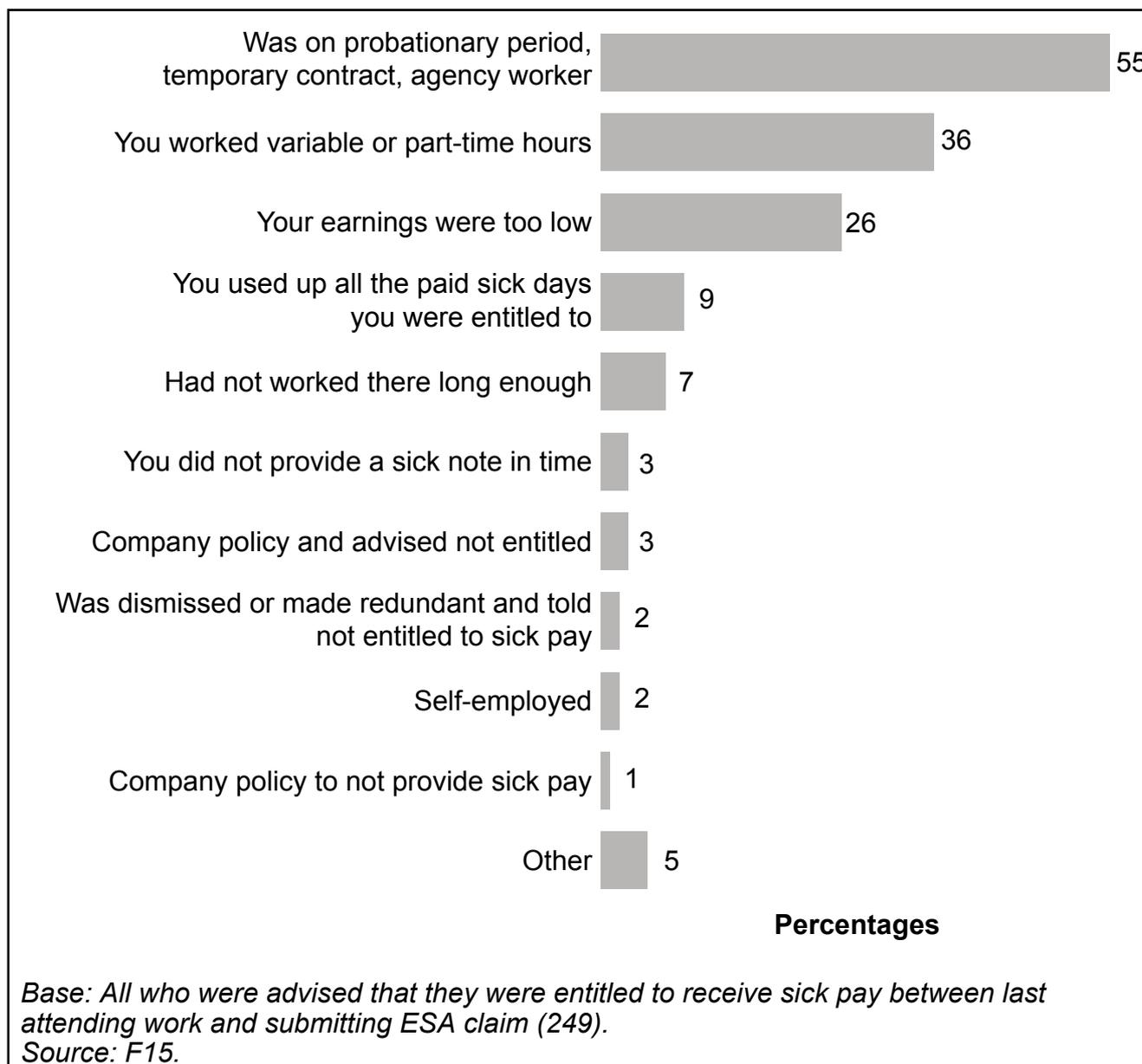
Just over one-quarter (27 per cent) of ESA claimants who did not receive sick pay did not think that their employer provided any form of paid sickness absence (as shown in Figure 4.3). Again, those working part time were more likely to state this as a reason for not having had any sick pay as well as those who had not formally left their employer (both 35 per cent).

Claimants who stated that they were not entitled to sick pay were followed up and asked why this was the case. Most commonly claimants cited contractual reasons; more than half (55 per cent) believed they were not entitled because they were employed on a probationary period, temporary contract or as an agency worker. Those employed via an agency as opposed to directly by an employer were significantly more likely to state contractual reasons as to why they were not eligible for sick pay (82 per cent compared to 47 per cent) (see Appendix A, Table 4.7 for more detailed information on types of employees who thought that they were not entitled to sick pay). However, this is inconsistent with government guidance on SSP, and may suggest that employers have been incorrectly withholding SSP from agency workers.

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Additionally, just over one-third (36 per cent) specifically stated they were not entitled to sick pay because they worked variable or part-time hours.

Figure 4.4 Reasons why claimants were not entitled to sick pay



Among those ESA claimants who were advised they were not entitled to receive sick pay, more than one-quarter (26 per cent) cited that they were not eligible on the grounds that their earnings were too low (this would mean that they earned less than the equivalent of £111 per week).

Insight from the qualitative case studies suggests that although some staff were fired before they had a chance to claim sick pay this does not necessarily mean that they were fired as a result of their condition. Discussions with claimants revealed that some employers may have fired staff without a full understanding of their condition.

One claimant with a mental health condition working in a hospitality role was dismissed because of her behaviour at work which was caused by her condition. She had spoken to her employer about how she felt she was struggling, but did not mention her condition

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because of the perceived stigma attached to it. The employer was supportive to some extent but ultimately had to terminate her contract.

[When you have Borderline Personality Disorder] your mood is very erratic – basically it means you are emotionally unstable. When it got really bad I'd black out ... act irrationally...completely erratic. Being a bar maid and not being able to raise a smile or hold a conversation did not go down very well. I knew I was struggling because I started isolating myself. Not many [conversations with work] – I just said I was struggling. I didn't like to go into it because I thought I would get criticised for it all I did, I ended up losing my job.'

(Female, Borderline personality disorder, No sickness absence before ESA, Small (1-49 employees), Private Sector, Hospitality)

Claimants who had been employed on zero hour contracts, casual contracts or who were agency workers were often confused about their sick pay or sickness absence eligibility. Some had reported in the survey element of the research that they were not eligible for sick pay because they, for example, worked variable or part time hours; however, in the qualitative follow-up interview they explained that they were not actually sure whether this was the case, they had just assumed it to be the reason why they were not receiving sick pay. This suggests that employers may need to be more open about how sick pay entitlement differs for different types of contracts, especially for those not receiving sick pay.

'When you have a zero hour contract you don't actually really know what your rights are. I feel I signed away my rights because you agree that you won't have a set of working hours I just assumed I would not get any form of sick pay as on zero hours contract. My employer didn't remind me [in discussions].'

(Female, Depression, No sickness absence before ESA, Large (250 plus employees), Voluntary Sector, Hospitality)

'I just assumed that because I worked for a job agency I don't get sick pay because you could be working for a month or less than that. That is why I just thought they won't give me sick pay.'

(Male, Hernia, No sickness absence before ESA, Medium (50-249 employees), Private Sector, Retail)

4.3 Fit note requirement

The section discusses use of the fit note. It also explores whether claimants were required to make up any time lost to sickness absence. All findings reported in this section are based on individuals **who had some history of sickness absence in their role**. That is, they had taken some time off sick, before the period immediately leading up to their ESA claim. This is because this group of claimants would have had experienced some form of return to work (and therefore an opportunity to present a fit note or be required to make up time).

4.3.1 Background to the fit note

The fit note was introduced in April 2010 and is issued by a doctor to document the assessment of a patient's fitness for work. The fit note allows doctors to advise that individuals 'may be fit for work' taking into account the doctor's advice, or that they are 'not

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fit for work' (there is guidance available to GP's on how to make the best use of a fit note to support their patients⁴⁵). Doctors use fit notes to record details of the functional effects of their patient's condition so that individuals and employers can consider ways to help the individual return to work.

For up to seven consecutive calendar days an employee can self-certify sickness absence and a fit note does not have to be issued by a GP or other health professional. After the seventh day of absence, employees would need to justify their absence, usually presenting a fit note. However, the payment of SSP is not contingent on the prompt submission of a fit note.

4.3.2 Fit note requirement

The majority (70 per cent) of claimants who took any period of absence because of their health condition reported that their employer required them to provide a fit note, rising slightly to 72 per cent of those who took an absence of more than two weeks.

This figure is much higher than that reported in **a survey of employees**⁴⁶, in which 41 per cent of employees taking two weeks or more sickness absence provided a fit note to their employer. This discrepancy may be in part due to the differing profile of individuals surveyed, specifically the occupations in which they worked⁴⁷.

The longer the claimant was absent from work the more likely it was that they were required to provide a fit note (8 per cent of those absent for more than four weeks were required to provide a fit note).

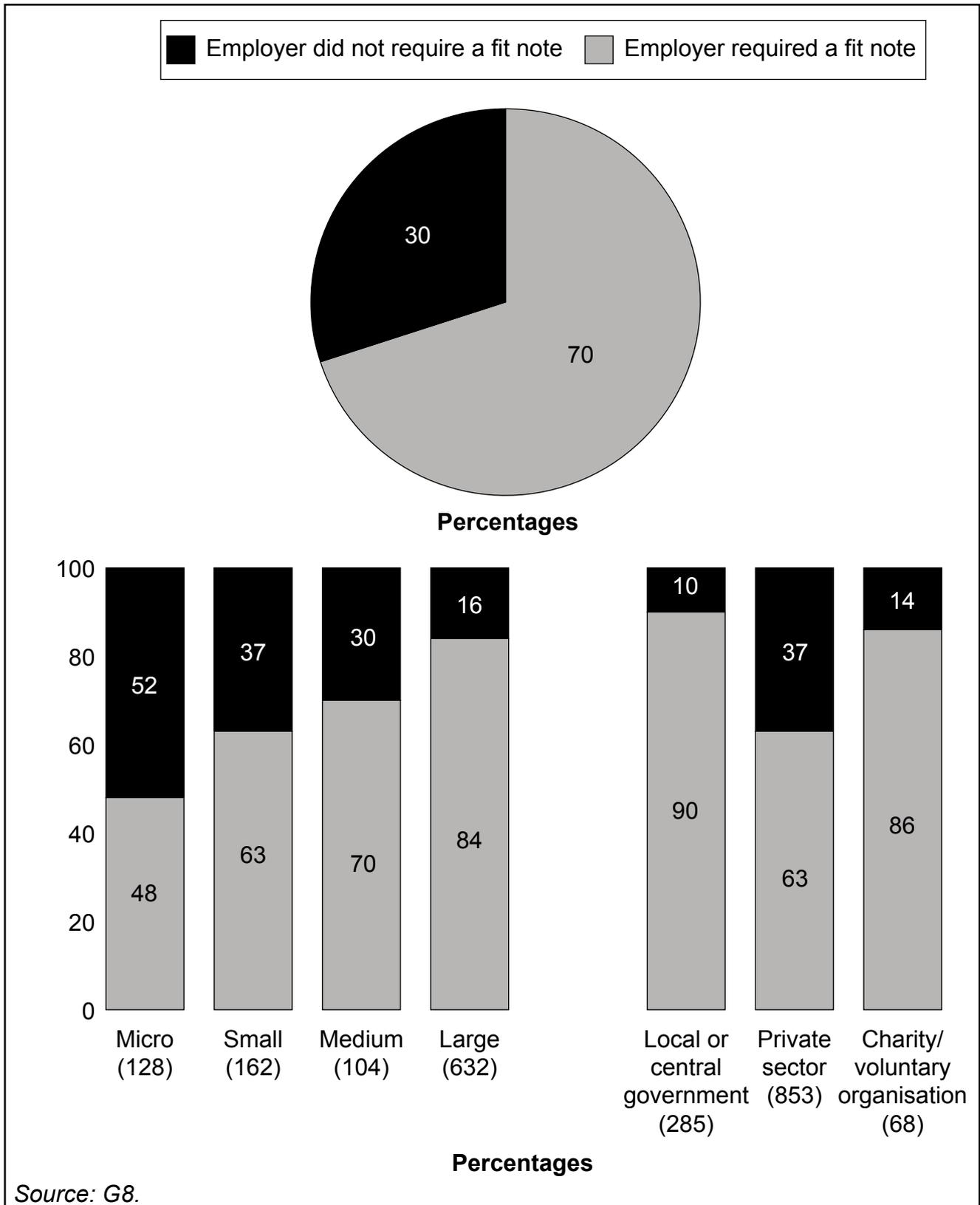
In contrast to this, although local or central government employers were no more likely to have only offered SSP to their employees, 90 per cent of claimants who worked in this broad sector were also required to produce a fit note (as opposed to 86 per cent charity/voluntary organisation and 63 per cent private sector (Figure 4.5).

⁴⁵ www.gov.uk/government/uploads/system/uploads/attachment_data/file/349909/fitnote-gps-guidance-jan-14.pdf

⁴⁶ Steadman, K., Wood, M., Silvester, H. (2015). *Health and Wellbeing at Work: a survey of employees, 2014*. DWP Research Report No 901.

⁴⁷ The survey of employees in 2014 reported that those who worked in skilled trades and as process plant and machine operatives were much more likely than those working in services or sales to produce a fit note. Skilled trades and process plant and machine operatives accounted for 26 per cent of all respondents to this survey (weighted) and 14 per cent in the *Health and Wellbeing at Work: a survey of employees, 2014*.

Figure 4.5 Fit note requirement



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The likelihood of being required to produce a fit note also increased significantly with the size of the organisation for which a claimant worked and is likely linked to the previous finding in relation to local or central government employers; more than four-fifths (84 per cent) who worked for the largest employers (250+) staff were required to present a fit note compared to 48 per cent among those who worked for a micro sized company.

Additionally, those who stated that their employer made adjustments for them were more likely to say that they were required to produce a fit note (76 per cent).

See Appendix A, Table 4.8 for a more detailed breakdown of findings relating to the requirement of a fit note.

Evidence from the qualitative interviews with employers suggests that in some cases employers refer to the fit notes in their discussions with employees about adjustments that could be made to help them stay in work, although employers did not necessarily find the level of detail in fit notes useful in helping to decide on which particular adjustments would be implemented. Although employees can self-certify a sickness absence for up to seven consecutive calendar days, the survey revealed that employees are commonly required to produce proof of illness sooner than this;

- One-quarter (25 per cent) of those required to bring in a fit note said they were required to do so within a three-day period of absence (this was more likely for those working in the private sector).
- A further 23 per cent reported having to do this after five days. This equates to 55 per cent of those required to bring in a fit note needed to do so after five days, despite guidance existing which explains the seven days self-certification requirement (see Appendix A, Table 4.9 for further detail on the number of days absence a fit note was required).

This suggests that employers are not adhering to the seven days self-certification for sickness absence but instead requiring fit notes after a shorter time period in many cases. General Practitioners (GPs) do not have to issue fit notes for the first seven days as employees should self-certify. The effects of this practice will be unnecessary increased demand for fit notes from GPs and the resulting additional foot fall in GP practices.

Almost seven in ten (68 per cent) stated that they believed they would not receive sick pay if they did not bring in a fit note in the time specified by their employer. This seems to indicate that some employers make the payment of sick pay contingent on the production of a fit note despite the fact that they are required to pay SSP even if an employee fails to provide the necessary medical evidence until their eighth consecutive day of absence.

Conversely, claimants who stated that their employer had made some adjustments for them whilst they were still in work were the one group significantly more likely to say that they would still receive sick pay if they failed to provide a fit note in the specified timeframe (12 per cent compared to six per cent of claimants whose employers made no such changes). This indicates that some employers are able to exert some degree of discretion or flexibility when it comes to the implementation of sick pay policy, particularly those employers who are more inclined to adapt working practices to allow people who have a health condition to continue in their role. See Appendix A, Table 4.10 for more detailed information.

4.3.3 Making up time lost to sickness absence

The vast majority (87 per cent) of those who took any period off sick before last attending work were not asked by their employer to make this time up.

There were a number of groups, however, that were more likely to have been asked to make up time by their employer, including:

- those who felt pressured by their employer to eventually leave their job because of their health condition (19 per cent versus 11 per cent of those who made their own decision to leave);
- those with a mental health condition; almost one in five (17 per cent) of those whose main condition when last working was a mental health condition compared to one in ten of those who had a physical condition (10 per cent); and
- private sector employees (15 per cent) compared to eight per cent of local or central government employees.

See Table 4.11 for more detailed information of those who were asked to make up the time they took off sick.

4.4 Claimant views on sickness absence policies

As part of the survey, claimants were asked a short section of questions about any policies their employer may have had around sickness absence and sickness pay. Claimants' awareness and understanding of these policies was explored in greater detail in the qualitative follow-up. Findings in this section are based on information from both the quantitative survey and qualitative follow-up.

4.4.1 Availability and perceived clarity of employer policies

Almost two-thirds (64 per cent) of claimants who were affected by their health condition when they last worked stated that their employer had written guidelines or policies on sickness absence and sickness pay.

Nine in ten (90 per cent) claimants who just received OSP at the point after last being in work were also more likely to state their employer had such policies; this compared to 79 per cent who only received SSP. This might indicate that less information is provided by employers in relation to SSP than OSP.

Around one-fifth (21 per cent) reported that no such policies existed. Claimants who worked in the construction industry were almost twice as likely to say that no written policies or guidelines were available compared to the overall level (41 per cent compared to 21 per cent). Further, where policies did exist, those who worked in construction were four times more likely not to have seen these written guidelines (22 per cent compared to five per cent overall). One claimant who worked for a small construction company said that there was no written policy and he was unsure what he would be entitled to. His employer phoned him on his second day of sickness and said that they had decided to pay him more than the statutory sick pay.

It may be that in some instances a written policy was available, but employees had forgotten about it. Qualitative discussions with claimants revealed that when prompted, some remembered that policy details may have been in their contract.

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'The employer spoke to me about it and it's the one thing that I am not overly sure about. I can't recall 100 per cent. I think details might have been in my contract but I never really study it – just glanced over it.'

(Female, Osteoarthritis, Hernia, Depression, No sickness absence before ESA, Small (1-49 employees), Private Sector, Retail)

Around one in seven (15 per cent) did not know whether sickness absence policies existed at the company for which they last worked, meaning that a sizeable minority did not know how to access written guidance on sickness absence and sick pay at a time when their condition affected them in work (see Appendix A, Table 4.12). It is worth noting that some of these individuals' may not have tried to access guidance on these policies. In some instances employees felt that they were not able to ask their employer about their sick pay entitlement. One employee, for instance, did not want to ask her boss about why she was not receiving sick pay because she was frightened she would be sacked.

'Everybody in my family kept telling me I was entitled to sick pay but she [boss] was such a hard woman to talk to that I never confronted her. I had been told by the others that she was that sort that if you did confront her you would be out of the door and gone the next day. She just got rid of you.'

(Female, Back pain and severe sciatica and depression, No sickness absence before ESA, Small (1-49 employees), Private Sector, Retail)

Almost four-fifths (78 per cent) of claimants who stated their employer did have written guidelines or policies on sickness absence and sick pay considered these policies to be clear in setting out how much sick absence and sick pay they were entitled to.

Claimants who worked for local and central government were more likely to have written policies and to consider them clear in setting out an individual's entitlement to sickness absence and sick pay (84 per cent compared to 75 per cent of those who worked for a private sector employer).

5 Employer policies on sickness absence and sick pay

The chapter discusses organisational policies around sickness absence and sick pay from the employer's point of view. Findings are drawn from the employer qualitative element of the research and are illustrated with examples of particular cases of staff sickness.

Key findings

- Most organisations had some form of sickness policy in place, though public sector and large private sector organisations were much more likely to have more rigid formal policies than smaller private sector organisations.
- Most organisations reported applying discretion with their sickness absence policies. This was more common among smaller companies which tended to apply their policies on a case-by-case basis. Where flexibility was implemented, it tended to result in employees being given more than policies specified, rather than less (although this was sometimes the case). Discretion with sickness policies was generally applied to favour members of staff who had worked at the organisation for a long period of time and built up trust or staff who had certain conditions such as cancer or those who had suffered accidents at work. The flexible nature of sickness policies may have resulted in staff being confused or not knowing what they may have been entitled to, particularly those working in smaller organisations.
- There was some inconsistency over whether some staff, including those on zero hours contracts or casual staff were eligible for Statutory Sick Pay (SSP) although the guidance stipulates that casual and agency staff are eligible⁴⁸. In addition, many employers did not offer Occupational Sick Pay (OSP) to casual staff or those on probation (casual staff are often not included on the company's record system) and so in some organisations, some staff were not eligible for any sick pay.

5.1 Sickness absence policies

Most organisations had some form of sickness policy in place with rules and regulations around both sickness absence and sick pay.

Typically employers expected staff to notify them of their sickness on the first day of absence, before the start of their working day/shift. Many employers stipulated that staff should notify a specific member of staff, usually more senior such as their line manager or the member of staff who is in charge that day (e.g. store manager), as opposed to their friend. Staff were usually expected to notify their employer of their reason for sickness and anticipated length of time they needed off.

The formality of sickness absence policies, however, varied between organisations, often according to the broad sector and the size of the organisation.

⁴⁸ www.gov.uk/statutory-sick-pay-how-different-employment-types-affect-what-you-pay

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Public sector organisations and medium/large private companies tended to have stricter sickness policies and procedures in place than smaller private companies. For instance, some public sector organisations specifically stated which days and the frequency that sick staff had to phone or make contact.

Organisations with more rigid policies and procedures in place were usually strict with staff who did not adhere to the rules:

'Two usual ways people don't adhere to the rules: usually people are texting in and/or texting their mate but more often it's people not sending in fit to work note or a dramatic gap between them. Normally in that instance we say we're not paying you.'

(Large, Public Sector, Local Government)

Some public sector and larger private organisations conducted a 'back to work' interview when staff returned from a period of sickness absence to assess the reason for and length of sickness absence. Whilst some organisations conducted this interview after just 2-3 days of sickness absence others only held interviews with staff that had had longer periods of sickness absence, e.g. 2 weeks or more.

These organisations sometimes had sickness targets in place and monitored these by measuring the number of days and/or periods of sickness absence staff were having. Whilst some organisations relied on their own systems to measure worker absenteeism patterns, including the payroll, some had adopted a more formal approach such as the Bradford Factor. The Bradford Factor is a tool used in human resource management to measure the number of days and periods of sickness absence among each staff member. It is used to identify those who are taking days off sick over multiple occasions, which is deemed more disruptive to a workplace than fewer periods of longer absences. When staff reached a trigger point or had accrued a certain number of points on the Bradford Factor (depending on the method that was used to measure absenteeism) the organisation would take action. Typically this would be a warning where reasons for sickness are discussed. A certain number of warnings may have then led to a disciplinary procedure.

'She [the cook] broke the targets at the first formal stage – it was the same old pattern. I came here in March 2012 and there'd been a joke around here that the cook had been off sick more than she worked. She was off all the time with colds and said she couldn't work as she's be sneezing over the food. We went through the procedure and we went back and forth to Occupational Health and offered her advice- looked at life changes / healthy living – and gave her the counselling service. We dismissed her at the final hearing.'

(Large, Public Sector, Local Government)

By contrast, smaller private organisations (fewer than 50 employees) were much less likely to have formal sickness policies in place and rarely had anything in writing. Generally they would expect the sick member of staff to notify them as soon as possible, ideally on the first day of absence, although they seemed less stringent about the method of communication – text, email or phone.

'If someone is sick, they just have to text myself or lady who does the payroll, and then we organise it with the rest of team to cover their session. Basically, they need to inform us as soon as possible and we keep an eye on how long they're off for, if more than a week we request a fit note.'

(Small, Private Sector, Education)

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'If a guy can't work because he has picked up an injury playing football, he tends to phone up and say he'll take the week off and will come back when feels better. So we say, "phone us when you're better". We don't have a defined policy.'

(Small, Private Sector, Construction)

Smaller companies were also less likely to have any set sickness targets or trigger points in place for when an employee should receive a warning. Although warnings and disciplinary procedures were carried out within smaller organisations, they were done on a much more ad hoc or case-by-case basis.

'What I would probably do is say, "Why don't you take a week and try and get yourself sorted? And we'll have a conversation in a week's time and take it from there." If it continues to happen, then you have to go down the dismissal route because there's just no point.'

(Small, Private Sector, Hospitality)

5.2 Sickness pay policies

All organisations offered Statutory Sick Pay to some staff as a minimum. They all recognised that it is a legal requirement to do so, and that there are certain criteria that need to be addressed for staff to be eligible for it. This did not necessarily mean, however, that all employers had accurate knowledge of the criteria. One employer, for instance, thought that they were only obliged to pay SSP at the point they received a fit note, whereas the SSP guidelines state that organisations are legally required to pay SSP to qualifying employees after the fourth qualifying day and cannot require a fit note until after seven days of sickness.

There were some inconsistencies among employers in terms of **whether casual staff and staff on zero hours contracts were eligible for SSP** (the governmental guidelines stipulate that casual staff are eligible)⁴⁹. In many cases this seemed to be down to the finer detail of the contract with the employer. For instance, one small private company in hospitality did not offer SSP to casual seasonal staff. Another organisation said that their policy differed for zero hours staff, in that their SSP entitlement was dependent on how long staff had worked there.

A fit note would often be required after a certain number of days of absence, until which self-certification is acceptable. However, there was variability in when a fit note was required. Some of the companies interviewed required a fit note after seven days of sickness absence, which is in line with the legal requirement of SSP. However, the remainder required a fit note earlier, after just three to four days of sickness absence. Although this inconsistency may suggest that there is some confusion among employers as to when a fit note is required in order to claim SSP, employers may have set these earlier deadlines for the purpose of their own records and as a prerequisite of their company's OSP scheme.

Most companies offered some form of OSP although this is not a legal requirement. Those that offered SSP only included one small public sector organisation and some private sector organisations (of varying sizes and sectors). Of the employers that did offer OSP, the medium to large organisations had clear set guidelines in place as to who was eligible, how much could be paid and for how long it could be paid.

⁴⁹ www.gov.uk/statutory-sick-pay-how-different-employment-types-affect-what-you-pay

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Generally, OSP was only offered to permanent staff who had passed the probationary period (typically from three months to six months) or had worked at the organisation for over one to two years' service. The amount of sick pay received, which tended to be based on salary, varied by length of service, increasing over time.

The smaller organisations who offered OSP did so on a more discretionary basis. As with larger organisations, they typically did not offer it to part-time or casual staff and applied discretion about whether and for how long it could be offered to regular staff. This was usually based on how long they had worked there and, for certain companies particularly those in the construction industry, whether the staff member had their accident at work. Discretion in how OSP was provided will be discussed in the next chapter.

The following case study shows how the policies were implemented with an employee of a small organisation, as told by the claimant and the employer.

Management of sickness absence: case study

The sickness absence and pay policies at a small leisure organisation are kept relatively simple. There isn't a lot of paperwork involved and the employees are all made aware of the policies through their employment contract. Their sickness absence policy states that employees must notify them on the day if they are not going to come into work, failing to do so three times in a row is a sackable offence. Once off ill for more than three days a 'fit note' is required as evidence (note, this is not in line with the SSP regulations⁵⁰).

Nobody has 'special treatment'; the policy is consistent across all employees.

'It's the same amount of flexibility for everyone really. We don't discriminate between an apprentice and someone senior.'

Staff are only entitled to SSP, which is available to every member of staff after three consecutive days off sick. A big emphasis is placed on communication; the employer requested contact of some form for every day of sickness (if it is for a short period of time).

'It's just about communication really and being aware of what the problem is and if it is a problem that could be more of an emotional problem.'

The employer experienced a case of a male employee suffering from Crohn's disease for over a year before leaving work. The disease made working extremely difficult, with symptoms such as extreme weight loss, stomach cramps and fatigue, especially as the job was physically demanding. The employer was aware of the employee's condition and made various adjustments such as lessening their workload. However, the employee was not comfortable with this because the other members of the crew had a lot of work to do. Eventually the condition worsened to the point where the employee was unable to stay in work, despite several adjustments being made and offered by the employer. The sickness absence and pay policy at the organisation was communicated again when his condition arose, however, he recalled it being covered in his contract.

Continued

⁵⁰ Regulations state that organisations are legally required to pay SSP to qualifying employees after the fourth qualifying day and cannot require a fit note until after seven days of sickness.

Management of sickness absence: case study (continued)

The employee thought that the policies were very easy to understand and it was clear what evidence was needed and what his entitlement to sick pay was. The employer also helped him find out about other help and support that might be available to him, including Employment and Support Allowance (ESA) which he advised him to claim (the secretary gave him a SSP1 form about a month into his illness). He was kept formally employed while claiming ESA and both him and the employer hoped he would be able to return to work when his health improved. However, eventually the employee had to let the employer know he would not be returning, this was felt to be completely his choice by both parties. There is an informal arrangement where the now ESA claimant is welcome to return to work on an ad hoc basis, for example, to cover holidays of other staff. The claimant states he would like to return, but the physical nature of the job makes this difficult.

5.3 Flexibility in implementation of policies and when this is used

The majority of organisations admitted that there was some flexibility in their sickness policies, especially the smaller companies whose policy was often more informal. Employers were usually able to bend the rules in special circumstances, and this tended to be decided on a case-by-case basis.

'Managers can always retain discretion, it depends on the condition and the case. We are a charitable organisation so can bend the rules. We won't leave people suffering'

(Large, Voluntary Sector, Hospitality)

Employers seemed much more willing to exercise discretion with long-serving members of staff and/or where an accident or injury had occurred at work, being more likely to be lenient with the rules. For instance, allowing them to take more days off sick without taking them through the disciplinary procedure, or adapting the sick pay policy rules to provide them with more pay than they were entitled to (for example extending staff's designated period of sick pay, often in cases where their SSP had run out).

'For Occupational Sick Pay there is discretion in all areas, concessions can be made on an individual basis (this is down to regional stores/managers). Recently here we had a young girl who developed breast cancer and she had exhausted her company sick pay but as a one off we continued to pay her half salary whilst she was off and taking chemotherapy but it is down to discretion.'

(Large, Private Sector, Retail).

'He was injured at work, although it was his own fault he had been with us for 20/25 years and part of the furniture. We looked after him. If they are loyal to us, we show that loyalty back.'

(Small, Private Sector, Construction)

In contrast to being more flexible with long-standing members of staff, many employers were even more stringent where newly acquired members of staff were concerned, particularly

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those still on probation. Newer members of staff had had little time to build up the trust with their employer than long serving staff members and as such absences were more likely to be treated with suspicion and cause concern as to whether the individual was reliable and/or whether the sickness would be recurring.

'It very much depends on the length of time someone has been here. You look after people who have been around a long time, you look after them more than a newbie. If you just join, you're not going to get the same perks as those who have been here a while.'

(Small, Private Sector, Construction)

The following case study illustrates how a company may adapt procedures relating to the management of sickness absence.

Case study

A long serving Assistant Manager of an independent pub was off sick for two weeks with flu. On the first day of illness she went into work but the manager sent her home as she was obviously ill. The manager told her to give her a call which she did the following day to say she was still feeling sick. She took two weeks off sick in total and was in regular contact with her manager throughout. The manager did not keep a written record of her sickness absence and paid her full contractual pay.

In contrast, within the same pub, one member of staff who was on a casual contract had 4 days of sickness within his second week of work due to a migraine. In this case, the manager was suspicious and asked for a doctor's note even though she would not typically ask for one from staff on casual contracts. The employer said that they would be happy to get rid of him if it continues.

'I don't want to be taken advantage of. If he's out working someplace or just on a jolly, I need to make a decision. I'll have a conversation with him and he'll probably not be in my employment any longer because he's on probation right now. He's not coming across as a very reliable employee. I need somebody who I don't have to worry about. I come in and see my phone, "Oh sorry, I've got a migraine, I'm not in tonight and I'm not here to cover" If he doesn't sort it out, we'll part ways.'

However, some organisations had experience of bending their sickness policy rules in order to terminate contracts. For instance, one large public sector organisation who would usually refer staff to Occupational Health (OH) after two weeks off sick admitted that they would probably get rid of staff in their probationary period if they went off sick in their first four months, without referring them to OH.

A small retail company terminated the contract of a member of staff who had just passed his probationary period. He had a mental health condition and was working limited hours after being off sick, which did not suit the company.

'He [the employee] brought issues in that manifested themselves after thirteen weeks in terms of he had a stress and anxiety disorder. He was under the doctor with a fit note and was then scheduled to return to work. He started coming in first for two days then three [a phased return], which was, to a small company as us, as good as a chocolate tea pot or an ashtray on a motorbike – we are a business.'

(Small, Private Sector, Retail)

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Some public sector organisations had set procedures in place for cases where managers wished to exert discretion so that it was done under tight control and well monitored.

'We do also have 'deferred action forms' which managers can fill out to explain why they are not acting and taking the management actions they should be taking. You're deferring it because you're waiting for the medical prognosis (one at the moment with cancer) or you know it will only be a certain definite length of time (e.g. broken bones).'

(Large, Public Sector, Local Government)

The flexible nature of how some organisational policies were implemented, particularly within smaller organisations, could lead to some confusion among staff about what they are entitled to. This may therefore partly explain why almost one in ten claimants (nine per cent) were unsure as to the amount of sick pay they were entitled to (as discussed in Chapter 4).

5.4 Signposting sick employees to ESA

Organisations did not typically signpost staff to ESA (very few had even heard of it). Even where this had happened some employers were unsure as to the eligibility requirements and role of ESA.

One organisation said that it pointed staff towards ESA once they no longer qualified for either SSP or OSP. At this point in time, the employee would be given the SSP1 form but it would be their responsibility to look into it further and make a claim. This employer believed that this process should occur as soon as possible once staff had reached the limit of their allocated sick pay.

'It's in a letter that they would receive when they were applying for long-term disability. In an ideal world, there shouldn't be a gap. We've done a lot of process improvement in the past year to make that more streamlined'

(Large, Private Sector, Technology Consultancy and Outsourcing)

However, another organisation had signposted a staff member onto ESA whilst he was still claiming SSP (although government guidelines indicate that ESA is not payable in addition to statutory sick pay). The employer chose to do so as they thought, "considering the employee's disability, he may be eligible for both". The member of staff was still formally employed at the time of the research (although is still off sick and receiving pay) but the organisation was unsure as to whether he is receiving ESA (and if so, at what point he was able to do so).

'On top of his Statutory we thought he was entitled to some type of disability allowance as well. We paid him all that time which was 18 months roughly. I don't know if he ended up being able to get [ESA]. . . if he was allowed. We gave him the SSP1 form one month into his illness. He just couldn't do the job.'

(Small, Public Sector, Leisure)

As discussed in Chapter 2, five per cent of all claimants were still formally employed when they made their claim for ESA although they were on a period of unpaid sickness absence. Discussions with employers about this revealed that in the majority of instances employers kept staff formally employed, even when they are no longer attending work or receiving benefits, in the hope that they would return to work in the future.

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'I think because we always hope until the bitter end that we will be able to get somebody back... We may say well you're not getting paid with us at the moment but for a couple of months we might get a fixed contract in and get somebody to fill it on that basis. And then when that is drawing to a close that will be a prompt for us to go back to them and say "look, are we anywhere closer yet?" It will progress to either they come back or they don't. We will have discussions on how we will fill their job if needed while they are off.'

(Large, Voluntary Sector, Hospitality)

Other employers, however, admitted that staff on long-term sickness may well have 'slipped through the cracks' and so although still on the payroll were not being kept on for any particular reason.

'As a business we are not very good at managing long term sick[ness]. We have turnover of managers and that manager might not even know that the person even worked at that store so they fall through the cracks, so still employed but been off sick.'

(Large, Private Sector, Retail)

Therefore, even though some staff were still formally employed when they started their claim for ESA, this was not necessarily for positive reasons from the employer perspective. Some employers even alluded to not wanting these staff to return to work, but had kept them formally employed because they had not yet worked up the courage or impetus to terminate contracts.

'Unless someone resigns, the job is still theirs unfortunately unless you have told them we are going to terminate your employment.'

(Medium, Private Sector, Manufacturing)

One employer gave an example of where a member of staff who was sick did not come into work one day and although they tried to contact him, they heard nothing back. They did not pay him any sick pay but he has remained formally employed and the employer is unsure as to whether he is claiming ESA. Instances like these could explain why some individuals go straight from work into claiming ESA without a period of sick pay.

'[The employees] dad rang in saying he was stressed and can't get him to work. That was last May and since then there has been no contact. Because he hasn't contacted us we haven't paid him any SSP or nothing. We have written to him saying you have to explain your absence and made a phone call but there wasn't much sense out of the phone call. The job is technically still his. I haven't had the courage to write the letter saying [employment] is terminated ...'

(Medium, Private Sector, Education)

5.4.1 Communication of policies to staff

The vast majority of organisations made employees aware of their sickness policies at the point they are employed. Information tended to be included in contracts or in staff inductions, particularly in public sector organisations and larger private organisations. In addition, or as an alternative, many organisations also included information about sickness policies in a staff handbook which tended to be given to staff as they join the organisation. Thus, most organisations appeared to be open about their policies upfront.

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In addition, many organisations (typically those with over 50 employees), also made their sickness policies available on the staff intranet or through bulletins and newsletters.

There were a number of small companies, however, (up to 50 employees) who did not formally communicate their policies with their staff. These companies relied on word of mouth and expected their employees to be aware of their rights.

'They all know. They just do. They know what they are entitled to. It's kind of an unwritten rule.'

(Small, Private Sector, Construction)

When policies were amended and updated companies were fairly efficient at communicating these changes to their staff. This was usually done either verbally through team briefings, monthly meetings and/or by hand outs, notes on payslips, posters on office walls or emails to staff. In these instances, employers admitted that there could be a risk that the policy changes may be misunderstood by staff or be overlooked altogether.

Some larger companies said that if the changes in policies were significant they would be printed off for staff to read and sign to confirm they understood the changes (although some recognised that this process did not always result in full comprehension among employees). This was the case when one large retail company introduced the Bradford Factor.

Although many organisations included the general sickness policy in the employees' contracts, they did not necessarily include all the details of the company rules and procedures on sick pay.

5.4.2 Recording and monitoring sickness absence

It used to be a legal requirement of employers⁵¹ to keep sickness absence records for each employee. However, this regulation was revoked to take effect from 6 April 2014⁵². All employers interviewed for this survey, which was completed in June 2014 (after the regulation was revoked) reported recording sickness absence for each of their staff, many did so, in order to calculate OSP and to keep track of sickness rates in their company.

Only one company (a small, private retail company) alluded to putting an end to their sickness record keeping (though they had not done so by the point of interview although this was largely a reaction to the abolition of the Percentage Threshold Scheme, also introduced on 6 April 2014. From this date, employers were no longer able to reclaim Statutory Sick Pay.

We are not bothering because now the Government are not paying us back the SSP. I don't see any reason why we should provide them with any information ... we used to put in the SSP and it would come off our P35s ... because if people don't help me I don't go out of my way to help them so there is this information which I'm sure [the Government] could use because they can say sickness is 1.2 per cent, but at the end of the day why do we need to put this information in because it is doing nothing for us so we just put in the gross figure.'

(Small, Private Sector, Retail)

⁵¹ Under regulation 13 of the SSP General Regulations 1982.

⁵² www.hmrc.gov.uk/manuals/spmmanual/spm11005.htm

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Many employers (more often the larger ones) kept records in order to look for patterns of sickness across the company as a whole, within different departments and/or at an individual level, though the latter would often only be done if the employer was suspicious about someone's absence.

'If I'm managing someone and they're off for the first time, I probably wouldn't look at a pattern but the second time, if it matched the first, I would think, "Hold the phone." That's exactly what I did and to find [an employee] had 12 occurrences of absence over a period of 5 years, 9 of them were in the last 2 years and they were all Thursdays, Fridays, Mondays, Tuesdays so it was just really obvious. Once you've worked it out, in their return to work interview, you'd say, "By the way, have you seen this?" and usually it's rabbit-in-the-headlights. That's generally how I do it as a line manager.'

(Medium, Private Sector, Retail)

6 Employer support before exiting work

This section of the report explores the support provided in the workplace for claimants with a health condition. In particular, it focuses on the following factors:

- **The effect of work on health conditions** – whether claimants felt their health condition was caused or made worse by their work.
- **Adjustments made by employers** – including what adjustments were made, when, and how helpful they were.
- **Support services** – access to and use of Occupational Health Services (OH) and independent counselling.
- **Support from staff** – details surrounding any discussions that took place between claimants and their line managers and/or human resources departments in relation to their health condition, and the perceived level of support from these members of staff.

Unless explicitly stated otherwise, findings in this chapter are based only on those who had a health condition when they last worked (75 per cent of all claimants). Again, unless stated otherwise questions about workplace support were asked in relation to all the health conditions the claimant was experiencing when they last worked (and not just their main condition).

Key findings

- Nearly three-fifths of claimants with a health condition in work reported that at least one adjustment had been made for them (58 per cent).
- The most commonly provided adjustment was being allowed to take time off work at short notice (e.g. for appointments) allowed for 44 per cent of claimants. Other adjustments included: flexible hours (20 per cent); extra breaks (19 per cent); changing types of tasks (16 per cent); and reducing overall workload (16 per cent).
- Although 71 per cent of those who had adjustments made for them found these helpful, only 52 per cent found the adjustments useful **in helping them to stay in work longer**. This was highest among those who had experienced a reduction in their overall workload (69 per cent found helpful) and those who reported that specialist equipment had been provided or changes to their working environment had been made (68 per cent).
- Only one-third of all claimants indicated they had access to an OH (33 per cent), and less than one-fifth access to independent counselling (18 per cent). More than half of all claimants did not have access to either service (54 per cent).
- Sixty-two per cent of claimants who had a health condition when they last worked and had access to OH, made use of this service, and just over one-third made use of independent counselling (35 per cent). Claimants who made use of OH were more likely to have had a period of paid sickness absence, still be formally employed, and received workplace adjustments.

- Around one-quarter of Employment and Support Allowance (ESA) claimants had not discussed their health condition with either Human Resources (HR) or a line manager (24 per cent). Those with a mental health condition were less likely than those with either physical or other conditions to have discussed their condition with a manager (59 per cent versus 75 per cent).

6.1 The effect of work on health conditions

Just over one-quarter of claimants⁵³ felt that the work they were doing had caused their condition (26 per cent). This was higher among those whose main condition was a mental health one (35 per cent).

A majority of claimants also believed that work had worsened their condition (61 per cent). This was also more likely among claimants whose main condition was a mental health condition (69 per cent compared to 58 per cent of claimants whose main health condition was physical and 51 per cent of those with a main condition classified as 'other').

6.2 Adjustments made by employers

To understand what employers could do to help people with health conditions stay in work longer, claimants were presented with a list of common workplace adjustments. They were asked to state whether they felt each of the adjustments a) had been made for them and b) if not, whether the adjustment would have helped them to stay in work. The questionnaire also explored at which point adjustments were implemented and the overall helpfulness of these adjustments.

6.2.1 Whether any adjustments were made

Overall just under three-fifths of claimants reported that at least one adjustment had been made for them (58 per cent). Figure 6.1 shows how this overall proportion varies by claimants' health condition(s).

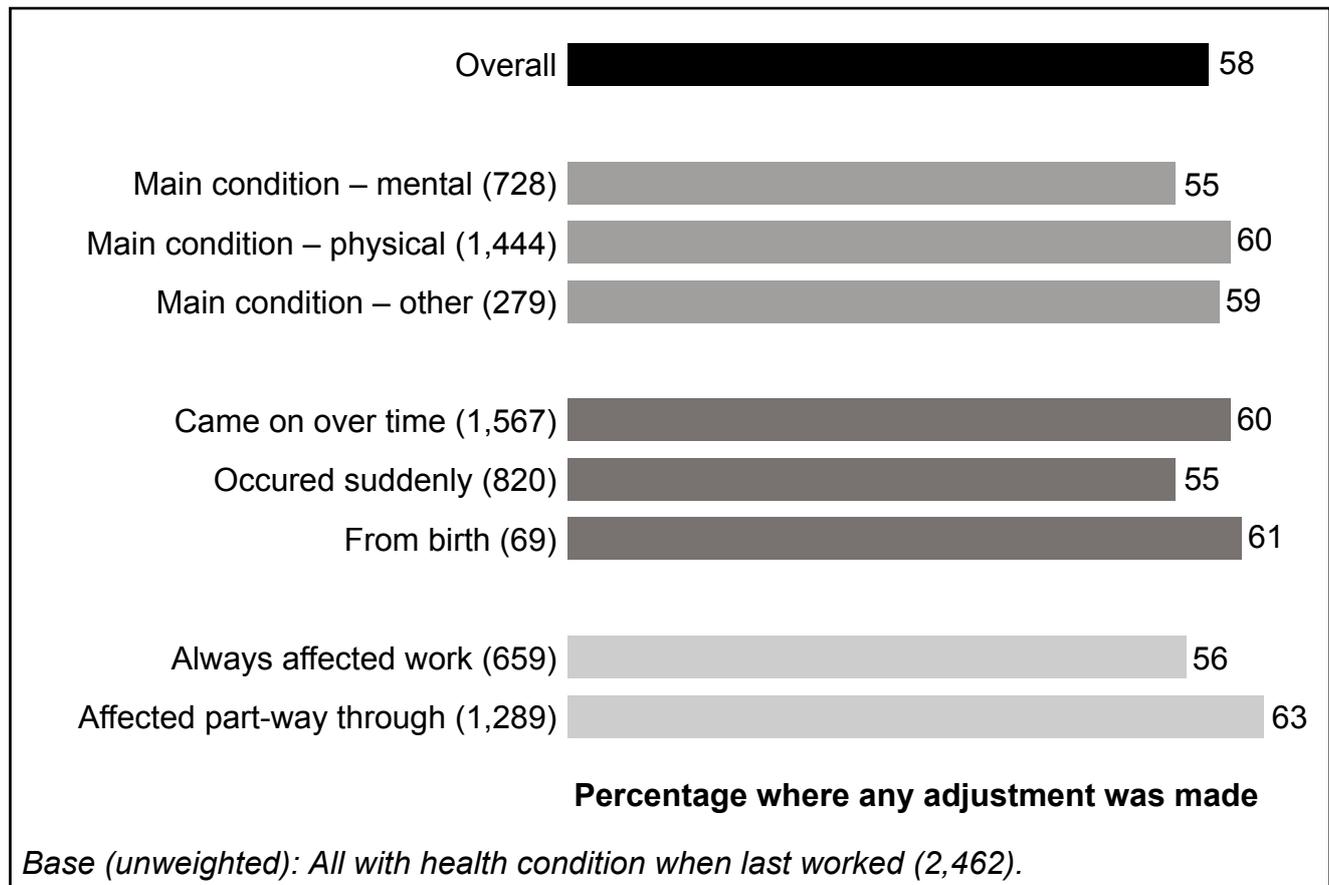
Those whose main condition was a mental one were less likely to report having had an adjustment made (55 per cent, compared with 60 per cent of those with a physical main health condition and 59 per cent of those whose main condition was of an 'other' nature).

Claimants whose main health condition occurred suddenly were less likely to have adjustments made than those whose health conditions came on over time (55 per cent versus 60 per cent). However, adjustments were more likely to be made for claimants who said that their main health condition only started to affect them part-way through their job in comparison to it always affecting them (63 per cent versus 56 per cent).

Incidence of any adjustment being made also varied according to size and type of employer, with claimants working in large organisations being more likely than average to state that their employer provided adjustments (64 per cent vs. 58 per cent average); likewise, those working for the Government (69 per cent) and charity or voluntary organisations (72 per cent) compared to those working in the private sector (55 per cent) – Appendix A, Table 6.1.

⁵³ As per note at the start of the Chapter this is based on all those who had a health condition while in work. Those who had their health condition from birth were also excluded from this question.

Figure 6.1 Whether any adjustments were made, by nature of main health condition



6.2.2 Nature of adjustments made

As shown in Table 6.1, being allowed to take time off at short notice was the most common type of adjustment made, with over two-fifths of claimants indicating their employer had allowed this (44 per cent). All other adjustments were much less commonly reported.

A number of different adjustments to claimants' workloads and working patterns were also reported. Between one-fifth and one-sixth of claimants reported that they had been able to work flexible hours (20 per cent), take extra breaks (19 per cent), change the type of tasks undertaken (16 per cent) or have a reduced overall workload (16 per cent) to enable them to stay in the workplace.

Just over one-tenth (11 per cent) said that employers had provided equipment or made adjustment to the physical working environment. A similar proportion had been directed to independent counselling by their employer.

Allowing work from home (4 per cent), providing help getting to and from work (5 per cent) and providing access to another individual for support (6 per cent) were only reported by around one in 20 claimants.

There was little variation in the type of adjustments made in the workplace by age (see Table 6.2 in Appendix A for a detailed breakdown on type of adjustments made by age).

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Table 6.1 Types of adjustment made by employers

<i>Multiple responses included</i>	
Type of adjustment	%
Being allowed to take time off at short notice (e.g. for appointments)	44
Allowing flexible hours	20
Allowing extra breaks	19
Changing the type of tasks	16
Reducing overall workload	16
Reducing no. of hours working	15
Changing work hours or shift patterns	15
Providing equipment or making adjustments to working environment	11
Directing to sources of independent counselling	11
Providing access to a personal assistant, mentor or job coach	6
Help getting to and from work	5
Allowing work from home	4

Base: All with health condition(s) present when last worked (2,462).

The findings for each adjustment is in line with those in **a survey of employees**⁵⁴, where taking time off at short notice was the most frequently provided adjustment, followed by adjustments to workload, the types of task, and working hours and demonstrates that ESA claimants had similar common adjustments to other employees.

Where an adjustment had not been made claimants were asked whether they felt that particular adjustment would have helped them (Table 6.2). Significant minorities mentioned that they would have been able to stay in work longer had certain adjustments been made, the most common being a reduction in their overall workload, stated by around a third of claimants (32 per cent). Over one-quarter felt that changing the type of tasks their work entailed, allowing flexible hours or being allowed to take time off at short notice would have helped (28 per cent in each case).

Roughly, one-quarter reported that they would have been able to stay in work with a reduction in hours (26 per cent) and a similar proportion if extra breaks had been provided (25 per cent).

Smaller proportions would have benefited being allowed to work from home (16 per cent) and from help getting to and from work (15 per cent).

⁵⁴ Steadman, K., Wood, M., Silvester, H. (2015). *Health and Wellbeing at Work: a survey of employees, 2014*. DWP Research Report No 901.

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Table 6.2 Types of adjustment that would have helped claimants stay in work longer

Type of adjustment	Multiple responses included	
	%	Base
Reducing overall workload	32	2,051
Changing the type of tasks	28	1,363
Allowing flexible hours	28	1,994
Being allowed to take time off at short notice, e.g. for appointments	28	1,363
Reducing no. of hours working	26	2,080
Allowing extra breaks	25	1,988
Directing to sources of independent counselling	23	2,190
Changing work hours/shift patterns	22	2,100
Access to a personal assistant/mentor/coach	18	2,171
Providing equipment/making adjustments to working environment	18	2,323
Allowing work from home	16	2,371
Help getting to and from work	15	2,337

Base: All where type of adjustment was not implemented.

The adjustments that claimants reported would have benefited them the most also tended to be those that employers felt were easiest to implement. For example, changing types of tasks, allowing flexible hours, and reducing overall work hours were frequently mentioned as achievable actions by employers.

‘Say a staff member had problems with their back, we would make physical adjustments to their work load. If there was any administration work going, maybe that member of staff would be on administration duties until they are deemed fit.’

(Medium, Private Sector, Health and Social Care)

‘Reducing people’s working hours from 37.5 hours to 25 hours, we would do if they felt that it was too much and they wanted to reduce. Also, allowing a phased return to work if they’ve been off for a long time. It’s very hard to get back to work, so maybe we will say work five hours a day.’

(Medium, Private Sector, Healthcare)

A small proportion of claimants also spontaneously mentioned that they would have been helped by employers:

- showing more compassion and moral support (four per cent);
- showing a better understanding of their condition (four per cent);
- changing the job role (four per cent);
- better management in general (three per cent).

See Table 6.3 in Appendix A for the full list of responses.

It should be noted that these findings do not necessarily relate to cases where claimants requested adjustments, but had these requests declined, but just indicate where claimants

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on reflection feel they would have helped them. A survey of employees⁵⁵, indicated 27 per cent of employees surveyed did not feel comfortable asking for adjustments to be made; it may be that employers would have been able to offer some of these adjustments if they had been requested. Similarly, even where adjustments had been requested and were not provided this may be due to practical restrictions for employers, rather than an unwillingness to help employees. For example, the nature of a job role may mean working from home is not possible.

Indeed, in the qualitative research employers described situations where they were willing to make adjustments, but these were simply unrealistic. This was usually due to constraints caused by the working environment, costs, or the nature of the role.

Environmental constraints such as building design or lease limitations were mentioned in relation to adjustments that required adapting the workplace and providing equipment to improve the ease with which employees with particular health conditions could operate.

'If we could [we would make adjustments to premises]. Because it's a quirky little pub, the doors aren't big enough for ramps and things'

(Small, Private Sector, Hospitality)

'One that jumps out [as being more difficult] is making adjustments to premises. We would always look to do that but some of the premises are leased so that's where constraints come. We would work with the landlord to see what adjustments could be made.'

(Large, Private Sector, Technology Consultancy and Outsourcing)

Some employers mentioned financial constraints and costs related to specific adjustments as a barrier to offer these. Others talked more generally about the role expenditure plays in their decisions around making adjustments.

'We don't help with transport because we can't afford to do that.'

(Medium, Private Sector, Healthcare)

'We'd make alterations to premises, but that might be tricky because we have limited funds.'

(Small, Private Sector, Education)

'I know cost isn't something we should take into account too much but we don't have a budget for adjustments so we do have some discretion on what we can or can't do'

(Medium, Private Sector, Retail)

Barriers to providing adjustments were often mentioned by employers in relation to the physical demands of the role and the need to be physically present on site (as opposed to working from home). In these situations employers struggled to see how the role could be adapted.

'It's a physical job, so they couldn't stand behind the bar on a pair of crutches'

(Small, Private Sector, Hospitality)

⁵⁵ Ibid.

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'If they were disabled due to an injury and wanted to come back, we couldn't employ them. They wouldn't be able to work safely. You couldn't restructure this type of job around one person.'

(Medium, Private Sector, Construction)

'Arranging home working is very dependent on the role and there are certain roles where it isn't possible.'

(Medium, Private Sector, Retail)

Some employers described the importance of 'striking a balance' with adjustments between what was needed for the employee and for the organisation.

'We don't want to set a precedent where for everybody who goes off sick we do something special for. It's a fine line between what you can do and would like to do but what [you have to think about] as a business is realistic.'

(Medium, Private Sector, Retail)

'Being a small organisation we have some flexibility in how we make adjustments, so it is a balance between service provision and their ability to function.'

(Small, Private Sector, Social Care)

6.2.3 When adjustments were made

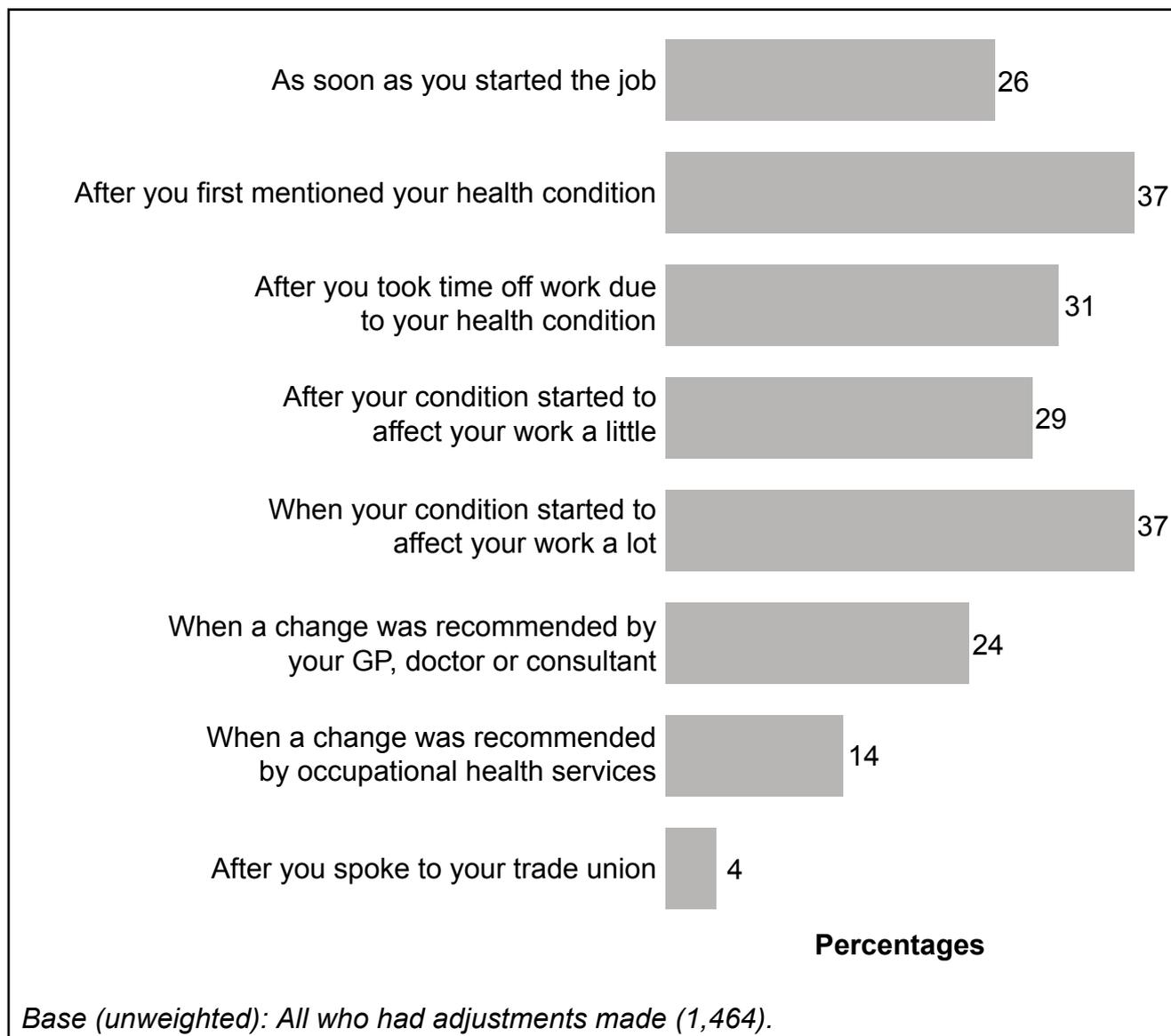
Claimants who had received any sort of workplace adjustments were asked when these were made for them⁵⁶. This varied widely suggesting that some claimants raise requests for adjustments proactively at the start of employment and others waiting until their health condition was affecting their work a lot (see Table 6.4 in Appendix A for full list of responses).

- Around one-quarter of claimants had these adjustments made for them as soon as they started the job (26 per cent), with this proportion higher among those that had their health condition from birth (32 per cent).
- Around two-fifths of claimants indicated that adjustments were made after they first mentioned their health condition (37 per cent). Just under a third of claimants that had adjustments made reported that this happened after they took time off work for their health condition or when this health condition had started to affect their work a little (31 per cent and 29 per cent, respectively). A higher proportion (37 per cent) stated that they were implemented when it started to affect their work a lot.

Some had received workplace adjustments following advice from third parties. Almost one-quarter of claimants said adjustments were made following a recommendation by their General Practitioner (GP), doctor or consultant (24 per cent). Only 14 per cent said adjustments followed a recommendation from OH and for four per cent it was after they spoke to their trade union.

⁵⁶ Responses in this section are not mutually exclusive.

Figure 6.2 When adjustments were made



6.2.4 Helpfulness of adjustments

Around seven-tenths of claimants who had adjustments made found them to be helpful (71 per cent).

However, when asked if these changes specifically **helped them to stay in work longer**, only just over half felt this was the case (52 per cent). This was highest among those who had experienced a reduction in their overall workload (69 per cent) and those who reported that specialist equipment had been provided or changes to their working environment had been made (68 per cent⁵⁷; see Table 6.5 in Appendix A for the proportion of those who had particular adjustments made that went on to say adjustments made helped them stay in work longer). Arguably adjustments made that do not directly contribute to an employee being able to stay in work longer may represent misdirected resource or efforts by employers,

⁵⁷ Please note that the majority of individuals mentioned more than one adjustment being made. The follow-up question which asked whether these changes specifically helped them to stay in work longer was asked at the overall level i.e. where any adjustments were made rather than iteratively (for each individual adjustment that was made).

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perhaps indicating that alternative adjustments or activities may have been required.

Understanding how adjustments are decided and discussed between employers and employees seems key to understanding how to maximise their effectiveness in terms of enabling employees to stay in work longer.

Fit notes are intended to provide helpful guidance on the kind of adjustments suitable to enable employees with a health condition to stay in work. They are not intended to be prescriptive but are advisory and should assist in a discussion of possible adjustments between employer and employee. However, employers felt fit notes could be more effective, often describing those in current use to be both brief and vague, providing recommendations like 'light duties' or 'phased return' rather than offering specific suggestions for tasks and timings.

'I think fit notes are absolutely hopeless. When they first came in, we were optimistic that we might get a bit more out of them, but they have been virtually no use at all. We end up writing to GPs a lot to find out what's going on, which depending on the GP can be easy or frustrating.'

(Medium, Private Sector, Retail)

Some employers were unable to recall any adjustments being included, instead indicating that they simply state whether an individual is 'unfit' for work.

'As a personal observation, I think the fitness note regime has not worked. I've never ever seen one that says if you do 'X' the person will return to work. They also just say 'unfit'. So completely useless; they don't seem to have achieved the intention they were invented for.'

(Large, Public Sector, Local Government)

The poor quality of fit notes was usually attributed to a mixture of poor training for doctors and little understanding of the job role. Some employers even questioned whether employees are seen before the fit notes are assigned.

'They're always signing for depression or things like that. Whether they assess them first of all, I don't know ...'

(Medium, Private Sector, Healthcare)

'Here's an example. One person they have MS but normally able to work under medication. They recently had a relapse and saw doctor, who said unfit for a month. They then went back to GP and got another fit note to stay off work for another 2 months. We can think of things he can do to come back but not the doctors. The issue is the GP not thinking it through.'

(Large, Public Sector, Local Government)

It was noted by some that medical documents often lacked a thorough understanding of the sector in which an employee worked and what was required of them in their professional role. Due to these concerns, some employers, usually in the larger organisation, highlighted the benefits of using OH suggestions over fit notes. 'Fit for Work' will be launched at the end of 2014, which will provide Occupational Health focused advice for GPs, employers and employees. The Service will also encourage discussions between the employee and employer through a return to work plan.

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'What we find is the GP doesn't have an appreciation of our business and the employee's role and it's a very one-sided conversation. We just find that OH gives a really balanced view.'

(Large, Private Sector, Technology Consultancy and Outsourcing)

In contrast to fit notes, employers described the value of informal meetings and discussions with the employee themselves and line managers who had a good overview of the condition and what was achievable. This may suggest a misunderstanding among employers of the intended role of fit notes, which are to assist in these employer and employee discussions, rather than to replace them. These informal discussions commonly occurred within organisations where a 'case-by-case' approach was adopted and there was no company policy on adjustments. They placed importance on considering the employee's perspective on their current health and capabilities.

'We would have a discussion, see what it is they can do (looking at it positively), we'd try and draw up a list.'

(Large, Private Sector, Social Care)

'Nobody knows better than the candidate themselves because disability or illness is unique.'

(Small, Private Sector, Pharmaceuticals and Healthcare)

The following case study shows how adjustments were implemented for an employee of a small organisation, as told by the claimant and the employer. The example highlights that even when appropriate adjustments are implemented by the employer it doesn't necessarily result in a significant enough change in working practices to allow an individual to remain in/ return to work for a sustained period.

Management of sickness absence: case study

A small organisation in the social care sector believes that part of their sickness policy is to be flexible. The manager considers herself proactive in suggesting adjustments and discussing these with employees, as well as offering ongoing support to an individual who requires it.

A recent claimant previously employed by this organisation is a Myalgic Encephalomyelitis (M.E.) sufferer, who the employer spoke of as a loyal and valued member of the team. The condition affected the employee's work in a variety of ways, but mainly with fatigue, making it difficult to complete her work. The quality of the work she produced was deteriorating, as she found it hard to concentrate, prioritise tasks and write notes coherently.

The employee had been suffering from M.E. for two and a half years, with sick absence and a brief period of return, and kept her employers fully informed throughout this period. She gave the employer a small booklet with advice on how to support an M.E. sufferer, along with a fit note with recommendations for workplace adjustments. These materials provided a useful stimulus for discussions between the employee and the employer; several adjustments were discussed, trialled and implemented. Early adjustments were made to her working schedule, including flexible hours, working from home and time off at short notice, all initially suggested by the employer. The employer believed that this flexibility would create a balance between service provision and her ability to function.

Continued

Management of sickness absence: case study (continued)

'Try coming in at a particular time and have your break at a particular time ... she said that after a period of activity or work she would feel really rotten the next day so we said come in and have the next day off work at home possibly the next morning just some light duties on the computer.'

The employee valued the support offered by her employer. However, despite the employer feeling that they made every adjustment suggested, the employee felt that the overwhelming case load she had to work with was too much; she was still working full time, with more patients than she could cope with. Although she mentioned it on several occasions to her employer nothing was done about it.

Overall, the flexible attitude of the employer kept the claimant in work for longer, and she was heavily supported throughout. However, it should be noted that the claimant felt that she stayed in work several months longer than she should have done and believes it would have been better for her health to leave earlier than she did.

The employer has worked closely with the claimant throughout her illness and still keeps in contact even though she is no longer employed.

'I have received emails and calls from senior manager which do feel supportive, not checking up on me. And that is very nice.'

6.3 Support services and staff

This section of the report looks at the support provided for employees when managing health conditions at work. It discusses access to and use of OH or independent counselling service available through the employer, and any discussions held between employees and their line manager and/or HR or Personnel department about their health.

6.3.1 Access to Occupational Health Services and independent counselling

Findings in this section are based on all claimants, whether or not they needed OH/ counselling or advice services at the time they were employed, as it is still relevant to understand awareness of these services.

Only one-third of all claimants had access to an OH service (33 per cent), and less than one-fifth had access to independent counselling (18 per cent). This was much lower than the proportion reported, among employees generally, in a recent survey of employees⁵⁸, (51 per cent for OH and 39 per cent for independent counselling).

More than half of all ESA claimants (54 per cent) did not have access to either of these services. This suggests that relatively low proportions of ESA claimants had any access to relevant support prior to the claim.

Employees in the private sector and/or smaller organisations were more likely not to have any access to either OH or independent counselling (see Table 6.7 in Appendix A for a

⁵⁸ Steadman, K., Wood, M., Silvester, H. (2015). *Health and Wellbeing at Work: a survey of employees, 2014*. DWP Research Report No 901.

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detailed breakdown of access by employer type). These findings are in line with a recent survey of employees⁵⁹. Evidence from qualitative interviews with employers suggests that in some cases this is due to a lack of direct and permanent support services within smaller organisations, as opposed to an unwillingness to provide services to staff where needed. Employers in micro-small organisations were more likely to describe informal, ad-hoc approaches towards providing support services.

'If they needed some counselling, there are people who we can call to steer them in the right direction.'

(Small, Private Sector, Hospitality)

Additionally, qualitative interviews showed that despite having the services in place, some employers did not proactively maximise employee awareness of services or offer these to employee they suspected may have needed it. These employers communicated support services predominantly through leaflets and posters, or in employees' induction packs, while others mentioned that they offer the services to individuals when requested.

'They find out about the service when they start, it's in their induction pack, and these services are made available as soon as they are asked for by the employee.'

(Medium, Private Sector, Health and Social Care)

This might explain the apparent disparity between the proportion of claimants who reported that support services were available and the findings from the qualitative research, as claimants may have simply lacked awareness of the support to which they had access.

A few employers from larger or health-focused organisations also described use of private health companies for care plans and insurance, or sometimes as a port of call for advice to direct employees for support. This was typically offered to longer standing or more senior staff. Although a lack of take up was often noted.

'The company offers the staff a discounted private health care plan from Simply Health. The staff are not really interested. It's free for manager, but the staff pay half the price. No one really takes it up.'

(Medium, Private Sector, Health and Social Care)

One service perceived as particularly useful by some employers was Access to Work, a grant which helps pay for practical support for those with a disability.

'We also have Access to Work. Where we've had to use them is for things like specialist wheelchairs where they will half fund it, then they do fully fund some things that are outside of work, e.g. getting to work for someone who has poor mobility can get funding to pay to travel to work. Although we cannot refer we get a copy of the assessment. It's a really positive thing but doesn't seem right that managers can't refer – some individuals are happy to be referred but can't be bothered filling in all the forms.'

(Large, Public Sector, Local Government)

⁵⁹ Ibid.

6.3.2 Use of Occupational Health Services and independent counselling

Findings in this section are based on those who had a health condition in work.

Claimants were asked whether they had used the services to which they had access when their health condition was affecting them at work:

- sixty-two per cent of claimants with access to OH made use of it (where they had used it the vast majority had been referred by their employer – 90 per cent); and
- around one-third of claimants with access to independent counselling used it (35 per cent).

Those who used OH where it was available were more likely⁶⁰ to:

- have had any period of paid sickness absence (73 per cent compared with 41 per cent who had unpaid sickness absence);
- still be formally employed at the time of the survey (71 per cent versus 51 per cent no longer formally employed); and
- have received workplace adjustments from their employer (69 per cent versus 43 per cent who did not).

See Table 6.7 in Appendix A for this data.

It is possible that employers are more likely to refer some employees to OH than others, and that they are also more likely to offer paid sickness absence, continued formal employment and adjustments to these employees. However, some insight is provided by the qualitative research which identified scenarios where OH had been particularly useful:

- **When an employer held suspicions about the validity of a health condition or the case was considered particularly problematic** – in these cases employers often viewed OH as potentially beneficial for both themselves and their employees, as the employee's account of their health was often confirmed and employers obtained a deeper understanding of the health condition through the detailed report produced.

'When we are suspicious about something we will send them to OH. Only if we think that we need a second opinion, only if they've been off sick'

(Medium, Private Sector, Healthcare)

Some employees supported this view, stating that OH had helped provide evidence that they were not fit for work when employers had been in doubt.

'It was useful – I felt the school was saying I couldn't be bothered to work, occupational therapy looked at my hands and said I wasn't fit for work. I was glad someone could see what I was trying to tell the school'

(Female, 50-64, physical health condition, no record of last work date prior to claiming ESA)

⁶⁰ Therefore this analysis controls for the fact that different types of organisation are more likely to offer OH.

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- **When an employee was due to return to work** – to establish their capabilities and to ensure the transition was successful.

‘If somebody is on long-term sick and wants to come back we would probably ask for an appointment with OH to make sure that they are healthy enough.’

(Large, Private Sector, Social Care)

‘For Occupational Health they are referred for the return to work, so if they’ve been off for any length of time we want to have an up-to-date medical report to assess someone’s fitness to work.’

(Large, Private Sector, Technology Consultancy and Outsourcing)

- When advice was needed about where to direct employees with a health condition or, more generally, how to support said employees.

‘With OH they do draw up useful programmes. It’s not too prescriptive, so their recommendations can then lead to a discussion between the employee and myself as to how we implement the programme.’

(Medium, Public Sector, Education)

There was some variation in take up of OH support by type of employee, type of organisation employed in and length of time in role.

Those working in public sector organisations were more likely than those in private sector or charity and voluntary organisations to make use of this service where they had access to it (76 per cent versus 52 per cent and 53 per cent);

Use of OH where it was available was more likely among those who had been in their job longer. Just 30 per cent of claimants who had been in their job for less than one year but who had a health condition used an OH where they had access to it, compared to 70 per cent of claimants who had been with the organisation for one year or more. This may reflect unwillingness among newer recruits generally to discuss their health condition with their employer for fear of losing their jobs.

Older claimants were more likely to have used an OH where they had access to it, with 65 per cent of those aged 35+ doing so compared to 50 per cent of claimants aged 16-34 years.

6.3.3 Discussions with line managers and Human Resources or Personnel departments

Seven in ten claimants had discussed their health condition with a line manager (70 per cent), although variations were seen by:

- **Organisation type** – claimants previously working in **public sector or voluntary organisations** were **more likely** to discuss their health condition with their line manager than those working in the private sector (84 per cent and 77 per cent versus 66 per cent, respectively)
- **Organisation size** – those in the **largest organisation size band (250+)** were **more likely** than average to have discussed their health condition with a line manager (77 per cent)

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- **Type of health condition** – those with a main **mental health condition** present when they last worked were **less likely** than those whose main condition was either physical or ‘other’ in nature, to discuss their condition with a manager (59 per cent versus 75 per cent)
- **Length of time at the organisation** – claimants were more likely to have discussed their health condition with a manager if they had been employed there for longer; **those who had been with the organisations for five years or more** were significantly **more likely** than average to have spoken to their manager (83 per cent). Just over one-fifth indicated that they had had discussions with HR about their health condition (22 per cent).

These findings broadly tally with *Health and wellbeing at work: a survey of employees, 2014*, which found that 66 per cent of employees in general, discussed their health condition with their employer. The survey of employees also found that discussions with employers were more likely to have occurred where the employer had a range of health and wellbeing policies in place⁶¹. This could help explain why this survey found that those in the largest organisations (which may be more likely to have formal health and well-being policies in place) were more likely than average to have discussed their health condition.

It is interesting to note that there is a correlation between discussing a condition with a line manager and/or HR and feeling pressured by an employer to leave work. Those who had felt pressured to leave their previous job, were more likely to have stated that they had discussions with line managers about their health (79 per cent compared with 70 per cent on average). They were also more likely to have had discussions with HR (34 per cent compared with 22 per cent on average).

In the qualitative research, one claimant was able to expand on this:

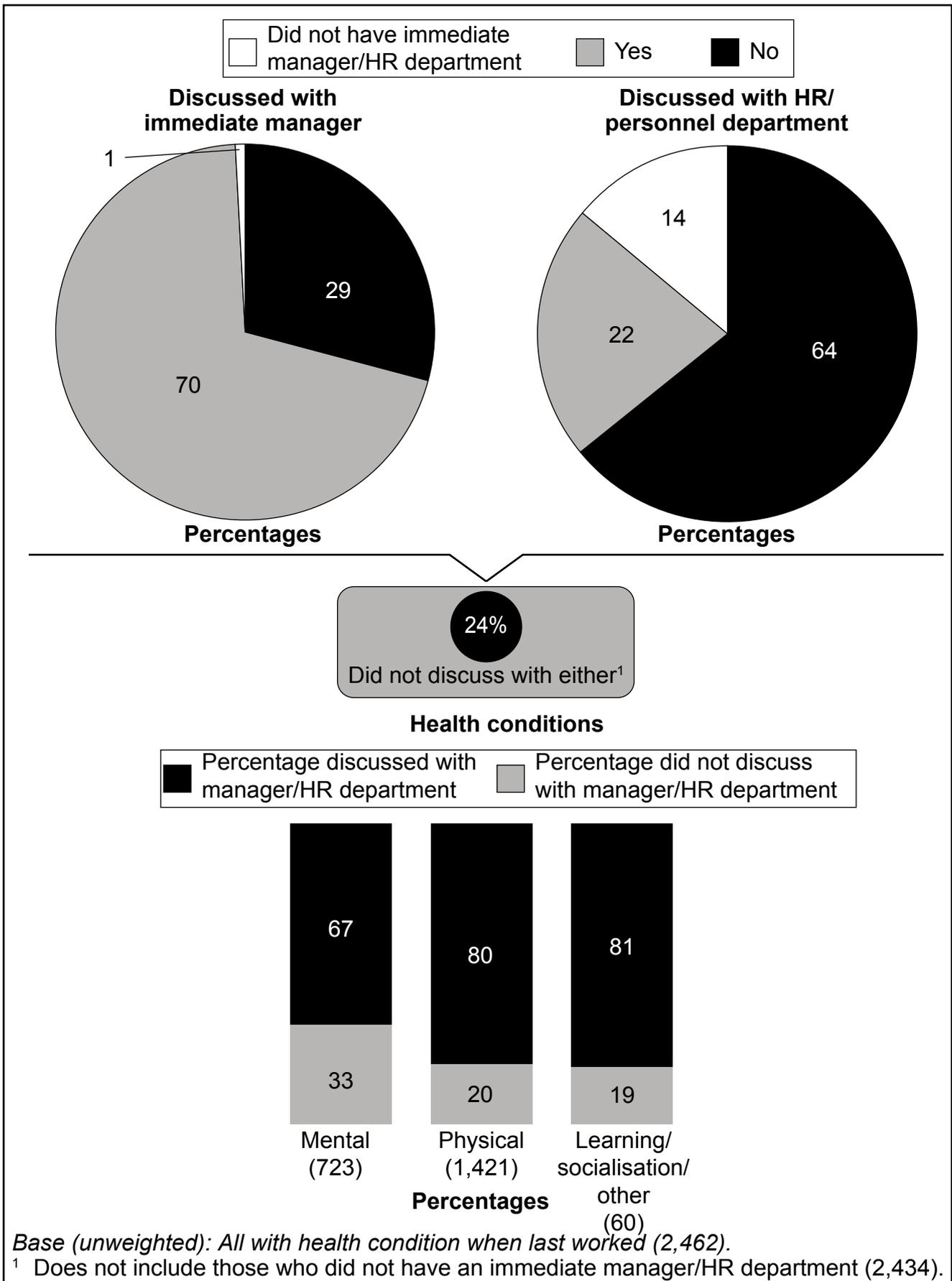
‘The employer made it clear that she had no time for sickness absence; time off not an option. She was really pushing for me to think about leaving so at that point the pain was bad anyway and I didn’t really care about leaving work to be honest.’

(Female, Severe Sciatica, No sickness absence before ESA claim, Small, Private Sector, Retail)

Figure 6.3 illustrates that one-quarter of claimants with a health condition when they last worked did not discuss their health condition with **either** their line manager or HR department (24 per cent). This was higher among claimants whose main health condition was a mental health one (33 per cent).

⁶¹ Health and wellbeing policies included flexible working, help with stress management, OH service and independent counselling or advice.

Figure 6.3 Discussions with line managers/HR department, by main health condition



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These findings complement *Health and wellbeing at work: a survey of employees*, 2014, where employees were more likely to state they did not feel able to discuss health problems if they were mental in nature compared to physical (20 per cent versus 10 per cent). Qualitative claimant interviews shed further light on the unwillingness of those with mental health conditions to come forward to employers, due to the negative stigma attached to mental illness and a perception that there is poor support:

'I was ashamed because there is a very big stigma attached to mental health and it's not nice to admit it.'

(Female, Borderline Personality Disorder, No sick absence before ESA, Small, Private Sector, Hospitality)

'I didn't make too much of the mental health issues because you don't want to in a childcare environment - no matter what any manager says there is no support for mental health.'

(Female, Post-natal depression, SSP before ESA claim, Small, Private, Pre-school childcare)

The qualitative research found that the content of these discussions was not always helpful. Sometimes employers suggested taking time-off to recuperate, but sometimes this was perceived as a way of 'not having to deal with' the individual and their condition, when more could have been done to keep them in work and support them.

'It didn't feel like helping me stay at work was an option they wanted to go down. I think they just wanted me to get the help I would get through being off work and concentrating on counselling.'

(Female, Depression, No period of sickness absence before ESA claim, Large, Public Sector)

Line managers tended to be a first port of call for employees when their health affected them at work, with discussions with HR being something that happened only when the situation had become more severe. One-third of claimants indicated that they spoke to their HR department for the first time when their condition 'affected their work a lot' or at the point of resigning or being unable to work due to their health condition (32 per cent). It is possible that earlier engagement with HR may be beneficial in some cases.

6.3.4 Claimants with poor access to support and communication with employers

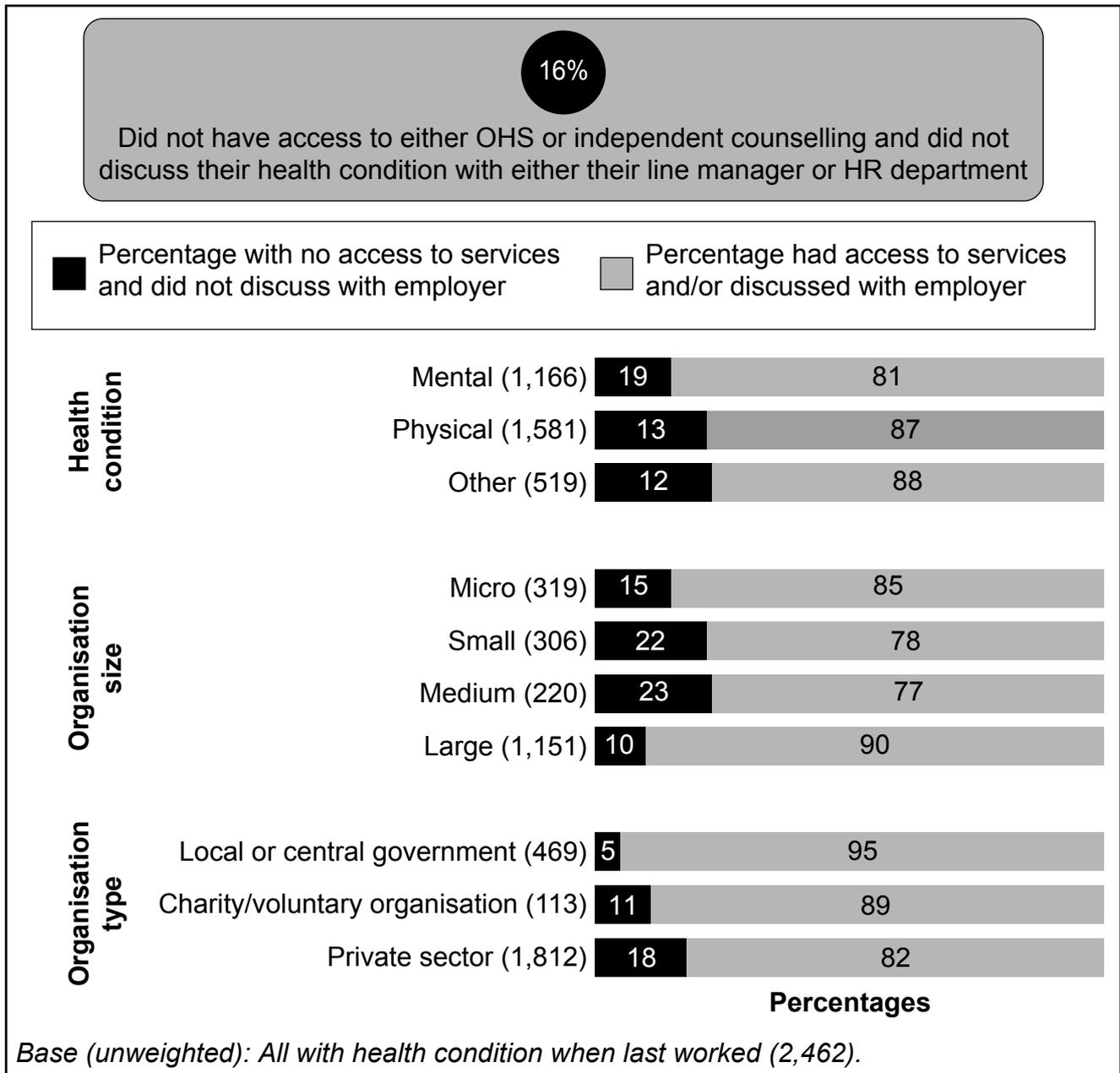
One in six (16 per cent) claimants with a health condition when they last worked, did not have access to an occupational health service or counselling services nor did they discuss their health condition at all with their employers (Figure 6.4). This is a significant minority that ended up leaving work with arguably no opportunity to discuss with an employer or OH professional whether any support could help them stay in work longer.

This increased to almost one-fifth (19 per cent) of those whose main condition was a mental health condition. This was significantly higher than for claimants with other types of health condition (13 per cent physical health conditions and 12 per cent other conditions).

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A higher proportion of claimants from small and medium sized organisations fall into this group (22 per cent and 23 per cent) compared with micro (15 per cent) and large (10 per cent) organisations. Likewise almost one-fifth (18 per cent) of those employed in private sector organisations left work without any discussion about their health with their employers or without accessing any support services.

Figure 6.4 Claimants with no access to services and no communication with employers, by main health condition and organisation characteristics



6.3.5 Level of support from employers

Where claimants had discussed their health condition(s) with their line manager or HR department the majority found their employer had been supportive (73 per cent), with just over one-third expressing that they had been very supportive (35 per cent).

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Claimant views varied by health condition (see Tables 6.8 in Appendix A). Claimants whose main condition was a mental health condition were less likely to indicate that their employer had been supportive than those with a physical and 'other' health condition. Around a third of those (35 per cent) with a main mental health condition that had discussed their health with their employer found them not at all supportive (compared to almost a quarter of those with any physical (24 per cent) or any other conditions (22 per cent)).

Claimant views also varied by the type and size of organization they used to work for. Those working for public sector organisations were more likely to feel their employer had been supportive (78 per cent compared with 72 per cent of those who worked for private employers). Likewise, those who worked for micro organisations were most likely to find their employer very supportive, with the likelihood of this decreasing with size. This is interesting as earlier in this chapter it was noted that likelihood of adjustments being made increased with organisation size although for some, support may not necessarily equate to making adjustments. Perceived supportiveness in the smallest organisations may have been driven by the positive role of the more informal, ongoing discussions that are more likely to take place in these workplaces.

These findings were similar to those of the *Health and wellbeing at work: a survey of employees, 2014* where, despite being less likely to have formal sickness policies in place, small organisations tended to have more positive outcomes: employees in small organisations were more likely to disclose health issues earlier, get 'helpful' adjustments and were more likely to find employers supportive.

7 Returning to work

This chapter explores claimant perceptions and attitudes about returning to work, focusing on:

- whether claimants were currently undertaking any paid employment;
- the perceived ease of returning to work;
- likelihood of returning to work;
- factors which may aid a return to work, as well as potential barriers; and
- general attitudes towards work.

Due to the nature of these questions, claimants who had retired⁶² were excluded from all questions except those relating to general attitudes towards work.

Key findings

- Most claimants surveyed were not doing any paid work (91 per cent; see Table 7.1 in Appendix A for breakdown by Employment and Support Allowance (ESA) status, previous employment and type of health condition).
- Only 14 per cent stated they would find it easy to resume their previous role, and 16 per cent would take up any job role.
- In terms of attitudes towards work more generally, two-thirds of all claimants agreed that people who work are always better off financially (66 per cent), and around three-fifths stated that they were prepared to take any job that they could do (61 per cent). Just under half of all claimants felt being in work helped their health (47 per cent).
- Among those that are expecting to return to paid work in the future (86 per cent; see Table 7.2 in Appendix A), the majority (73 per cent) felt that flexible or part-time working options would make a return to work easier. Aside from health concerns, other concerns about returning to work included: lack of suitable jobs in their area (47 per cent); lack of the right qualifications or experience (37 per cent); a need to sort out personal problems (29 per cent); and confidence (26 per cent)⁶³.

Current situation

The vast majority of claimants indicated that they were not doing any paid work at the time of the survey (91 per cent). Of the nine per cent who were doing paid work, one-eighth stated that they were still receiving ESA payments (13 per cent; see Table 7.1 in Appendix A for detailed breakdown of current work by ESA status)⁶⁴.

⁶² Retired claimants totalled two per cent of all claimants (n=56).

⁶³ Claimants were prompted with a list of possible barriers, beyond those relating to any health condition they may have.

⁶⁴ ESA claimants can do some 'permitted work' and still retain their claim. Permitted work is up to 16 hours a week and maximum earning £99.50 a week.

Understanding the journeys from work to Employment and Support Allowance (ESA)

Claimants who were previously self-employed were much more likely to have returned to paid work since their claim than those who were paid by an employer (19 per cent versus 9 per cent; see Table 7.1 in Appendix A for breakdown by previous employment). This is possibly due to the ease with which some of these individuals could return to work without needing to seek employment. Similarly, claimants who reported still being formally employed while claiming ESA were also more likely than average to have resumed paid work (14 per cent; see Table 7.1 in Appendix A). These findings taken together highlight how having to procure a new job with a different organisation (rather than carrying out work per se) may act as a key barrier for returning to work and resuming normal life following recovery from a health condition.

On average, 11 per cent of all claimants whose main condition was physical in nature were doing paid work at the time of the survey, compared to six per cent of those whose main condition was a mental health and eight per cent with 'other' conditions.

A correlation was seen between the number of health conditions present and whether a claimant was undertaking paid work. The likelihood of undertaking paid work at the time of the survey decreased as the number of health conditions increased. Around one-tenth of claimants with one health condition had returned to paid work (11 per cent), while on average only five per cent of those with two or more health conditions had done so.

7.1 Perceived ease of returning to work

On the whole claimants did not feel ready to return to work at the time of the survey. Only one in every seven claimants felt it would be easy to resume the job role they had when last in work with their current health (14 per cent), while only a slightly higher proportion felt returning to any work would be easy (16 per cent).

These relatively small shifts between perceptions of ease of returning to their old job versus any job suggest that on the whole claimants may not be making a substantial differentiation between the work they used to do and work they could do in future. This is a difficult attitudinal shift to achieve and findings from the qualitative research confirm that typically claimants struggle to have specific ideas for alternative careers or roles (although some accept that this might be something they need to consider if their health condition does not improve). This was particularly the case among older claimants who may have worked in a particular sector or role for many years.

7.2 Returning to work in the future

Around nine-tenths of claimants expected to be in paid work in the future (86 per cent; see Table 7.2 in Appendix A for overall proportion and detailed breakdown by variables mentioned below). This proportion rose amongst the previously self-employed claimants (94 per cent), perhaps due to the increased control these claimants have in regards to undertaking some work.

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Those whose main condition was a mental health condition were also more likely to expect a return to work, than those with physical conditions (92 per cent compared to 83 per cent).

Interestingly, those who did not take any sickness absence before their claim and those who had unpaid sickness absence only were significantly more likely to state they expected to return to work than those who had experienced a period of paid sickness absence prior to their ESA claim (88 per cent and 92 per cent versus 78 per cent). One potential explanation for this is a greater financial drive amongst those who did not receive sick pay and who maybe worse-off financially.

Looking at demographics, almost all those in the youngest age group stated they would return to paid work (95 per cent), whilst only three-quarters those in the eldest age group felt this to be the case (75 per cent).

Barriers to returning to work were also explored amongst all those who expected to return to work (Figure 7.1; see Table 7.3 in Appendix A for detailed breakdown by qualification level, age and health condition). Claimants were prompted with a list of barriers beyond those relating to any health condition. A lack of suitable jobs in the claimants' areas was perceived to be the greatest barrier (47 per cent). This was shortly followed by a belief that the claimant does not have the right qualifications or experience (37 per cent); this was a particular concern for those with a qualification at Level 2 or lower (40 per cent compared with 26 per cent for those with Level 3 qualifications or higher).

Nearly two-thirds of claimants in the eldest age group (50+) feared that their age would be a barrier (62 per cent).

Some claimants, particularly those with mental health conditions, also raised concerns confidence as a barrier to work (expressed by just under three-tenths of claimants overall, but 57 per cent of those whose main condition was a mental health condition).

Figure 7.1 Barriers (other than health) to returning to work

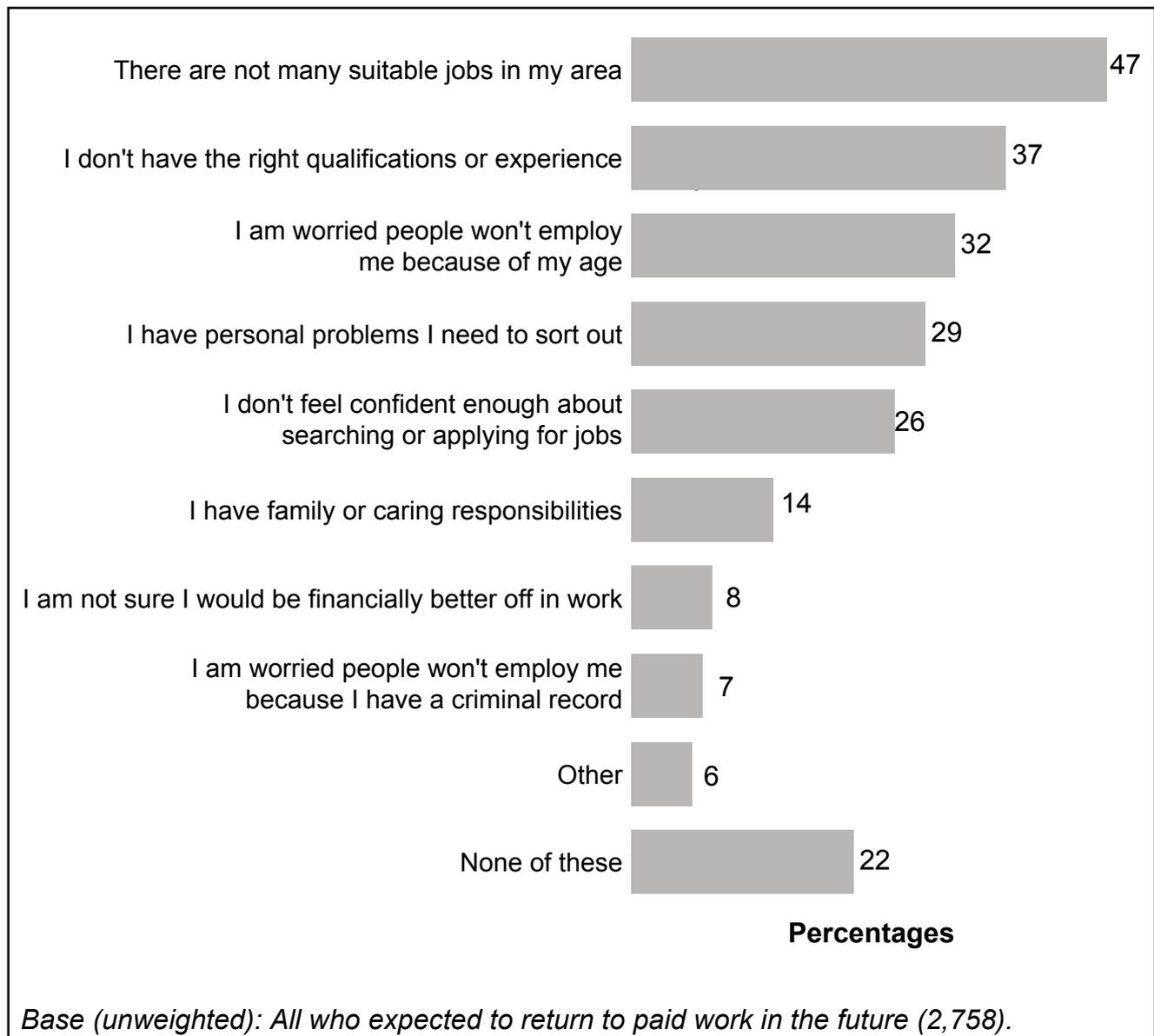
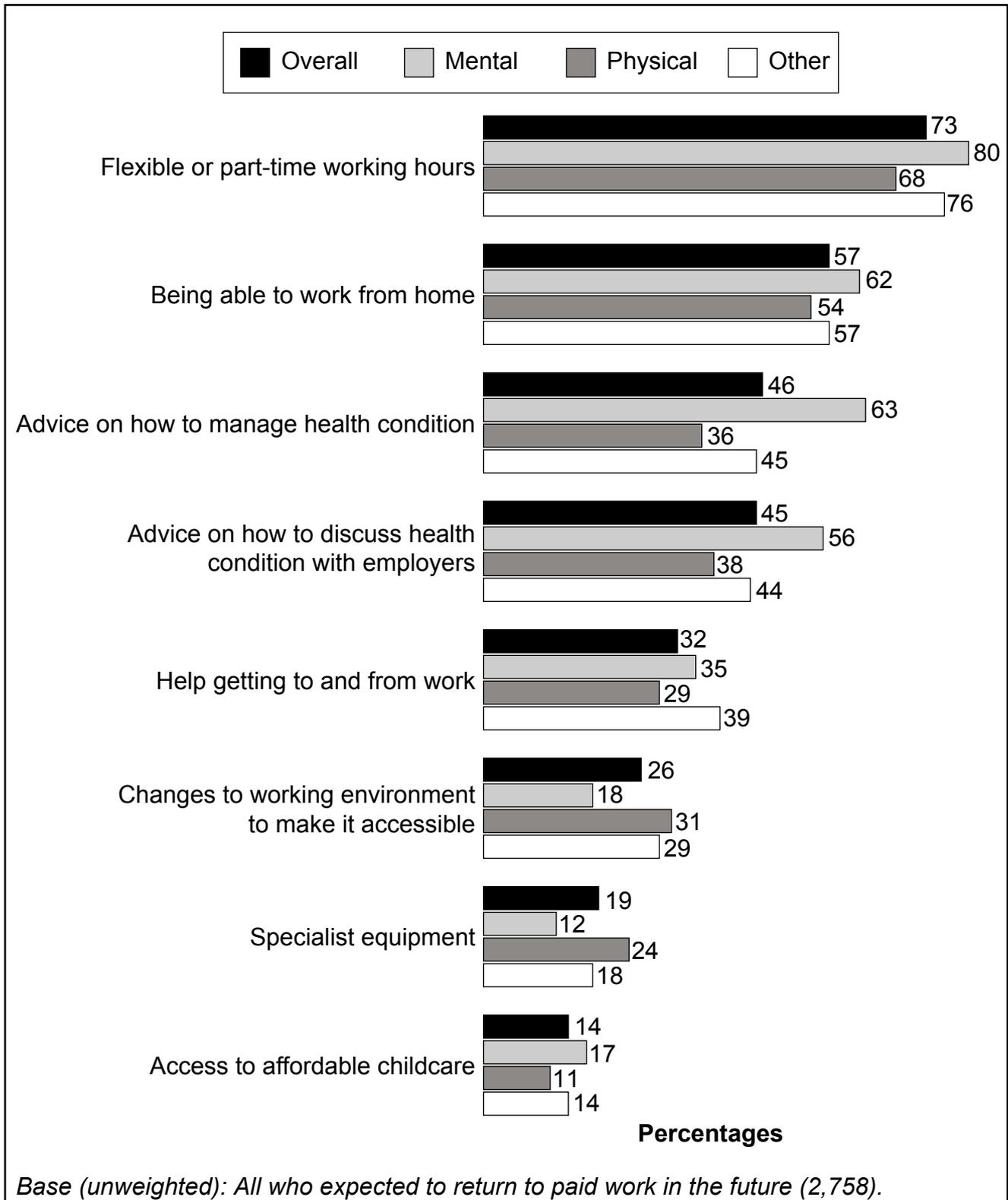


Figure 7.2 shows that a majority of claimants, who expected to return to work, agreed that having flexible or part-time working hours would make returning to work easier, (73 per cent). This was shortly followed by being able to work from home with over two-thirds agreeing this would make a return to work easier (67 per cent).

Just under half of those claimants expecting to return to work felt that advice on how to manage their health condition or how to discuss it with their employers, would make returning to work easier (48 per cent and 46 per cent, respectively).

Figure 7.2 Factors that may ease a return to work, by main health condition

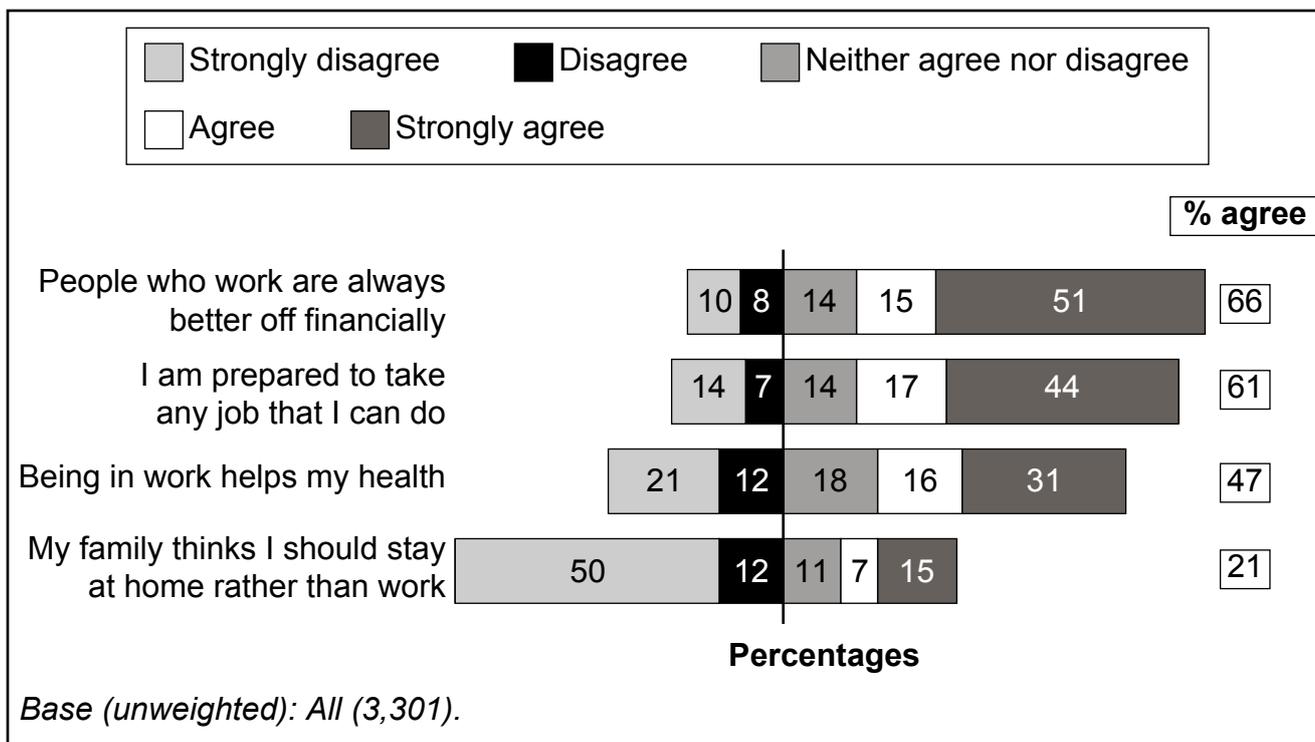


As Figure 7.2 also demonstrates, all bar three of these factors were more likely to be mentioned as potentially helpful in easing a return to work amongst those whose main condition was a mental health condition. The exceptions were help getting to and from work, changes to the working environment to make it more accessible and specialist equipment.

7.3 Attitudes to work

Claimants were asked the extent to which they agreed with various statements relating to work⁶⁵.

Figure 7.3 Attitudes towards work



Attitudes to work were mixed, with slight majorities agreeing that they were prepared to take any job they could do and that people who work are always better off financially.

Two-thirds of all claimants felt that those in work are always financially better off (66 per cent) although those who were previously employed only part-time were less likely than average to agree with this statement (60 per cent versus 66 per cent).

Around three-fifths of claimants agreed that they were prepared to take any job that they could do (61 per cent). Likelihood of agreeing with this statement also differed by age and ethnicity (see Table 7.4 in Appendix A for data):

- Those in the youngest age group (16-34) were significantly more likely to agree than those aged 35-49 years and 50 years and over (69 per cent versus 60 per cent and 56 per cent).
- White claimants were more likely to agree that they would take any job that they could do than their BME counterparts (62 per cent versus 52 per cent).

However, less than half agreed that being in work helped their health. Indeed as reported earlier in this chapter, a slight majority had reported that work had caused their condition to worsen. This suggests an attitudinal gap, at least among ESA claimants, with the policy principle that in most circumstances, remaining in work is better for longer-term health than leaving work entirely.

⁶⁵ Those who had retired are included in this set of questions.

Understanding the journeys from work to Employment and Support Allowance (ESA)

Those whose main condition was a physical health condition were significantly more likely to feel that work helped than those with either a mental or other health condition (49 per cent versus 43 per cent; as shown in Table 7.5 of Appendix A).

Claimants who were still formally employed while claiming ESA were more likely to agree that being in work helped their health (49 per cent versus 45 per cent of those who had formally left their previous employment; as shown in Table 7.5 of Appendix A). It is not clear however what the causal relationship is here: the perceived positive effect of work may be a driving factor in deciding not to formally leave employment or an employer's willingness to keep an employee 'on the books' might have a positive impact on their attachment to the labour market and feelings about the benefits of employment.

Around one-fifth of claimants said that their family thought they should stay at home rather than work (21 per cent). This rose to just over one-third of all those with four or more health conditions (34 per cent). This was also more common among older claimants and those who had been employed for some time.

7.3.1 Key drivers of having a positive attitude to a return to work

Several questions can be combined to form a composite measure which indicated a positive attitude to returning to work. Where a claimant reported an intention to return to paid work as well as agreed with 'I am prepared to take any job' and 'being in work helps my health' they were considered to have a consistently positive attitude to work. Around a third (32 per cent) of all claimants fell into this group.

Key driver analysis was conducted to explore which characteristics were most strongly associated with having a positive attitude to returning to work.

A full description of the analysis technique is in Section 6.2 of the Technical Report and the final model for this section presented in Table B.4 in Appendix B.

The most important factor was found to be whether or not a claimant had any time off sick from this job prior to the most recent occasion which had led to the ESA claim. **Having had previous occasions of sickness absence meant that a claimant was less likely to have a positive attitude to a return to work.**

Other factors found to be important were:

- **Severity of health condition and whether it was aggravated by work:** If a health condition affected a claimant's ability to carry out everyday activities 'somewhat' or 'a great deal' they were at least half as likely to have a positive attitude to a return to work as those whose health condition didn't affect their day to day activities at all. If a condition was aggravated by work, then the claimant was less likely to have a positive attitude to work.
- **Gender: Female claimants** were less likely to have a positive attitude to a return to work than men.
- **Occupational role:** Those previously employed in **administrative and secretarial occupations** were less likely to have a positive attitude to work.

8 Conclusions

8.1 Moving directly from work to ESA

Whether or not employees had a period of sickness absence from employers was of key policy interest at the time of the survey, because while individuals were on sickness absence they still had a link to their job. An appropriate intervention at this point has the potential to help these individuals return to work much more quickly than when they have left their job and are claiming Employment and Support Allowance (ESA).

As a result of this, one of the aims of this study was to explore the seemingly high proportion of claimants (indicated from previous research) that move directly from work to claiming ESA without a period of sickness absence.

Findings from this study showed that, a **much smaller proportion moved directly from work to ESA**⁶⁶ without a period of sickness absence than previously thought (i.e. 29 per cent compared to 57 per cent, as reported in the previous *Routes on to Employment and Support Allowance* research).⁶⁷ This study also confirmed **the positive role that a period of paid sickness absence can have in maintaining attachment to the labour market.** Having a period of paid sickness absence was found to be the main driver of having a formal arrangement to return to work. Half of those that reported a period of paid sickness absence (50 per cent) had a formal arrangement in place to return to work compared those who had unpaid sickness absence (40 per cent) or no sickness absence (36 per cent).

8.2 Groups most at risk

Certain groups of employees were considered to be 'at risk' of leaving work without a period of sickness absence:

- **those not employed directly by the organisation they were working for, but who were on a casual or agency contract;**
- **those who were new to the job;**
- **part-time workers.**

The most important factors determining whether or not an individual had a period of sickness absence were contract details, length of service, whether they accessed independent counselling where available and whether they discussed their health condition with an immediate manager as soon as it started. These were more important than the type of employer (e.g. size or sector) or nature of health condition (e.g. physical or mental health condition).

⁶⁶ Of those who were employed before starting a claim.

⁶⁷ We have confidence in the robustness of the findings from the current study though the previous (2011) study used a different definition of work history and eligibility. In addition in the current study we have conducted cognitive testing of the survey questions to check respondents understand the questions.

Understanding the journeys from work to Employment and Support Allowance (ESA)

Employers were inconsistent in how they managed sickness absence for those on certain types of contracts such as zero hours, casual contracts and agency workers. Claimants sometimes incorrectly assumed they were not entitled to any sickness absence or sick pay and left work without any discussion with their employer at all.

In addition the research found that a quarter of ESA claimants had not discussed their health condition with either Human Resources (HR) or a line manager (24 per cent).

There was also evidence of employers not always following regulations and guidance about Statutory Sick Pay (SSP) entitlements and processes. It was reasonably common for claimants to report that their employers required a fit note within the time period specified by their employer, in order for SSP to be paid (68 per cent).

8.3 Difficulties with discussing health conditions

This study found that **not discussing health conditions when they first arose** was linked with employees being at risk of leaving work without any period of sickness absence.

Claimants' **fear of the consequences of disclosing information about a health condition was a theme identified in the qualitative research** (across the case studies and the interviews with the unemployed claimants). Some claimants who did not have a period of paid sickness absence chose not to ask employers why they were not receiving any pay. This was generally for fear of appearing confrontational and losing their job. Similarly those who were unemployed and looking for work before claiming ESA often had a health condition that they did not discuss with their Jobcentre Plus adviser until it had worsened to the point that they felt unable to continue looking for work.

8.4 Sickness absence management in small and micro organisations

Those working for smaller organisations might also be considered at risk of leaving work without experiencing a period of sickness absence. Survey evidence showed that those previously employed by small private sector companies were more likely than average to leave work and go straight to ESA. In the qualitative research, these employers reported that they were more likely to make decisions about offering sickness pay and sickness absence on a case-by-case basis. Sickness policies were typically less transparent and there was some evidence to suggest claimants were sometimes confused about what their entitlement was. However, there was also evidence to suggest that even the smallest employers were often prepared to extend flexibility to repay valued staff. Indeed survey evidence highlighted the positive experiences of claimants employed by micro businesses in terms of accessing employer support and workplace adjustments. The issue here seemed to be one of a lack of clarity about policies rather than worse-than-average treatment of employees by smaller organisations per se.

8.5 Support for employees with mental health conditions

The picture was complex among those with mental health conditions. On one hand claimants with mental health conditions were more likely to report an attachment to the labour market and a greater appetite for accessing support services offered by employers. However the research found that those with mental health conditions were:

- less likely to have discussed their condition with an employer;
- more likely to feel employers had not been supportive;
- less likely to find adjustments helpful; and
- more likely to be unemployed immediately prior to their ESA claim.

The types of workplace adjustments suggested by employees with mental health conditions were more flexible working or reduced hours. Employers typically considered these easier to implement than those that were more commonly associated with physical conditions such as the purchase of specialist equipment or a complete change of role. Here the barrier seemed to be initiating effective dialogue between employers and employees and understanding of how mental health issues might affect an individual's work.

8.6 The role of occupational health services and employer support

There were some **positive findings relating to the role of occupational health services.** Where claimants had used these services, compared with those who had access but did not use them, they were more likely to have had a period of paid sickness absence, to still be formally employed when claiming ESA and to have received workplace adjustments. However, only a third of employees had access to an occupational health service (33 per cent) and even where claimants did have access, not all used it when their health affected them at work.

Although 59 per cent of claimants had at least one adjustment made for them by their employer, only around half of these said these changes helped them stay in work longer. This suggests that there may be more employers can do to hold detailed discussions with employees to understand how best to tailor adjustments to their needs.

Understanding the journeys from work to Employment and Support Allowance (ESA)

Technical report

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1 Sample design and selection

1.1 Quantitative survey

The sample was drawn from the National Benefits Database of new Employment and Support Allowance (ESA) claimants who had submitted a claim between 13 December 2013 and 16 January 2014.

Sample was delivered to the contractor in four batches (to allow for on flows throughout the entire sampling period to be included in the survey). A census style approach was taken to sampling the first three batches whilst the fourth batch was not needed.

Prior to the main survey a pilot exercise was conducted to further test the questionnaire structure, respondent understanding of the questions asked and to check the interview length. More detail on the pilot findings are discussed in Chapter 3 (Questionnaire) but the pilot exercise uncovered a few sample issues which were:

- Incapacity Benefit reassessment cases (which were out of scope for this particular study⁵) accounted for 25 per cent of the sample supplied.
- The nature of the interview was not suitable for most self-employed groups on the basis that they were not eligible to receive Statutory Sick Pay and were unlikely to have access to support services such as Occupational Health. This rendered a number of the core sections of the questionnaire redundant and so it was decided that most self-employed groups would be excluded from the main survey.
- Some individuals had arrived at ESA via alternative routes and:
 - had not formally terminated their employment (and were still contracted to their employer);
 - had submitted a claim for ESA because they were not entitled to or had used up their Statutory Sick Pay (SSP) allowance; and
 - had submitted a claim for ESA because they were not in receipt of Statutory Maternity Pay or Maternity Allowance.

It was decided in conjunction with the Department for Work and Pensions (DWP) that the first two of these three groups were still of particular interest within the context of this study. Just those who had submitted a claim for ESA because they were not in receipt of Statutory Maternity Pay or Maternity Allowance were screened out of the main survey.

A number of screening questions were included at the beginning of the survey to ensure that those participating could answer the key research questions.

Individuals to whom any of the following applied were **excluded** from the survey:

- Had not been in work in the 12 months prior to submitting their claim for ESA.

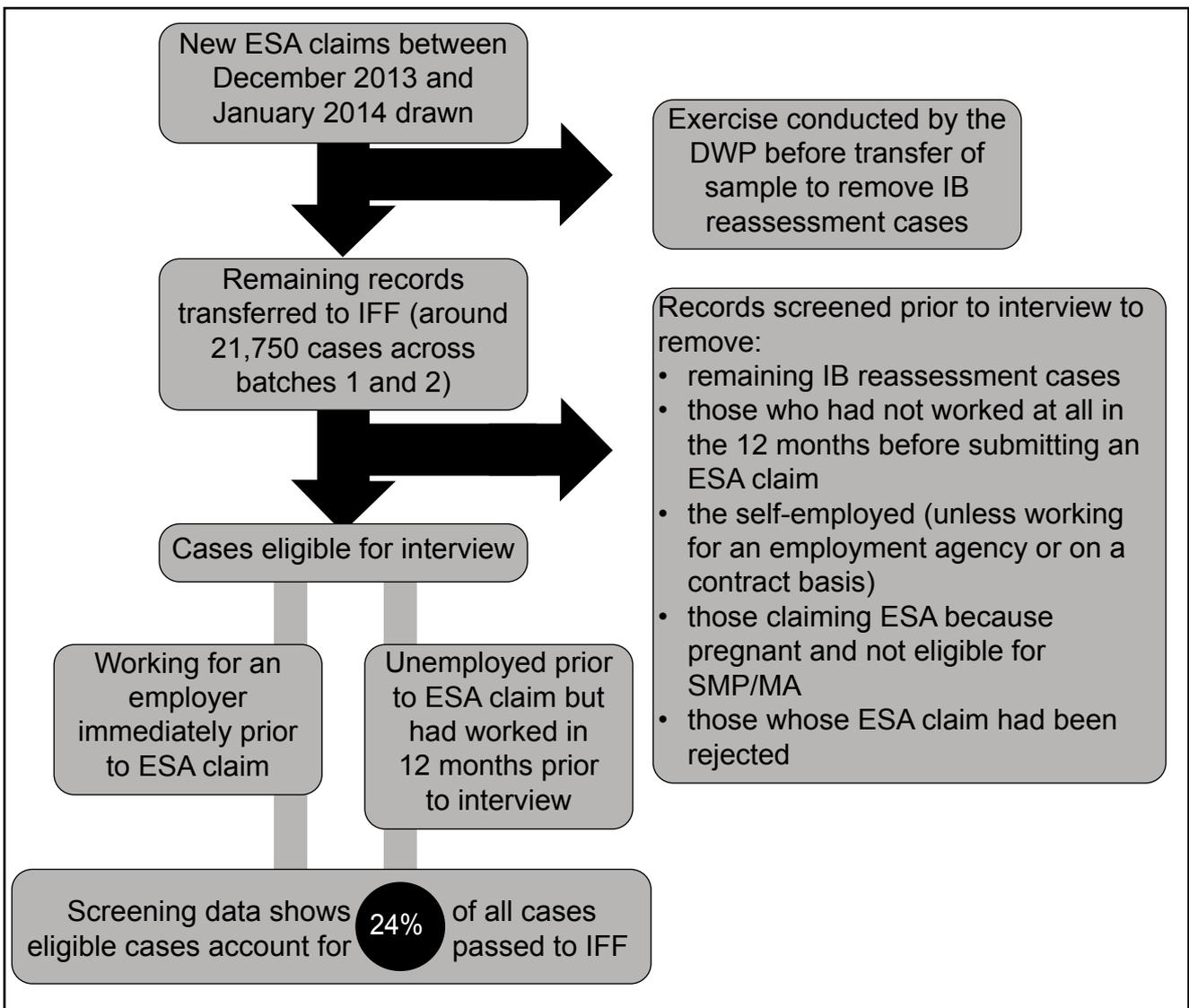
¹ The study was only interested in **new** ESA claims meaning that individuals who were receiving Incapacity Benefit and reassessed for Employment and Support Allowance were not in scope of the research.

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- The claim for ESA submitted between December 2013 and January 2014 was rejected.
- IB reassessments cases, i.e. individuals who claimed IB immediately before submitting their claim for ESA.
- The self-employed (except for those paid a salary or wage by an employment agency or worked as sub-contractors).
- Those who submitted a claim for ESA in place of Statutory Maternity Pay or Maternity Allowance.

The diagram below summarises the claimant group that were in scope for the survey and shows where exclusions were made. It should be noted that eligible cases accounted for 24 per cent of all cases passed to IFF Research (i.e. after the process of removing the majority of IB reassessment cases had been conducted).

Figure 1.1 Claimants in scope for survey and exclusions



Understanding the journeys from work to Employment and Support Allowance (ESA)

A target of 3,300 interviews with individuals who had made a claim for ESA was agreed at the specification stage. No other targets were set (i.e. in terms of type of respondent).

This target was set so that the sample was large enough to be representative of the recent claimant population in the United Kingdom and to allow for precise estimates of pre-claim circumstances to be made of the entire cohort (max. standard error (+/-1.7 per cent).

1.2 Qualitative survey: Employer-claimant case studies

To supplement the information captured in the claimant surveys, follow-up research was conducted with a selection of employers to discuss in detail their perspectives of managing sickness absence and their policies around sick pay.

Employers were sampled using the employment information claimants had provided in their quantitative interview (i.e. all employers had employed someone who went on to claim ESA). The claimants that had previously worked for each selected employer were also followed up qualitatively to build on the information provided in the survey interview.

The final list of employers drawn up for the case studies included those where:

- the 'case study' claimant had agreed to take part in follow-up research themselves (discussed in the next section);
- the 'case study' claimant stated in their interview that their health condition was present when they last worked; and
- the 'case study' claimant' stated that they had stopped working for this employer for health related reasons.

1.2.1 Setting sampling targets

Quotas were set according to the organisation's sick leave/sick pay arrangements and size of employer in order to explore practices in a good mix of employers (as sickness absence management may vary by size of organisation). A total of 22 employer case studies were achieved between May 2014 and June 2014 the profile of which is set out in Table 1.1. This sample size allowed for a good spread of interviews by size and for responses to be 'cut' by subject or theme (for example, sick pay policy, company ethos in relation to sickness absence) as well as by audience (for example Small and medium-sized Enterprises (SMEs)) to ensure cross-cutting themes were fully triangulated. However, due to the nature of the research (qualitative), these findings should be treated as indicative only and not representative of all employers and claimants.

Table 1.1 Profile of interviews achieved

Size of employer	Situation immediately before ESA claim			Total
	Period of OSP/SSP before ESA claim	Period of sickness absence but no pay before ESA claim	No sickness absence before ESA claim	
Small/Micro (1-49 staff)	3	0	5	8
Medium (50-249 staff)	2	1	4	7
Large (250+ staff)	2	1	4	7
Total	7	2	13	22

As part of the employer-employee case studies, follow-up in-depth interviews were also conducted with the individual claimants who had worked for the 22 employers. Fieldwork took place during May and June 2014. A total of 16 interviews were achieved; the remaining claimants either refused to take part in the next stage (despite initially indicating they would be happy to be re-contacted) or were unable to take part for health-related reasons. The final profile on interviews achieved is set out in Table 1.3.

Table 1.2 Profile of interviews achieved – claimants (1)

Size of employer	Situation immediately before ESA claim			Total
	Period of OSP/SSP before ESA claim	Period of sickness absence but no pay before ESA claim	No sickness absence before ESA claim	
Small/Micro (1-49 staff)	3	0	4	7
Medium (50-249 staff)	3	1	4	8
Large (250+ staff)	0	0	1	1
Total	6	1	9	16

1.3 Qualitative survey: Unemployed claimants

The sample for this qualitative phase was selected by using the information that claimants had given in the quantitative phase of the research.

The claimants selected for inclusion in this follow-up piece of research included those who had:

- agreed to take part in follow-up research themselves;
- stated in their interview that they did not have any health-related problems when they last worked in the 12 months preceding their ESA claim; and
- submitted a claim for ESA following a period of unemployment (rather than a period of sickness absence).

A total of ten tele-depths were conducted with these individuals and took place during June 2014. This sample size was chosen to provide indicative findings among this specific group only. Although no hard quotas were set, a good spread of interviews was achieved according to type of health condition (mental health, physical health or a combination of the two) and the length of time the claimant had been unemployed.

2 Questionnaire development

2.1 Quantitative survey

The quantitative questionnaire was developed through a review of pre-existing measures, preliminary scoping interviews and cognitive testing by NatCen Social Research, followed by a pilot exercise conducted by IFF Research.

2.1.1 Overview of questionnaire content

The main sections of the questionnaire are detailed in Table 2.1.

Table 2.1 Summary of the main sections of the questionnaire

Section	Coverage of questions
Screener	Introduced the survey and checking eligibility for the survey
Section A: Route into Employment and Support Allowance (ESA)	Establishes what the individual was doing immediately before submitting their ESA claim and if in work, details of employment.
Section B: Last period of work before submitting a claim for ESA	Details of last period of work, including length of employment, type of contract, salary and whether pay National Insurance contributions. Whether formally left employment and reasons for stopping work.
Section C: Main health condition	Details of main health condition, illness, injury or disability claimant had when submitted their claim for ESA, including how it affected the respondent at work.
Section D: Other health conditions	Details of any other health conditions which affected everyday activities when claimant submitted their claim for ESA.
Section E: Health perceptions and capacity	Explores individuals' views on how their condition had changed since submitting a claim for ESA and impacts on their ability to do everyday activities. This section was deleted for the main survey.
Section F: Leaving last job prior to ESA	Details what happened after the claimant last attended work (asked of those who left work due to health condition)
Section G: Sick leave and sick pay whilst working	Whether any sick leave or sick pay received during the last period of employment before last attending work (asked of those who had their main health condition during their period of employment)
Section H: Services provided and adjustments made by employer	Information on health services provided by employers and adjustments discussed and made by employers, and how helpful they were to allow the claimant to stay in work.
Section I: Job search activity and confidence about returning to work	Current job and health situation and confidence about returning to work in the future, including what could make it more easy or difficult.
Section J: General wellbeing questions	This section was deleted for main survey.
Section K: Demographics	Age, marital status, ethnicity, household income and qualifications held.
Section L: Data linking and re-contact questions	Name, telephone number and email address for respondents willing to be contacted again. Permission for linking survey answers with information on benefits, employment and tax records.

The full questionnaire is included in Appendix C.

2.1.2 Development of the questionnaire

The first draft of the questionnaire was developed by NatCen Social Research after a review of pre-existing measures and preliminary scoping interviews with ESA claimants. The main sources of pre-existing questions included were:

- the Evaluation of Employment and Support Allowance;
- the Impact of Provider-Led Pathways to Work survey;
- the Labour Force Survey;
- the Life Opportunities Survey;
- the Family Resources Survey;
- the Family and Children Study: Lone parents return to work;
- the Trailblazers Survey;
- the Worksearch and Wellbeing survey.

Scoping interviews were used to refine the question wording and to inform the development of new question areas. NatCen Social Research also conducted cognitive testing of new question topics with some ESA claimants in order to develop the questionnaire further.

Prior to the main survey a pilot exercise was conducted by IFF Research to further test the questionnaire structure, respondent understanding of the questions asked and to check the interview length.

Pilot fieldwork

Pilot fieldwork ran across four days from Tuesday 10 December to Friday 13 December 2013 inclusive and a total of 30 interviews were achieved.

Pilot briefing and debriefing

Prior to the start of pilot fieldwork, all interviewers attended a face-to-face briefing delivered by the IFF research team. The purpose of the briefing was to introduce the survey to the interviewers, provide them with background information to the research, and run through the questionnaire highlighting particular sections or questions of the questionnaire that may require particular care or additional probing from the interviewers.

Interview length

The average interview length was 50 minutes (considerably longer than the intended length of 30 minutes).

Feedback from the pilot

As a result of listening in to pilot interviews and receiving feedback from the interviewers, a number of recommendations were made in order to try and reduce the length and address areas of difficulty/misunderstanding on the part of the respondent. These were then discussed with the DWP and changes to the questionnaire were agreed. Some of the more significant changes made to the questionnaire as a result of the telephone pilot stage included:

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- The number and type of self-employed workers were reduced for the main survey on the basis that they were not eligible to claim for Statutory Sick Pay (SSP) and unlikely to have an occupational sick pay scheme in place by virtue of their employment status. Only those who were self-employed and either paid a salary or wage by an employment agency or worked as sub-contractors were included for the main survey.
- The pilot study revealed that some respondents had submitted an ESA claim without having formally terminated their employment; those who were not eligible or had used up their entitlement of SSP and those who were not entitled to or were not in receipt of Statutory Maternity Pay. During the pilot study F3 was modified so that those who were claiming ESA whilst still being formally employed could select this as an option as opposed to giving a date when their employment or contract was formally terminated.
- Repositioning of key sections (F, G and H) which discussed sick pay and leave as well as any other support the employer might have offered whilst the claimant was still working earlier on in the questionnaire before respondent fatigue set in and cutting out nearly all of Section E 'Health Perceptions and Capacity'.
- A number of individual question cuts to reduce the overall length of the questionnaire.

2.2 Qualitative survey: Employer-claimant case studies

The topic guides for the employer and claimant interviews were designed in collaboration with the DWP.

The employer topic guide was structured into four main sections:

- detail on the organisation's sickness absence and sick pay policy; including flexibility in company policy, the role of Fit Notes, how often policies are updated or reviewed and how policies are communicated with staff;
- recording and managing sickness absence at the company;
- support service available to staff with a health condition; and
- workplace adjustments (attitudes to and examples of).

The claimant topic guide was divided into three main sections:

- detail of health condition when last in work and related discussions with employer;
- adjustments made by employer and claimants perceptions of anything else that could have been done to allow them to stay in work longer; and
- awareness of sick leave and sick pay entitlement and detail of period of time after last attended work.

The full topic guides are included in Appendix C.

2.3 Qualitative survey: Unemployed claimants

The topic guides for the employer and claimant interviews were designed in collaboration with the DWP.

The employer topic guide was structured into three main sections:

- detail on health condition that led to ESA claim, whether they had this health condition at work and key reasons for leaving employment;
- whether they looked for employment after they left work and whether they had any contact with Jobcentre Plus (if so whether health condition was discussed); and
- contact with General Practitioners (GPs), whether they discussed how health affected work currently and in the future and any advice given by the GP.

The full topic guide is included in Appendix C.

3 Fieldwork

3.1 First stage: Quantitative Survey

3.1.1 Interviewer briefings

All interviewers working on the project underwent specific training before they began conducting interviews. This training involved a face-to-face briefing with members of the research team at IFF Research. As part of this briefing, all interviewers received a set of briefing instructions in order to provide them with background information about the project, information on the sample design and methodology, as well as information on specific sections of the questionnaire.

3.1.2 Fieldwork period

Main stage interviews were carried out from IFF's in house computer-assisted telephone interviewing (CATI) centre in Central London between 10 February 2014 and 1 April 2014 (on average just over two months after individuals had submitted their Employment and Support Allowance (ESA) claim). Interviews were conducted over the phone which allowed for good geographical coverage within reasonably tight timeframes. This methodology was cost-effective, representative of the claimant population and resulted in good response rates.

3.1.3 Contact procedures

All individuals in scope of the survey were first sent a copy of an advance letter between January and February 2014 informing them about the research and encouraging them to participate. However, it was made clear that participation was entirely voluntary and would not affect their benefits in any way should they decide to take part or not. Details on how to opt out of the research were included in the letter.

The next stage was to contact the identified respondent and either conduct the interview (where possible) or arrange an appointment.

3.1.4 Length of interviews

The average duration of the main survey interviews was 33 minutes.

3.1.5 Quality control

A total of 70 interviewers worked on the main survey. Interviewers were chosen specifically to work on the survey with their selection based on their performance on other similar projects.

Quality control of interviewing was conducted via remote listening facilities as the interviews occurred, as well as retrospective listening to interview recordings, in order to assess if interviewers were administering the questionnaire as intended (for example, reading out all of the pre-code options where instructed to do so). All interviewers were monitored by IFF's Quality Control team at least once and, across all interviews, at least five per cent of interviews were monitored.

3.2 Second stage: Qualitative Surveys

3.2.1 Interviewer briefings

All interviewers working on the project underwent specific training before they began conducting interviews. This training involved a face-to-face briefing with members of the research team at IFF Research. As part of this briefing, all interviewers received a set of briefing instructions in order to provide them with background information about the project, information on the sample design and methodology, as well as information on specific sections of the questionnaire.

3.2.2 Fieldwork period

All qualitative interviews were carried out by qualitative interviewers in IFF Research. The interviews with the employers were carried out alongside the follow-up interviews with the claimants between May-June 2014.

The qualitative interviews with the unemployed claimants were carried out in June 2014.

3.2.3 Contact procedures

The contact procedures for the qualitative interviews varied according to the type of respondent:

Employer interviews: A screening exercise of all selected organisations was conducted to identify the most appropriate person to speak to. Interviewers were instructed to call and arrange an interview with the person responsible for the organisation's policies on managing sickness absence, for example, Human Resources or Personnel Manager, or the owner, Managing Director or General Manager. Interviewers were also asked to collect the names and contact details of other appropriate people to speak to within the organisation such as someone with line management responsibilities, someone in Occupational Health (if appropriate), and anyone else who it was useful to speak with about how sickness was managed within the organisation. Separate interviews were then arranged with these additional staff members, either through the initial contact or through the interviewers at IFF. All interviews with employers were conducted face-to-face within the offices of the organisation.

Claimant interviews: Claimants who took part in the quantitative survey and were selected as an appropriate claimant for either of the two claimant qualitative elements of the research (case study and unemployed claimants) were contacted by interviewers and asked to take part in a follow-up interview. Interviews were arranged and conducted by telephone from IFF Research offices.

3.2.4 Anonymity in claimant-employer case studies

At no point during the employer site visits were the details of the 'case study' claimant/previous employee revealed nor the details of their specific case discussed. Although employers were asked to provide examples of cases where they had had to manage staff with health conditions or make adjustments for employees, they were not prompted about the 'case study' claimant. Interviewers were managed so that they did not conduct both the employer and claimant sides of the case study. As such the claimant's full anonymity was preserved and the research conducted in accordance with Market Research Society (MRS) guidelines.

3.2.5 Incentives

Incentives to participate in the qualitative research were offered to all respondents. Organisations were offered £50 (regardless of how many employees were interviewed) for their face-to-face interviews whilst claimants were offered £20 for their shorter telephone interviews.

3.2.6 Length of interviews

The employer research entailed half day site visits to employers and face-to-face discussions with multiple members of staff.

The average duration of the claimant follow-up tele-depths was 30 minutes.

3.2.7 Quality control

A total of 15 interviewers worked on the qualitative element of the survey including the recruitment and the interviews.

Interviewers were chosen specifically to work on the survey with their selection based on their performance on other similar projects or whether they were in the research team for this particular project.

4 Response

4.1 Quantitative survey fieldwork outcomes

Response rate is one indicator of survey representativeness. The higher the response rate, the less likely it is that bias affects the achieved sample.

A breakdown of field outcomes is provided in Table 4.1 below. In total, 21,640 records were drawn from the National Benefits Database. Of these 12,232 were in scope for fieldwork. Overall, 3,301 interviews were completed which represents a response rate of 23 per cent of all eligible cases.

Table 4.1 Summary of quantitative fieldwork response

	N	Population in scope of study %	Population in scope of fieldwork %	Complete contacts %
Number sampled	21,640	–	–	–
Number opted out of study in response to letter	1,623	–	–	–
Invalid cases: screenouts	5,783	–	–	–
In scope of study	14,234	100	–	–
Invalid cases: Unobtainable numbers	2,002	14	–	–
In scope of fieldwork	12,232	86	100	–
General call backs	6,779	48	55	–
Appointments	32	<1	<1	–
Incomplete contacts	6,811	48	56	–
Complete contacts	5,421	38	44	100
Refusals	1,544	11	13	28
Alternative language requests	174	1	1	3
Partial (abandoned) interviews	402	3	3	7
Complete interviews	3,301	23	27	61

4.2 Achieved sample by key demographics

Table 4.2 shows the overall achieved sample broken down by key demographics and employment information.

Table 4.2 Achieved sample breakdown by industry and size

<i>Base: All claimants (3,301)</i>	<i>Unweighted</i>	<i>Weighted</i>
	<i>%</i>	<i>%</i>
Gender		
Male	55	55
Female	45	45
Age		
16-29	20	23
30-49	41	43
50-64	39	34
Ethnicity		
White	92	92
BME	5	6
Highest qualification level		
Level 2 or below	39	40
Level 3	15	15
Level 4+	20	20
Status immediately before submitting ESA claim		
Employed and still attending work	19	19
Employed but on paid leave	37	36
Employed but on unpaid leave	9	9
Unemployed	35	37
Previous employment term		
Self-employed	7	7
Full-time for an employer	62	62
Part-time for an employer	31	31
Size of employer		
Micro (1-10)	13	13
Small (11-50)	13	13
Medium (51-249)	9	9
Large (250+)	45	45
Main health condition in work		
Mental	28	32
Physical	61	57
Learning/socialisation/other	10	10

4.3 Data preparation

This chapter covers the work carried out with the dataset after interviewing had been completed.

4.4 Coding

The survey included a number of questions at which interviewers transcribed the answers of respondents, rather than coding them.

‘Other – please specify’ questions

Throughout the questionnaire there were a number of questions where an ‘other – please specify’ option was included to allow interviewers to record verbatim responses if they did not fit into the existing code frames assigned to each question.

In many cases it was possible to code these responses back into the existing code frame. Where this was not possible – and if similar or identical responses emerged among the ‘other’ answers – additional codes to be added to the code frame were suggested by the coding team for approval or amendment by the research team.

Open questions

Some questions had no predeveloped code frame and these required the interviewer to record verbatim what was said by the respondent. Once 250 interviews had been completed, the IFF research and coding teams drew up code frames to reflect the common themes recorded.

Standard Industrial Classification and Standard Occupational Classification coding

When collecting workplace characteristics during the survey, respondents were asked to provide details of the industry and role they last worked for/in and interviewers transcribed the responses recorded. This information was coded to the 4-digit level Standard Industrial Classification (SIC 2007) and Standard Occupational Classification (SOC 2010) respectively. The Cascot (Computer Assisted Structured Coding Tool) software was used as part of this process by the IFF coding team.

Cascot is a computer programme designed to make the coding of text information to standard classifications simpler, quicker and more reliable. The software is capable of occupational coding and industrial coding to the UK standards developed by the UK Office for National Statistics. Cascot is designed to assign a code to a piece of text. For the Standard Industrial Classification (SIC) the text is a description of the main product or services provided by an employing establishment. The quality of coding performed by Cascot depends on the quality of the input text. Cascot has been designed to perform a complicated analysis of the words in the text, comparing them to the words in the classification, in order to provide a list of recommendations. If the input text is not sufficiently distinctive it may not be the top most recommendation that is the correct code.

When Cascot suggests a code to a piece of text it also calculates a score from 1 to 100 which represents the degree of certainty that the given code is correct. When Cascot encounters a word or phrase that is descriptive of industry but lacks sufficient information

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to distinguish it from other categories (i.e. without any further qualifying terms) Cascot will attempt to suggest a code but the score is limited to below 40 to indicate the uncertainty associated with the suggestion. The coders, in all cases, reviewed the recommended codes and decided whether or not to accept the suggested codes or whether to assign the correct codes manually.

4.5 Editing

The CATI set-up removed much of the requirement for post-fieldwork data editing as range, logic and consistency checks were built into the programme, thus interviewers could resolve the majority of inconsistencies by pointing them out to the respondent during the interview.

Nevertheless, quality assurance checks were carried out on the data during the data preparation stage. Post-fieldwork data checks are often necessarily subjective in nature in determining what data should be amended or removed. Recognising this, the IFF research team adopted a 'conservative' approach to the data checking/editing process by only editing data where it was deemed an 'obvious' error/contradiction had been made.

After the main fieldwork period, two consistency issues became evident. Firstly, a number of respondents had given inconsistent answers about their patterns of sickness absence at questions A1 and F4 and secondly, that F14 (reasons for not receiving sick pay), was only asked to those who received a form of pay other than sick pay during this absence (and not asked to those who did not receive any paid leave at all).

In agreement with the DWP a call back exercise was conducted to clarify individuals' sickness absence pattern where this was inconsistent and to ask F14 to those who did not take any paid leave at all. Where data could not be clarified or collected these individuals were excluded from Chapter 4 of the main report (153 individuals who provided inconsistent answers and 134 who did not answer F14).

4.6 Data availability

The data set with complete documentation (including technical report and syntax files) will be deposited in the national data archive.

5 Weighting

Survey data weighted to correct for variation in levels of non-response by sub-groups. The sample data that we received contained only a small number of variables that can be factored into a non-response weight so we are suggesting using all of those provided, i.e. age, gender and main health condition.

The profile of the sample that was used for the survey is as shown in Table 5.1.

Table 5.1 Profile of sample used

	Mental health condition		Physical health condition	
	Male	Female	Male	Female
	N	N	N	N
16-29	1,383	1,187	1,344	979
30-49	2,234	2,064	2,801	2,449
50-64	958	949	3,231	2,171

However, to use them for weighting purposes, these population figures were adjusted to account for the fact that the sample included records that were not eligible for the survey (and which were not removed by the Department for Work and Pensions (DWP) filtering that took place prior to the delivery of the sample to IFF). At the screening stage we excluded any:

- Incapacity Benefit (IB) reassessment cases;
- individuals who had not worked at all in the 12 months before submitting an Employment and Support Allowance (ESA) claim;
- individuals who were self-employed prior to their ESA claim (unless working for an employment agency or on a contract basis);
- individuals who were claiming ESA because they were pregnant and not eligible for Statutory Maternity Pay (SMP)/Maternity Allowance (MA); and
- cases whose ESA claim had been rejected.

Screening out these cases, meant that around a third of cases contacted were eligible for the survey. However, this did vary by demographics. The overleaf shows the proportion of cases screened who proved to be eligible within each cell of the population matrix.

Table 5.2 Proportion of ineligible cases

	Mental health condition		Physical health condition	
	Male	Female	Male	Female
	%	%	%	%
16-29	32	33	52	31
30-49	30	34	41	39
50-64	28	33	39	43

Applying these proportions to the starting sample provides an estimate of the 'survey eligible' population shown below. It is these figures that we have used to weight the data to.

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Table 5.3 Survey eligible population

	Mental health condition		Physical health condition	
	Male	Female	Male	Female
	N	N	N	N
16-29	442	390	693	305
30-49	668	705	1,141	963
50-64	272	313	1,253	924

6 Analysis

To assist the reporting of results, the quantitative survey data collected was analysed via sub-group analysis and multivariate analysis. This chapter details the method used to carry out these types of analyses and how analytical concepts/typologies were constructed from the qualitative responses.

6.1 Sub-group analyses

In order to facilitate sub-group analyses, all questions covered in the survey against a series of cross-breaks are listed below:

Table 6.1 Sub group analysis

Break header	Labels
Route into ESA	Employed and still attending work Employed but on paid leave Employed but on unpaid leave Unemployed
Previous employment term	Self-employed Full-time for an employer Part-time for an employer
Employer organisation type	Local or central government Private sector
Whether formally left job	Yes No – claiming ESA whilst still formally employed
Whether offered/made to leave job because of health condition	Made decision to stop working Felt pressured to leave by employer
All health conditions in work	Any mental health condition present when last worked Any physical condition when last worked Any learning/socialisation/other condition when last worked
Main health condition in work	Mental Physical Learning/socialisation/other
Route into ESA	No period of sickness absence after last attended work Period of sick leave but no pay after last attended work Any period of sick pay after last attended work Any period of sickness absence (paid or unpaid)

Continued

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Table 6.1 Continued

Break header	Labels
Route into ESA 2	Left work because of health: Employed and still attending work Left work because of health: Employed but on paid leave Left work because of health: Employed but on unpaid leave Left work because of health: Unemployed Left work for other reasons
Period of sickness absence (paid or unpaid) after last attended work	2+ weeks 4+ weeks
Type of sick pay received	Statutory Sick Pay Occupational Sick Pay Both
Whether any adjustments made by last employer	Yes No
Length of time in job	Less than 3 months 3 months to less than 6 months 6 months to less than 1 year 1 year to less than 5 years 5 years or more
Age	16-29 30-49 50+
Ethnicity	White Black and Minority Ethnic (BME)
Highest qualification level	Level 2 or below level 3 level 4+
Size of employer	Micro (1-10) Small (11-50) Medium (51-249) Large (250+)
Whether employed directly/ by an agency	Employed directly by the organisation you worked for Employed via an agency Doing casual or non-contracted work
Number of health conditions	1 2 3 4+

Continued

Table 6.1 Continued

Break header	Labels
Sector	Primary and utilities Manufacturing Construction Distribution Hotels and restaurants Transport and communications Banking and finance Public admin, education and health Other services Unclassified
Occupation	Managers, directors and senior officials Professional occupations Associate professional and technical occupations Administrative and secretarial occupations Skilled trades occupations Caring, leisure and other service occupations Sales and customer service occupations Process, plant and machine operatives Elementary occupations
Eligible for SSP – proxy	Yes No

Differences between sub-group data were tested to assess whether the differences between data were statistically significant, i.e. not due to random chance, at the 95 per cent confidence level. The difference needed to be statistically significant depended on the two survey estimates being compared and the base sizes of the two sub-groups.

To facilitate the types of analysis necessary, data tables were produced which employed independent significance testing (i.e. testing the results for a given subgroup against the results in each of the other sub-groups within a given analysis 'break', e.g. within size of employer, results from the micro, small, medium and large groups were all tested against each other to check for significant differences between these data).

6.2 Multivariate analysis

Key driver analysis was carried out using the Correlated Component Regression (CCR) method to explore which factors were independently associated with:

- moving on to ESA without any period of sick leave;
- receiving any sick pay;
- retaining an arrangement with an employer to return to work once health condition had improved; and
- having a positive attitude to a return to work.

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As these Dependent Variables (DVs) are binary indicators (they either are 'yes' or 'no') a Logistic Regression CCR was used.

This Regression technique was chosen as it enables us to understand the association of one variable with the DVs whilst controlling for other variables.

As a starting point a long list of variables were identified, following the basic descriptive analysis stage, that might be expected to have a relationship with the DVs. These were then input in the model.

The CCR regression produced a drivers model that made optimal predictions for new cases, rather than the cases on which the model was built, using a unique cross validation procedure which ran the modelling process thousands of times and then identified the optimal specification for predicting new cases. So called 'irrelevant' predictors which did not contribute anything unique to the relationship with the DV were screened out.

All models were based on claimants who were no longer working because of a health condition. Table 6.2 lists the variables that were input into each of the models.

Table 6.2 Variables input into the key drivers analysis

Type of employer	Sector
	Public/private/voluntary
	Whether working for a family member
	Whether single or multi-site
	Size of organisation
	Perceived supportiveness of employer
Type of occupation	Whether full or part time
	SOC
	Whether employed direct or through an agency
	Length of tenure
	Salary
	Whether in supervisory role
Whether in management role	
Nature of health condition	Nature of main health condition
	Whether condition came on suddenly
	Whether condition affected ability to work
	Whether had condition from when first worked in job
	Whether believe condition was caused by work
	Whether believe condition was aggravated by work
	Whether condition is variable
	Impact of condition
Number of health conditions	

Continued

Table 6.2 Continued

How managed health condition	Whether had any time off sick prior to last occasion
	Whether had any time off sick prior to last occasion for longer than 4 days
	Amount of time taken off sick prior to last occasion
	Pattern of sick leave taken
	Whether received warnings/sanctions
	Whether received any sick pay prior to last occasion
	Whether discussed condition with OHS
	Whether used independent counselling
	Whether discussed condition with immediate manager
	When discussed with immediate manager
	Whether discussed with HR
	When discussed with HR
	Whether provided a Fit Note
Whether employer provided any adjustments	
Demographics	Age
	Ethnicity
	Qualification level
	Gender
	Whether have dependent children

Full tables B.1 to B.4 showing the outputs from these models can be found in Appendix B.

6.3 Qualitative analysis

All case study interviews were coded, analysed and entered into a bespoke electronic analysis framework in such a way that themes and findings from each element of the research were explored alone or in conjunction with other elements to look for patterns and conflicts in the entire data set. Data was 'cut' by subject or theme (for example sick pay policy, company ethos in relation to sickness absence) as well as by audience (for example, size of employer) to ensure cross-cutting themes were fully triangulated.

7 Remarks on the methodology

This section covers some brief thoughts of IFF Research Ltd. on the operation of the survey and the findings.

7.1 Limitations of the research design and implications for the study

Broadly the survey ran well with the desired number of interviews completed within the allocated fieldwork period.

The pilot was very effective in identifying further claimant groups who were not suitable for the research (for example, many of the self-employed or those who were not in receipt of Statutory Maternity Pay or Maternity Allowance). It also highlighted the need to reach the key research questions earlier in the survey interview than the original design allowed.

However, despite the re-ordering of key sections and additional cuts made to the questionnaire after the pilot exercise, the survey remained long with the average interview length at 33 minutes. A number of questions asked in the survey were ultimately not discussed in the main report and it is possible that a shorter survey questionnaire would have been sufficient to answer the key questions posed by this study.

The questionnaire design and fieldwork phases were commissioned separately which meant that different contractors were responsible for these key elements of the study. This did present challenges in terms of streamlining the survey questionnaire.

The survey provided a robust base on which to address a key concern raised by the published study *Routes onto Employment and Support Allowance* which found that, of claimants that moved on to Employment and Support Allowance (ESA) from employment, a high proportion (57 per cent) appeared to move directly from being at work as normal, to claiming ESA without a period of sick leave. This study found that a much lower proportion – 29 per cent – moved directly from being at work without a period of sick leave first. We have confidence in the robustness of the findings from the current study though the the previous (2010) study used a different definition of work history and eligibility. In addition in the current study we have conducted cognitive testing of the survey questions to check respondents understand the questions.

Towards the end of the main fieldwork period a call back exercise was required among some individuals either because they had provided conflicting answers about their pattern of sickness absence or because they were missing data at two questions. These issues did not emerge during the pilot study and only became evident some way into the main survey period. Whilst the majority of call backs required were successfully completed, missing data remained for a total of 287 individuals who were consequently removed from some of the analysis.

7.2 Limitations of the evidence

As already mentioned the findings from the survey addressed the key concern raised by the previous *Routes onto Employment and Support Allowance* study and the research objectives listed below, which were to identify:

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- those most at risk of health-related job loss;
- how employment characteristics (and other factors) influence whether an individual has access to, and takes up, sick leave; and
- the support currently available from employers, including if/why some employers don't pay Statutory Sick Pay/Occupational Sick Pay.

However, in addressing these objectives, this research raised some additional questions in relation to an individual's journey onto ESA that were not necessarily in direct scope of the study, but if answered would provide further insight to this area.

The research confirmed that a significant minority of individuals – 20 per cent – left their last place of work for reasons not related to health and were unemployed immediately before claiming ESA. Whilst a small indicative qualitative element was included in this study to better understand how this unemployed group arrived at ESA, there is still scope for a larger exercise to explore what intervention from Jobcentre Plus, the health service or other agencies could better support these individuals and result in an alternative outcome to claiming ESA.

There is also uncertainty around how and why the nine per cent of individuals who left work for reasons unrelated to health and were not employed immediately before their claim arrived at ESA.

The research also suggested that those with a mental health condition perceive themselves to be treated differently by employers compared to those with physical conditions. Findings showed that they were:

- **More likely to feel pressurised** to leave their work by their employer (25 per cent compared to 17 per cent of those with a physical health condition).
- **Less likely to have a formal agreement** in place to allow them **to return to work** with their employer (22 per cent did not have a formal arrangement compared to 45 per cent).
- **Less likely to have had any sickness absence** (paid or unpaid) since starting in the job they were last doing before their ESA claim (55 per cent compared to 63 per cent).
- **Less likely to report their employer made any adjustments** for them whilst in work (55 per cent compared to 60 per cent).
- **More likely not to have access to OH or counselling services** through their employer (19 per cent versus 13 per cent).

These findings point towards the need for more research among employers about their perceptions of mental health and how they support staff with these type of health conditions.

More generally, the report also revealed evidence that whilst employers were able to provide support to staff with health conditions in many instances⁶, the support provided was not always suitably targeted. Sixty-eight per cent of individuals who had adjustments made for them felt the support had actually helped them to remain in work for longer which indicates misdirected resource efforts on the part of employers and the need for further understanding about how employers perceive their role in helping keep people in work and how this can be done more effectively.

⁶ 58 per cent of individuals with a health condition present when they last worked reported their employer had made at least one adjustment for them.

Appendix A

Additional tables by chapter

Chapter 2 – Situation immediately prior to ESA claim

Table 2.1 Situation prior to ESA claim by nature of employer

	Left work for health reasons				Left for reasons other than health %
	Employed – in work %	Employed – paid absence %	Employed – unpaid absence %	Unemployed %	
Organisation type					
Local or central government	10	29	8	9	9
Private sector	81	65	84	82	82
Charity or voluntary organisation	5	5	2	6	6
Don't know	4	1	6	3	3
Sector					
Primary/utilities	1	3	4	2	3
Manufacturing	7	10	7	9	13
Construction	13	4	21	9	10
Distribution	20	16	15	17	18
Hotels/rest.	10	5	10	11	11
Transport	8	9	6	8	8
Finance	15	10	15	17	15
Public/ed/health	22	41	16	21	16
Other services	4	2	5	5	6
Size					
Self-employed	14	0	20	5	4
Micro	18	7	14	16	17
Small	13	12	10	14	13
Medium	7	10	7	9	10
Large	33	60	31	40	38
Don't know	16	11	17	16	18
<i>Base (All)</i>	485	1,111	250	551	904

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Table 2.2 Situation prior to ESA claim by nature of employment

	Left work for health reasons				Left for reasons other than health %
	Employed – in work %	Employed – paid absence %	Employed – unpaid absence %	Unemployed %	
Tenure					
<3 months	23	3	29	31	27
3-6 months	15	4	15	13	14
6-12 months	10	6	13	13	14
1-5 years	29	27	23	22	24
5 years plus	23	59	20	21	21
Occupation					
Managers	2	4	2	4	4
Professionals	4	9	3	3	3
Associate prof.	5	11	6	6	6
Admin.	8	8	5	8	8
Skilled trades	16	9	21	14	14
Service occs.	12	15	11	10	10
Sales/cust. Service	13	12	14	14	14
Operatives	14	14	11	13	13
Elementary	27	17	28	28	28
Contract type					
Part-time	39	27	34	34	32
Full-time	45	73	43	60	62
Self-employed	16	0	23	6	6
Contract type					
Employed by business	69	97	59	74	76
Employed by agency	12	2	14	14	15
Casual/non-contract	3	-	5	6	4
<i>Base (All)</i>	<i>485</i>	<i>1,111</i>	<i>250</i>	<i>551</i>	<i>904</i>

Understanding the journeys from work to Employment and Support Allowance (ESA)

Table 2.3 Situation prior to ESA claim by nature of health condition

	Left work for health reasons				Left for reasons other than health %
	Employed – in work %	Employed – paid absence %	Employed – unpaid absence %	Unemployed %	
Main condition					
Mental health	27	23	26	38	42
Physical health	64	66	65	50	46
Other	8	10	9	11	12
Whether main condition came on suddenly	47	45	54	37	42
Number of conditions					
1	66	58	61	57	65
2	20	26	23	27	22
3	9	9	11	10	8
4+	6	8	5	6	5
Whether condition is variable	58	58	59	61	62
Impact of work					
Caused condition	14	21	18	23	11
Aggravated it	42	45	41	58	30
Whether condition always affected ability to do job	23	15	22	33	16
<i>Base (All)</i>	<i>485</i>	<i>1,111</i>	<i>250</i>	<i>551</i>	<i>904</i>

Understanding the journeys from work to Employment and Support Allowance (ESA)

Table 2.4 Situation prior to ESA claim by demographics

	Left work for health reasons				Left for reasons other than health %
	Employed – in work %	Employed – paid absence %	Employed – unpaid absence %	Unemployed %	
Age					
16-34	31	15	37	43	39
35-49	36	39	38	32	31
50+	33	46	25	25	31
Gender					
Male	55	46	58	62	62
Female	45	54	42	38	38
Ethnicity					
White	92	95	88	89	92
Non-white	6	4	7	9	5
Highest qualification					
L2 or below	39	38	47	42	40
L3	19	13	15	17	16
L4+	17	25	17	18	17
<i>Base (All)</i>	<i>485</i>	<i>1,111</i>	<i>250</i>	<i>551</i>	<i>904</i>

Chapter 3 – Relationship with employer

Table 3.1 Employer influence on decision to stop work

Whether felt pressured to leave	%
No – own decision to leave	75
Yes – felt pressured by employer	19
Prefer not to say	6
<i>Base (All stopped working due to health)</i>	<i>2,425</i>

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Table 3.2 Whether formally left employment (by age, tenure and contract type)

	<i>Base N</i>	Whether formally left employment %
All	3,301	61
Age		
16-34	998	74
35-49	1,152	59
50+	1,151	51
Main health condition		
Mental health condition	1,088	74
Physical health condition	1,664	52
Other health condition	520	67
Tenure		
<3 months	628	85
3-6 months	353	76
6-12 months	343	73
1-5 years	794	56
5 years plus	1,018	42
Contract type		
Employed by business	2,650	58
Employed by agency	331	81
Casual/non-contract	98	81

Table 3.3 Whether formally left employment by antecedent group

	Employed – in work %	Employed – paid absence %	Employed – unpaid absence %	Unemployed %
Formally left work before starting claim				
Yes	56	29	44	91
No	44	71	56	9
<i>Base (All left due to health)</i>	461	1,082	200	259

Table 3.4 Whether ongoing contact by antecedent group

	Employed – in work %	Employed – paid absence %	Employed – unpaid absence %	Unemployed %
Had ongoing contact with employer				
Yes	77	92	78	44
No	22	8	22	56
<i>Base (All not formally left work)</i>	217	837	141	76

Table 3.5 Whether have formal arrangement allowing return to work by antecedent group

	Left work for health reasons			
	Employed – in work	Employed – paid absence	Employed – unpaid absence	Unemployed
Formal arrangement allowing return to work	%	%	%	%
Yes	36	50	40	12
No	60	42	56	86
Don't know	4	8	4	2
<i>Base (All left due to health)</i>	<i>461</i>	<i>1,082</i>	<i>200</i>	<i>259</i>

Chapter 4 – Receipt of sickness absence and sick pay

Table 4.1 Type of sick pay received

	<i>Base (all receiving sick pay)</i>	SSP only	OSP only	Both	Don't know
	<i>N</i>	%	%	%	%
All receiving sick pay	<i>1,137</i>	66	13	15	5
Organisation type					
Local or central government *	333	47	23	21	8
Private sector	731	75	8	13	4
Charity or voluntary organisation	56	56	21	20	3
Main health condition present when last worked					
Mental health condition	237	65	14	14	7
Physical condition *	783	67	12	16	4
Learning, socialisation or other condition	113	62	16	15	7
Whether employer made any adjustments					
Yes	585	63	17	16	3
No	552	69	9	15	7
Size of employer					
Micro (1-10)	73	89	5	1	5
Small (11-50)	144	82	7	7	4
Medium (51-249)	107	73	8	15	4
Large (250+)	691	59	17	20	5

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Table 4.2 Mean number of weeks sick pay received

	<i>Base (unweighted)</i>	Average no. of weeks sick pay
All receiving sick pay	1,137	22.6
Organisation type		
Local or central government *	333	25.9
Private sector	731	21.5
Charity or voluntary organisation	56	20.4
Main health condition present when last worked		
Mental health condition	237	20.0
Physical condition *	783	23.7
Learning, socialisation or other condition	113	21.9
Type of sick pay received		
SSP	748	21.9
OSP	152	21.6
A mixture of the two *	179	25.9

Table 4.3 Rate of sick pay received

	All receiving sick pay	SSP	OSP	Both
Same as normal rate of pay	30	16	68	57
Less than your normal pay rate	60	77	22	24
It varied	10	6	9	19
<i>Base</i>	<i>1,137</i>	<i>748</i>	<i>152</i>	<i>179</i>

Understanding the journeys from work to Employment and Support Allowance (ESA)

Table 4.4 Mean number of weeks sick pay received at same rate than normal pay

	Overall		SSP		OSP	
	<i>Base</i>	Average number of wks	<i>Base</i>	Average number of wks	<i>Base</i>	Average number of wks
All receiving sick pay	347	18.7	125	19.3	102	17.2
Organisation type						
Local or central government	172	21.4 *	69	22.0	49	19.3
Private sector	149	17.0	49	16.0	41	17.5
Charity or voluntary organisation		^		^		^
Main health condition present when last worked						
Mental health condition	80	16.3	28	17.0	28	14.6
Physical condition	225	19.8 *	81	20.9	62	18.1
Other condition	41	19.1		^		^
Age						
16-34	39	12.9	13	8.3	15	13.5
35-49	114	19.2	42	19.7	24	19.1
50+	194	20.0	70	21.8	63	17.6
Whether formally left job						
Yes	100	12.7	29	13.0	47	13.1
No – still formally employed whilst claiming ESA	247	21.4 *	96	21.5	55	21.0
Whether felt pressured to leave						
No – own decision to leave	271	19.4*	104	19.6	70	18.1
Yes – felt pressured by employer	65	16.4	18	17.9	29	15.2

For the purposes of statistical robustness, any findings on an unweighted base of less than 25 have been suppressed from the table and marked with ^.

Understanding the journeys from work to Employment and Support Allowance (ESA)

Table 4.5 Mean number of weeks sick pay received less than normal rate of pay

	Overall		SSP		OSP	
	<i>Base</i>	Average number of weeks	<i>Base</i>	Average number of weeks	<i>Base</i>	Average number of weeks
All receiving sick pay	675	20.8	576	20.8	35	20.1
Organisation type						
Local or central government	105	20.6	67	22.2	20	19.0
Private sector	534	20.9	479	20.7		^
Charity or voluntary organisation	30	20.2	26	20.3		^
Main health condition present when last worked						
Mental health condition	130	18.0	116	129		^
Physical condition	480	21.7*	407	379	25	21.6
Other condition	63	21.5	51	50		^
Age						
16-34	112	17.7	101	17.5		^
35-49	253	20.7	219	20.6		^
50+	310	22.5*	256	22.8		^
Whether formally left job						
Yes	216	15.3	189	15.2		^
No – still formally employed whilst claiming ESA	459	23.5	387	23.6		^
Whether felt pressured to leave						
No – own decision to leave	512	21.4	438	21.3	24	22.5
Yes – felt pressured by employer	121		99	17.1	11	15.3

For the purposes of statistical robustness, any findings on an unweighted base of less than 25 have been suppressed from the table and marked with ^.

Table 4.6 Whether received all sick pay entitled to

	<i>Base (all receiving sick pay)</i>	Yes	No	Don't know
Whether received all sick pay entitled to		%	%	%
All receiving sick pay	1,137	87	4	9
Ethnicity				
White	1,078	88	4	9
BME	41	77	2	21
Whether felt pressured to leave				
No – own decision to leave	870	89	3	9
Yes – felt pressured by employer	202	84	8	8

Understanding the journeys from work to Employment and Support Allowance (ESA)

Table 4.7 Reasons why not entitled to sick pay

	All %	Employed by organisation %	Employed via agency %	Doing casual or non- contracted work %
Probation period/temporary contract/ agency worker/zero hours	55	47	82	
Worked variable or part time hours	36	43	10	
Your earnings were too low	26	32	7	
Used up all the paid sick days you were entitled to	9	10	3	
Had not worked there long enough	7	6	9	
You did not provide a sick note in time	3	3	5	
Company policy/was told they weren't entitled	3	3	2	
Was fired/made redundant/quit job	2	3	-	
Self-employed	2	*	-	
Company policy/did not provide sick pay	1	1	2	
You were involved in a trade dispute	1	1	-	
You were working outside of the country	*	1	-	
Other	5	6	5	
Don't know	6	6	10	
<i>Base (All not entitled to sick pay)</i>	<i>249</i>	<i>185</i>	<i>42</i>	<i>Base too low</i>

*denotes a finding less than 0.5 per cent.

Understanding the journeys from work to Employment and Support Allowance (ESA)

Table 4.8 Requirement to produce a fit note

	<i>Base (all who took time off work because of health condition)</i>	Whether employer required employee to produce a fit note
All who took time off work due to health condition	1,239	70
Length of time absent from work		
1+ week	586	72
2+ weeks	434	76
4+ weeks	280	84
Organisation type		
Local or central government	285	90
Private sector	853	63
Charity or voluntary organisation	68	86
Size of employer		
Micro (1-10)	128	48
Small (11-50)	162	63
Medium (51-249)	104	70
Large (250+)	632	84
Whether received any adjustments		
Yes – received adjustments	876	76
No – did not receive adjustments	363	57

Table 4.9 Number of working days of absence from work before a fit note was required

	%
One day	4
Two days	2
Three days	19
Four days	7
Five days	23
Six or more days	34
Don't know	12
<i>Base (All who required a fit note)</i>	880

Understanding the journeys from work to Employment and Support Allowance (ESA)

Table 4.10 Sick pay entitlement if no fit note produced

	All	Adjustments made	No adjustments made
Whether would receive sick pay if fit note not brought in	%	%	%
Yes	10	12	6
No	68	66	76
Don't know	21	22	18
<i>Base (All not entitled to sick pay)</i>	880	669	211

Table 4.11 Whether ever asked to make up the time taken off sick

	<i>Base (all who took time off work because of health condition)</i>	Yes	No
All who took time off work due to health condition	1,239	13	87
Whether felt pressured to leave			
No – own decision to leave	687	11	89
Yes – felt pressured by employer	244	19	81
Main health condition present when last worked			
Mental health condition	374	17	83
Physical condition	697	10	90
Other condition	163	14	86
Organisation type			
Local or central government	285	8	92
Private sector	853	15	85
Charity or voluntary organisation	68	12	88

Table 4.12 Whether employer had written guidelines or policies on sick leave and sick pay

	%
Yes – written guidelines	64
No – no written guidelines	21
Don't know	15
<i>Base (All who had health condition at work (excl. those where health condition did not affect work))</i>	1,831

Chapter 6 – Support while in work

Table 6.1 Whether any adjustments made at work

	Local or central government	Private sector	A charity or voluntary sector organisation
	%	%	%
Yes	69	55	72
No	31	45	28
<i>Base: If health condition(s) present when last worked</i>	469	1,812	113

Table 6.2 Adjustments made at work by age

	Age (years)				
	16-24	25-34	35-49	50-59	60-65
	%	%	%	%	%
Changing the type of task you had to do	15	12	17	16	15
Reducing your overall workload	15	15	18	16	16
Reducing the number of hours you had to work per week	16	13	17	14	15
Allowing you to work flexible hours	24	17	22	18	18
Allowing you to work from home	3	2	4	4	3
Changing your working hours or shift pattern	16	13	17	13	12
Giving permission to take time off at short notice as needed (for example for medical appointments/treatment)	49	37	42	45	53
Providing equipment or make adaptations to your working environment	11	9	11	13	13
Allowing you to take extra breaks at work	22	16	20	18	21
Providing you with access to a personal assistant, mentor or job coach?	6	5	6	5	9
Directing you to sources of independent counselling or advice	9	6	14	11	10
Providing help getting to and from work	7	6	5	5	4
<i>Base: If health condition(s) present when last worked</i>	263	353	835	756	240

Understanding the journeys from work to Employment and Support Allowance (ESA)

Table 6.3 Other things employers could have done to help

	%
More compassion and moral support	4
Better understanding of the condition	4
Changing job role	4
Better management	3
Changed shift times/reduced hours	2
Keeping contract open	1
Flexible working days/time off for appointments	1
Allowed extra breaks	1
Provided assistant	1
Counselling/occupational health	1
Not fired me/made me redundant	1
<i>Base: If health condition(s) present when last worked</i>	<i>2,462</i>

Table 6.4 When adjustments were made

	%
When your condition started to affect your work a lot	37
After you first mentioned your health condition	37
After you took time off work due to your health condition	31
After your condition started to affect your work a little	29
As soon as you started the job	26
When a change was recommended by your GP, doctor or consultant	24
When a change was recommended by occupational health services	14
After you spoke to your trades union	4
<i>Base: If adjustments made</i>	<i>1,464</i>

Understanding the journeys from work to Employment and Support Allowance (ESA)

Table 6.5 Whether adjustments helped stay in work longer, by types of adjustments made

	%
Overall	52
Changing the type of tasks you had to do	64
Reducing your overall workload	69
Reducing the number of hours you had to work per week	65
Allowing you to work flexible hours	64
Allowing you to work from home	66
Changing your working hours or shift pattern	65
Giving permission to take time off at short notice	53
Providing equipment or making adaptations to working environment	68
Allowing you to take extra breaks at work	64
Providing you with access to a personal assistant/mentor/coach	65
Directing you to sources of independent counselling or advice	58
Providing help getting to and from work	62
<i>Base: If adjustments made</i>	1,464

Table 6.6 Access to health services

	<i>Base</i> <i>N</i>	Occupational health			Independent counselling		
		Yes %	No %	Don't know %	Yes %	No %	Don't Know %
Overall	3,301	33	58	9	18	74	8
Organisation type							
Local or central government	559	76	20	4	51	43	7
Private sector	148	24	57	10	11	66	8
Charity or voluntary organisation	2,502	37	70	5	26	81	7
Organisation size							
Micro	432	9	82	9	4	91	5
Small	415	17	73	9	6	88	5
Medium	304	23	66	11	9	82	8
Large	1,478	53	39	8	32	59	9

Understanding the journeys from work to Employment and Support Allowance (ESA)

Table 6.7 Use of Occupational Health Services

	%
Overall	62
Antecedent of ESA claim	
No period of sickness absence after last attended work	52
Period of sick leave but no pay after last attended work	41
Any period of sick pay after last attended work	73
Whether formally left job	
Yes	51
No – claiming ESA whilst still formally employed	71
Whether any adjustments made by last employer	
Yes	69
No	43
<i>Base (All with occupational health service and health condition when last worked)</i>	
	866

Table 6.8 Supportiveness of employers

		Very supportive	Fairly supportive	Slightly supportive	Not at all supportive
	<i>Base</i>	1,769	744	1,274	404
Base (All left due to health)	<i>N</i>	%	%	%	%
Overall	1,769	35	20	08	27
Main health condition					
Mental	457	22	19	24	35
Physical	1,113	41	20	15	24
Learning/socialisation/other	218	38	22	18	22
Organisation type					
Local or central government	405	38	20	19	22
Private sector	1,247	34	20	17	28
Charity or voluntary organisation	97	31	13	28	29
Organisation size					
Micro	405	48	13	14	24
Small	213	36	18	17	29
Medium	151	33	20	17	29
Large	921	32	21	20	27

Chapter 7 – Returning to work

Table 7.1 Whether currently in paid work

	Base	Yes	No
Base (All except retired)	N	%	%
Overall	3,245	9	91
ESA status			
Currently receiving ESA payments	2,540	1	99
Awaiting outcome of my claim or first ESA payment	189	7	93
I received some ESA payments but have since returned to work	269	86	13
Received some ESA payments but am now claiming JSA	116	3	97
Received some ESA payments but these have stopped for another reason	131	5	95
Last work before ESA claim			
Part-time work for an employer	1,010	9	91
Full-time work for an employer	2,009	8	92
Self-employed	226	19	81
Whether formally left employment			
Yes	1,908	14	86
No – claiming ESA whilst still formally employed	1,337	6	94
Main health condition			
Mental	927	6	94
Physical	1,975	11	89
Learning/socialisation/other	327	8	92

Table 7.2 Whether expect to return to paid work in the future

	Base	Yes	No	Don't know
Base (All except retired)	N	%	%	%
Overall	3,245	86	7	7
Antecedent of ESA claim				
No period of sickness absence after last attended work	861	88	6	6
Period of sick leave by no pay after last attended work	205	92	3	6
Any period of sick pay after last attended work	1,169	78	11	11
Any period of sickness absence (paid or unpaid) after last attended work	1,374	80	9	11
Age				
16-34	883	95	2	3
35-49	1,098	89	5	6
50+	1,264	75	13	12
Main health condition				
Mental	927	92	3	5
Physical	1,975	83	9	9
Learning/socialisation/other	327	86	6	7

Table 7.3 Barriers to returning to work

Base (All who expect to return to paid work in the future)	Base	There are not many suitable jobs in my area	I don't have the right qualifications or experience	I am worried people won't employ me because of my age	I have personal problems I need to sort out	I don't feel confident about search or applying for jobs	I have family or caring responsibilities	I am not sure I would be financially better off in work	I am worried people won't employ me because I have a criminal record
	N	%	%	%	%	%	%	%	%
Overall	2,758	47	37	32	29	26	14	8	7
Qualification Level									
Level 2 or below	1,138	47	40	30	31	26	16	9	8
Level 3	425	45	30	27	29	21	15	6	6
Level 4+	553	42	22	29	26	22	12	8	4
Age									
16-34	837	47	40	10	35	23	13	8	9
35-49	977	42	37	27	31	28	17	10	7
50+	944	52	35	62	18	26	10	7	4
Main health condition									
Mental	850	53	43	30	57	43	19	12	11
Physical	1,612	44	35	34	12	15	11	6	4
Learning/socialisation/other	280	44	34	25	25	24	14	9	7

Table 7.4 Extent to which agree that they are prepared to take any job that they can do

Base (All who expect to return to paid work in the future)	Base N	1 – Strongly disagree			5 – Strongly agree			Agree %	Disagree %
		%	%	%	%	%	%		
Overall	3,301	14	7	14	17	44	61	21	
Ethnicity									
White	3,048	14	7	14	18	44	62	21	
BME	178	19	9	18	14	38	52	28	
Age									
16-34	890	8	7	15	20	49	69	15	
35-49	1,107	15	8	13	17	44	60	23	
50+	1,304	18	8	14	16	40	56	26	

Table 7.5 Extent to which agree that being in work helps their health

Base (All who expect to return to paid work in the future)	Base N	1 – Strongly disagree			5 – Strongly agree			Agree %	Disagree %
		%	%	%	%	%	%		
Overall	3,301	21	12	18	16	31	47	33	
Main health condition									
Mental	936	18	16	22	17	25	43	33	
Physical	2,011	22	10	17	15	34	49	32	
Learning/socialisation/other	338	24	12	17	12	32	44	37	
Whether formally left employment									
Yes	1,956	21	13	19	16	29	45	34	
No – claiming ESA whilst still formally employed	1,345	21	11	18	15	34	49	31	

Appendix B

Further demographic tables

Table A.1 Health condition by age

	Age (years)				
	16-24 %	25-34 %	35-49 %	50-59 %	60-65 %
Type of health condition					
Any mental health condition	38	43	40	29	17
Any physical health condition	29	35	47	62	69
Any other health condition	14	16	17	15	14
Contract hours					
Part-time	40	35	31	29	21
Full-time	55	57	62	64	73
Self-employed	6	8	7	7	5
Sector					
Primary/utilities	3	3	3	3	1
Manufacturing	9	10	10	10	14
Construction	10	10	9	8	10
Distribution	21	18	18	15	16
Hotels/rest.	13	12	8	7	4
Transport	7	7	8	8	14
Finance	18	15	12	12	14
Public/ed/health	13	19	30	33	25
Other services	6	4	4	3	3
<i>Base: If health condition(s) present when last worked</i>	457	549	1,156	858	261

Key drivers analysis

Key drivers analysis was run using a Correlated Component Regression (CCR) method to explore which factors were independently associated with:

- moving on to Employment and Support Allowance (ESA) without any period of sick leave;
- receiving any sick pay;
- retaining an arrangement with an employer to return to work once health condition had improved; and
- having a positive attitude to a return to work.

Details on the analysis approach used can be found in Section 6.2 of the Technical Report.

The tables below show the final models. Within each model, the factors are presented in descending order of importance.

'Importance' is an index partitioning the unique contribution of each factor to the model summing to 100 per cent. This is the best measure to use when interpreting the analysis as it takes account of the correlations between factors.

It is also useful to look at the **'Odds ratio'** for the individual categories within factors found to be important. The 'Odds ratio' can be interpreted in terms of the effect on the probability of being in the group (all else being held equal). So, for example, an odds ratio of 2 means for that variable a change in one unit (or presence of something if coded as 0/1) makes somebody twice as likely to be in the group we are predicting (0.5 makes them half as likely).

We recommend that both the Importance Metric and Odds Ratios are used when interpreting the findings from this analysis. High importance scores with a high/low odds ratio means we can be confident that a particular factor has a significant role in predicting likelihood to be in the group of interest. A high/low odds ratio in combination with a low importance score should indicate caution: this is likely to be a factor which has a high degree of correlation with other factors and isn't in itself the main driver of likelihood to be in the group of interest, although is associated with other factors which are important.

'Accuracy' gives an indication of the extent to which the model explains the variation in the DV. Generally speaking a good model will be able to explain the majority of the variation (accuracy > 50 per cent).

Understanding the journeys from work to Employment and Support Allowance (ESA)

Table B.1 Key drivers of having started an ESA claim without a period of sick leave

Accuracy = 79%			
	Unstandardised effect	Importance %	Odds ratio
Employment status – Employed directly by the organisation you worked for	-0.718	24	
Not			1
Employed directly by the organisation you worked for			0.488
Whether used independent counselling	-0.526	18	
No			1
Yes			0.591
Whether discussed with immediate manager – As soon as your health condition started	-0.424	15	
Not			1
As soon as your health condition started			0.54
Length of employment in current job	-0.110	14	
Less than 3 months			1
3 months to less than 6 months			0.896
6 months to less than 1 year			0.803
1 year to less than 5 years			0.720
5 years or more			0.645
Number of people employed by the organisation	-0.185	13	
Micro			1
Small			0.831
Medium			0.690
Large			0.574
Number of hours worked	-0.269	10	
Fewer than 16 hours per week			1
16 to 29 hours per week			0.764
30 or more hours per week			0.584
Sector – Primary and utilities	-0.934	5	
Not			1
Primary and utilities			0.393

Base = all no longer working because of a health condition (2,425).

Understanding the journeys from work to Employment and Support Allowance (ESA)

Table B.2 Key drivers of having received any sick pay

Accuracy = 75%			
	Unstandardised effect	Importance %	Odds ratio
Length of employment in current job	0.55	37	
Less than 3 months			1
3 months to less than 6 months			1.741
6 months to less than 1 year			3.031
1 year to less than 5 years			5.278
5 years or more			9.189
Employment status – Employed directly by the organisation you worked for	2.273	36	
Not			1
Employed directly by the organisation you worked for			9.705
Number of hours worked	0.568	7	
Fewer than 16 hours per week			1
16 to 29 hours per week			1.765
30 or more hours per week			3.116
Whether sick leave (paid/unpaid) was taken before you last attended work – Unpaid sick leave	-0.780	7	
Not			1
Unpaid sick leave			0.459
Age – 50-64	0.575	5	
Age < 30			1
50-64			1.777
Number of people employed by the organisation	0.243	4	
Micro			1
Small			1.275
Medium			1.626
Large			2.074
Gender – Female	0.433	3	
Male			1
Female			1.542
General classification of main health condition – Mental health condition	0.438	2	
Not			1
Mental health condition			0.645
Age – 30-49	0.513	0	
Not			1
30-49			1.1671

Base = all no longer working because of a health condition (2,425).

Understanding the journeys from work to Employment and Support Allowance (ESA)

Table B.3 Key drivers of having retained an arrangement to return to work once health condition has improved

Accuracy = 73%			
	Unstandardised effect	Importance %	Odds ratio
Whether received any sick pay (statutory or occupational)	1.490	37	
Not			1
Received any sick pay			4.438
Length of employment in current job	0.325	20	
Less than 3 months			1
3 months to less than 6 months			1.384
6 months to less than 1 year			1.915
1 year to less than 5 years			2.650
5 years or more			3.668
General classification of main health condition	0.711	13	
Not			1
Physical health condition			2.036
Believing condition was aggravated by work	-0.634	12	
No			1
Yes			0.531
Agree/disagree – I feel my employer was supportive about my health condition	0.256	8	
Not supportive at all			1
Slightly supportive			1.292
Fairly supportive			1.670
Very supportive			2.158
Whether had any time off sick prior to last occasion for longer than 4 days	-0.639	7	
No			1
Yes			0.528
Extent health condition affected ability to carry out everyday activities	-0.187	3	
Not at all			1
Very little			0.830
It varies too much to say			0.688
Somewhat			0.571
A great deal			0.474
Number of hours worked	-0.315	0	
Fewer than 16 hours per week			1
16 to 29 hours per week			0.730
30 or more hours per week			0.533
Whether started an ESA claim without first having a period of sick leave	0.723	0	
Not			1
Started an ESA claim without first having a period of sick leave			2.061

Base = all no longer working because of a health condition (2,425).

Understanding the journeys from work to Employment and Support Allowance (ESA)

Table B.4 Key drivers of having a positive attitude to return to work

Accuracy = 71%			
	Unstandardised effect	Importance %	Odds ratio
Whether had any time off sick prior to last occasion			
No	-0.458	24	1
Yes			0.632
Extent of health affected your ability to carry out every day activities	-0.244	18	
Not at all			1
Very little			0.799
It varies too much to say			0.638
Somewhat			0.510
A great deal			0.408
Believing condition was aggravated by work	-0.379	17	
No			1
Yes			0.718
Gender – Female	-0.331	10	
Male			1
Female			0.718
SOC – Administrative and secretarial occupations	-0.571	8	
Not			1
Administrative and secretarial			0.565
Whether started an ESA claim without first having a period of sick leave	0.319	7	
Not			1
Started an ESA claim without first having a period of sick leave			1.376
Health condition – same from day to day	-0.297	5	
Not			1
Same from day to day			0.743
Age – 30-49	0.259	4	
Not			1
30-49			1.296
Whether discussed with HR – When you started the job	-0.842	4	
Not			1
When you started the job			0.431
Qualifications level	0.069	3	
Entry level/none of the below			1
Level 1			1.072
Level 2			1.149
Level 3			1.231
Level 4			1.320
Level 5+			1.415

Base = all no longer working because of a health condition (2,425).

Appendix C

Questionnaire and topic guides

S Screener

ASK PERSON WHO ANSWERS PHONE

S1 **Good morning / afternoon / evening. My name is NAME and I'm calling from IFF Research. Please can I speak to NAME?**

Respondent answers phone	1	CONTINUE
Transferred to respondent	2	
Hard appointment	3	MAKE APPOINTMENT
Soft Appointment	4	
Refusal	5	CLOSE
Not available in deadline	6	
Engaged	7	
Fax Line	8	
No reply / Answer phone	9	
Business Number	10	
Dead line	11	

ASK ALL

S2 **Good morning / afternoon, my name is NAME, calling from IFF Research, an independent market research company. We're conducting a survey on behalf of the Department for Work and Pensions who want to better understand the level and type of support individuals receive from their employer when needing to take a period of sickness absence. We understand that you recently submitted a claim for Employment and Support Allowance (ESA) and would like to ask a few questions about your experiences leading up to the start of this claim.**

Continue		CONTINUE
Referred to someone else in household NAME _____	1	TRANSFER AND RE-INTRODUCE
Hard appointment	2	MAKE APPOINTMENT
Soft appointment	3	
Refusal	4	THANK AND CLOSE
Refusal – taken part in recent survey	5	
Not available in deadline	6	
Respondent would prefer to complete survey in another language	7	RECORD LANGUAGE AND GO TO S3

Understanding the journeys from work to Employment and Support Allowance (ESA)

IF RESPONDENT WOULD PREFER TO COMPLETE IN ANOTHER LANGUAGE
(S2=7)

S3 **Please can you tell me your level of English?**

WRITE IN

We will try our best to call back soon with an interviewer who can speak this language and help you complete the survey.

ASK ALL

S3a **This call may be recorded for quality and training purposes only.**

REASSURANCES TO USE IF NECESSARY

The interview will take around 30 minutes to complete.

Please note that all data will be reported in aggregate form and your answers will not be reported to our client in any way that would allow you to be identified.

- **Your name has been randomly selected from a list of people, held by the DWP, who recently started a claim for Employment and Support Allowance**
- **Taking part is entirely voluntary and will not affect your benefits or other dealings with DWP or Jobcentre Plus, either now or in the future**
- **All responses will be treated with the strictest confidence under the guidelines of the Market Research Society**

ASK ALL

S4 **Before we start, I'd just like to ask a few questions to make sure that you are eligible for the survey.**

Firstly can you confirm that you recently submitted a claim for Employment and Support Allowance (ESA) in [INSERT ESA CLAIM DATE]?

It does not matter if you have done something else since like gone back to work or started claiming Jobseeker's Allowance. We just want to know if you recently applied for ESA.

ADD AS NECESSARY: Employment and Support Allowance (ESA) is a benefit that offers you financial support if you're not able to work and offers tailored support to help you get back to work. You might have already been asked to fill out a questionnaire which asks you about your physical and mental health and attend a Work Capability Assessment (WCA).

Understanding the journeys from work to Employment and Support Allowance (ESA)

Yes – recently submitted a claim for ESA in [INSERT ESA CLAIM DATE]	1	CONTINUE
Yes – recently submitted a claim for ESA but not in [INSERT ESA CLAIM DATE]	2	
No – did not recently submit a claim for ESA	3	THANK AND CLOSE

ASK IF RECENTLY SUBMITTED CLAIM BUT DISAGREE WITH DATE FROM SAMPLE (S4=2)

S5 **When did you most recently submit a claim for ESA? We are just interested in the month and year.**

WRITE IN
DP INSTRUCTION: IF ESA CLAIM DATE AT S5 IS MORE THAN 3 MONTHS BEFORE ESA CLAIM DATE FROM SAMPLE START DATE THEN THANK AND CLOSE
<i>INTERVIEWER NOTE: DATES BEFORE SEPTEMBER 2013 AND AFTER APRIL 2014 NOT ALLOWED</i>
<u>FINAL ESA CLAIM DATE TEXT SUB:</u>
IF S4=1 USE ESA CLAIM DATE FROM SAMPLE. IF S4=2 TAKE ESA CLAIM DATE FROM S5

ASK ALL

S6 **And can I just check, IMMEDIATELY before you submitted this claim for ESA, were you claiming Incapacity Benefit (IB)?**

Yes – was claiming IB immediately before submitting this ESA claim	1	THANK AND CLOSE
No – was not claiming IB immediately before submitting this ESA claim	2	CONTINUE

ASK IF NOT CLAIMING IB IMMEDIATELY BEFORE ESA (S6=2)

S7 **Can you confirm that you were working, either self-employed or in paid work full or part-time for an employer at some point in the 12 months leading up to submitting this claim for ESA in [FINAL ESA CLAIM DATE]?**

INTERVIEWER ENSURE THAT THE PERIOD OF EMPLOYMENT WAS AT WITHIN 12 MONTHS OF SUBMITTING THIS ESA CLAIM

Yes – was either self-employed or in paid work for an employer in the 12 months before submitting ESA claim	1	CONTINUE
No – was neither self-employed or in paid work for an employer in the 12 months before submitting ESA claim	2	THANK AND CLOSE

ASK IF IN (SELF) EMPLOYMENT 12 MONTHS BEFORE ESA CLAIM (S7=1)

Understanding the journeys from work to Employment and Support Allowance (ESA)

S7a **And thinking about the last job you had before you submitted your claim for ESA in [FINAL ESA CLAIM DATE], were you...? (PREVIOUSLY A7)**

READ OUT. SINGLE CODE

Self-employed	1	
Working full-time for an employer in a paid role	2	
Working part-time for an employer in a paid role	3	

<u>LAST WORK BEFORE ESA CLAIM ROUTING:</u> IF S7A=1: Self-employed IF S7A=2-3: Paid work for an employer
--

ASK IF SELF-EMPLOYED (S7A=1)

S7b **And, in this last period of work, were you....? (PREVIOUSLY B3)**

READ OUT. CODE ALL THAT APPLY.

IF CODES 1 OR 5 CODED (EITHER SINGLE OR CODED WITH OTHER RESPONSE OPTIONS CONTINUE. IF ANY OF 2-4 OR 6-7 CODED WITHOUT CODES 1 OR 5 THANK AND CLOSE.

Paid a salary or wage by an employment agency	1	CONTINUE
A sole director of your own limited business	2	THANK AND CLOSE
Running a business or a partner in a business	3	THANK AND CLOSE
Working for yourself	4	THANK AND CLOSE
A sub-contractor	5	CONTINUE
Doing free-lance work	6	THANK AND CLOSE
DO NOT READ OUT: None of these	7	THANK AND CLOSE

I'd now just like to ask a few short questions about your claim for ESA to make sure that you qualify for the survey.

ASK ALL

S8A **Can I just check have you had a face-to-face assessment with a healthcare professional as part of your ESA claim?**

ADD AS NECESSARY: This might have taken place an at ATOS health centre where a healthcare professional would have discussed your medical history with you and examined you to assess how your health condition affects you from day-to-day.

INTERVIEWER NOTE: THIS IS SOMETIMES REFERRED TO AS A WORK CAPABILITY ASSESSMENT (WCA)

Yes	1	
No	2	
Don't know	3	

Understanding the journeys from work to Employment and Support Allowance (ESA)

ASK ALL

S8C Have you received a decision on your claim?

Yes	1	
No	2	
Don't know	3	

ASK ALL FEMALES (FROM SAMPLE: SEX_TYPE=F)

S8B In some cases, people can apply for ESA because they are pregnant and do not received Statutory Maternity Pay or Maternity Allowance. Does this apply to you?

DO NOT READ OUT. SINGLE CODE.

Yes	1	THANK AND CLOSE
No	2	CONTINUE

ASK ALL

S8 Which of these best describes your situation...?

READ OUT UNTIL ANSWER SELCTED. SINGLE CODE.

I am currently receiving ESA payments	1	CONTINUE
I am awaiting the outcome of my claim or first ESA payment	2	CONTINUE
My recent claim for ESA has been rejected	3	THANK AND CLOSE
I received some ESA payments but have now returned to work	4	CONTINUE
I received some ESA payments but am now claiming JSA	5	CONTINUE
I received some ESA payments these have now stopped for some other reason	6	CONTINUE

ASK IF RECEIVED ESA PAYMENTS THAT HAVE NOW STOPPED (S8=4-6)

S9 When did you stop receiving these ESA payments? We just need to know the month and year.

WRITE IN

ASK ALL

S10 Thinking about this most recent claim for ESA, is this the first time you have applied for a sickness benefit or have you applied before for example for Incapacity Benefit?

Please include all applications even if you were not successful. Do not include claims for Statutory Sick Pay (SSP).

Understanding the journeys from work to Employment and Support Allowance (ESA)

ADD AS NECESSARY: If you have been off work for 4 or more days in a row (including non-working days) and are too ill to work then you are entitled to receive a payment of £86.70 per week from your employer. This is called Statutory Sick Pay (SSP) and can be paid for up to 28 weeks.

READ OUT. SINGLE CODE.

First ever ESA application	1	
Claimed ESA before	2	
Claimed IB before	3	
Claimed another sickness benefit before (PLEASE SPECIFY)	4	

S11 DELETED

A Route into ESA

ASK ALL

I'd now like to ask a few questions about what you were doing immediately before you submitted a claim for ESA in [FINAL ESA CLAIM DATE].

A1 So immediately before you submitted your claim for ESA were you...?

READ OUT. SINGLE CODE.

IF RESPONDENT IS UNSURE ASK: What were you doing the day before you submitted your claim for ESA?

AT CODE 4: ANOTHER FORM OF PAY COULD BE REDUNDANCY PAY, ANNUAL LEAVE, GARDENING LEAVE, MATERNITY PAY, PAID TIME OFF WHILST UNDER DISCIPLINARY REVIEW / SUSPENSION ETC.

Employed and still attending work	1	
Employed but not attending work <u>and receiving sick pay</u>	2	
Employed but not attending work <u>and receiving another form of pay from your employer e.g. holiday pay, maternity pay, redundancy pay</u>	3	
Employed <u>but not attending work and taking time off work unpaid</u>	4	
Unemployed and actively seeking work	5	
Unemployed and not actively seeking work	6	

A2 QUESTION DELETED

ASK IF UNEMPLOYED AND NOT ACTIVELY SEEKING WORK (A1=6)

A3 What was your main reason for not working or looking for work directly before you submitted a claim for ESA in [FINAL ESA CLAIM DATE]?

Understanding the journeys from work to Employment and Support Allowance (ESA)

PROMPT AS NECESSARY. SINGLE CODE

Unable to work due to health condition, sickness, disability or injury	1	
In education or training	2	
Looking after children or home	3	
Looking after someone who is frail, sick or disabled	4	
Retired	5	
Not working for some other reason (please specify)	6	

ASK IF A1=2-6

- A4** [TEXT SUB IF WORKING BUT NOT ATTENDING WORK (A1=2-4): **You've just told me that immediately before submitting a claim for ESA in [INSERT FINAL ESA DATE FROM S5] you were [INSERT ANSWER FROM A1]. When was the last time you actually attended work in the last 12 months?**
ADD AS NECESSARY:

By this we mean the last time you went out to work / physically did any work regardless of your employment status.

[TEXT SUB IF UNEMPLOYED (A1=5-6): **You've just told me that immediately before submitting a claim for ESA in [INSERT FINAL ESA DATE FROM S5] you were [INSERT ANSWER FROM A1]. When was the last time you had a job and were present at work?**

ADD AS NECESSARY:

By this we mean the last time you went out to work / physically did any work regardless of your employment status.

<p>WRITE IN MONTH AND YEAR.</p> <p>DP CHECK THAT DATE ENTERED IS <u>BEFORE</u> FINAL ESA CLAIM DATE AND NO MORE THAN 12 MONTHS BEFORE FINAL ESA CLAIM DATE.</p> <p>DP: USE DATE ENTERED AS FINAL WORK DATE TEXT SUB</p> <p><i>INTERVIEWER NOTE: DATE MUST BE THE SAME MONTH OR BEFORE ESA FINAL CLAIM DATE</i></p>
--

TEXT IF FAIL CHECK AT A4

At the beginning of the interview you confirmed that you were either in paid work full time or part time at some point in the 12 months leading up to submitting this claim for ESA. Can I just double check this is right?

Yes	1	GO TO NEXT CHECK QUESTION
No	2	THANK AND CLOSE

Understanding the journeys from work to Employment and Support Allowance (ESA)

TEXT IF A4 CHECK=1

You've just told me that you submitted your claim for ESA in [FINAL ESA CLAIM DATE] but that you last actually attended work in [FINAL WORK DATE] which is more than 12 months before you submitted your claim for ESA. Would you like to change the date you submitted your ESA claim or the date you last attended work?

Change [FINAL ESA CLAIM DATE]	1	GO BACK TO S5
Change [FINAL WORK DATE]	2	GO BACK TO A4

ASK ALL

- A5 What was your job title at this time when you last worked [TEXT SUB IF A1=2-6; in [FINAL WORK DATE]]?**

PROBE FOR FULL DETAILS E.G. IF RESPONDENT IS "SUPERVISOR" ASK WHAT KIND OF SUPERVISOR, WHERE? IF 'ASSISTANT, WHAT SORT OF ASSISTANT?

<i>WRITE IN. TO BE CODED TO 4 DIGIT SOC 2010</i>		
Refused	1	

ASK ALL

- A6 What were your main duties and responsibilities [TEXT SUB IF JOB TITLE GIVEN: as a [INSERT JOB TITLE from A5] [TEXT SUB IF JOB TITLE REFUSED: in this job]?**

<i>WRITE IN. TO BE CODED TO 4 DIGIT SOC 2010</i>		
Refused	1	

- A7 QUESTION DELETED**

DUMMY QUESTION MOVED TO AFTER S7A

ASK IF LAST WORK BEFORE ESA=PAID WORK FOR AN EMPLOYER

- A8 What was the name of your employer?**

<i>WRITE IN</i>		
Refused	1	

ASK ALL

- A9 What did the organisation you worked for mainly make or do (at the place where you worked)? PREVIOUSLY B18**

Understanding the journeys from work to Employment and Support Allowance (ESA)

INTERVIEWER PROBE FOR THE FOLLOWING - START WITH FIRST PROBE AND ONLY USE THE OTHERS IF NECESSARY TO GET CLEAR INFORMATION

- What would you type into a search engine to find an organisation like yours online?
- What is the main product or service of this establishment?
- What exactly is made or done at this establishment?

WRITE IN. TO BE CODED TO 4 DIGIT SIC 2007. ALLOW REFUSED.

ASK ALL

A10 Was the organisation...? Previously B19

READ OUT. SINGLE CODE

A local-government or central government body ADD IF NECESSARY: such as a school, the Civil Service, part of the NHS, a college or university, the Armed Services etc.	1	
A charity or voluntary sector organisation	2	
A private sector firm or company (IF NECESSARY: one that seeks to make a profit)	3	
DO NOT READ OUT: Other (SPECIFY)	4	

B Last period of work before submitting a claim for ESA

ASK ALL

I'd now like to ask a few more questions about the time when you last attended work in [TEXT SUB IF A1=2-6; in [FINAL WORK DATE]] [TEXT SUB IF EMPLOYER NAME AT A8: when you worked for [EMPLOYER NAME]] before you submitted your claim for ESA.

ASK IF LAST WORK BEFORE ESA CLAIM= PAID WORK FOR AN EMPLOYER

B1 Thinking about this job were you...

READ OUT. SINGLE CODE

Employed directly by the organisation you worked for	1	
Employed via an agency, or	2	
Doing casual or non-contracted work? (Including non-contracted work done for family members)	3	

Understanding the journeys from work to Employment and Support Allowance (ESA)

ASK IF LAST WORK BEFORE ESA CLAIM= PAID WORK FOR AN EMPLOYER

B2 **And can you remember, during this time were you paying National insurance contributions?**

Yes	1	
No	2	
Don't know	3	

B3 QUESTION MOVED TO SCREENER

ASK IF LAST WORK BEFORE ESA CLAIM=SELF EMPLOYED

B4 **For this job did you pay your own National Insurance contributions and Tax or was this usually deducted by the organisation you worked for?**

PROMPT AS NECESSARY. SINGLE CODE

INTERVIEWER NOTE: IF TAX AND NATIONAL INSURANCE CONTRIBUTIONS WERE PAID BY THE ORGANISATION THEN THE RESPONDENT WOULD HAVE BEEN ENTITLED TO RECEIVE SSP. FOR EXAMPLE, THIS COULD HAPPEN IF THE RESPONDENT IS A FREELANCER, A SUB-CONTRACTOR, OR EMPLOYED VIA AGENCY.

Paid own National Insurance and Tax	1	
National Insurance and tax deducted by the organisation worked for	2	
Sometimes paid by self, sometimes paid by organisation	3	
DO NOT READ OUT: Did not pay tax or national insurance	4	

ASK ALL

B5 **Were you working for a relative or family member?**

Yes 1

No 2

ASK ALL

B6 **Approximately when did you start** [TEXT SUB: IF EMPLOYED DIRECTLY OR BY AGENCY (B1=1-2): **working for this employer**] [TEXT SUB: IF CASUAL WORK (B1=3) OR LAST WORK BEFORE ESA CLAIM=SELF EMPLOYED: **this job**]? **Please just tell me the month and year.**

WRITE IN MONTH AND YEAR. ALLOW DK

Understanding the journeys from work to Employment and Support Allowance (ESA)

ASK IF DK START DATE (B6=DK)

B7 Approximately, how long were you employed for in this job?

PROMPT AS NECESSARY. SINGLE CODE

Less than one week	1	
More than one week but less than one month	2	
More than one month but less than three months	3	
Three months to less than six months	4	
Six months to less than one year	5	
One year but less than two years	6	
Two years but less than three years	7	
Three years but less than four years	8	
Four years but less than five years	9	
More than five years	10	

ASK ALL

B8 How many hours per week did you usually work in this job?

PROBE FOR ESTIMATE. USE DK OPTION AS A LAST RESORT.

<i>WRITE IN HOURS</i>		
Don't know / it varied	1	

ASK DON'T REMEMBER / IT VARIED (B8=DK)

B9 Would you say you were usually working...?

READ OUT. SINGLE CODE

30 or more hours per week	1	
16 to 29 hours per week	2	
Fewer than 16 hours per week	3	

ASK ALL

B10 We would like to ask you how much you [IF LAST WORK BEFORE ESA CLAIM=PAID WORK FOR AN EMPLOYER: were paid][IF LAST WORK BEFORE ESA CLAIM=SELF EMPLOYED: earned] in this job.

Would it be easiest to tell us how much you were paid before tax...?

ADD IF NECESSARY: All your answers will be held in the strictest confidence, and will be used for statistical purposes only

Understanding the journeys from work to Employment and Support Allowance (ESA)

SINGLE CODE. READ OUT.

Per year (annual salary)	1	
Per month	2	
Per week	3	
Per hour	4	
Other (please type in) (DO NOT READ OUT)	5	
Unwilling to answer (DO NOT READ OUT)	6	

ASK IF WANT TO ANSWER PER YEAR (B10=1)

B11 What was your salary per year before tax?

DO NOT INCLUDE ANY BONUSES, TAX CREDITS OR BENEFITS

TYPE IN FIGURE E.G. 15000

CATI CHECK - IF LESS THAN £5,000 OR MORE THAN £50,000

Can I just confirm that your salary per YEAR, before tax was £[AMOUNT AT B11]?

Yes	1	CONTINUE
No	2	GO BACK AND AMEND PAY

ASK IF WANT TO ANSWER PER MONTH (B10=2)

B12 What were you paid per month before tax and any other deductions?

DO NOT INCLUDE ANY BONUSES, TAX CREDITS OR BENEFITS

TYPE IN FIGURE E.G. 800

CATI CHECK - IF LESS THAN £400 OR MORE THAN £4,000

Can I just confirm that you were paid £[AMOUNT AT B12] per MONTH, before tax and any other deductions?

Yes	1	CONTINUE
No	2	GO BACK AND AMEND PAY

ASK IF WANT TO ANSWER PER WEEK (B10=3)

B13 What were you paid per week before tax and any other deductions?

DO NOT INCLUDE ANY BONUSES, TAX CREDITS OR BENEFITS

INTERVIEWER INSTRUCTION: IF RATE OF PAY VARIES THEN ASK FOR RATE OF PAY THIS WEEK. DO NOT INCLUDE OVERTIME RATE IF DIFFERENT TO NORMAL RATE.

Understanding the journeys from work to Employment and Support Allowance (ESA)

TYPE IN FIGURE E.G. 200

CATI CHECK - IF LESS THAN £100 OR MORE THAN £1,000

Can I just confirm that you were paid £[AMOUNT AT B13] per WEEK, before tax and any other deductions?

Yes	1	CONTINUE
No	2	GO BACK AND AMEND PAY

ASK IF WANT TO ANSWER PER HOUR (B10=4)

B14 What were you paid per hour before tax and any other deductions?

DO NOT INCLUDE ANY BONUSES, TAX CREDITS OR BENEFITS

INTERVIEWER INSTRUCTION: IF RATE OF PAY VARIES THEN ASK FOR RATE OF PAY TODAY. DO NOT INCLUDE OVERTIME RATE IF DIFFERENT TO NORMAL RATE.

TYPE IN FIGURE E.G. 7.50

CATI CHECK - IF LESS THAN £5 OR MORE THAN £25

Can I just confirm that you were paid £[AMOUNT AT B14] per HOUR, before tax and any other deductions?

INTERVIEWER NOTE: Please use decimal point so 7.50 = £7.50, 10.00 = £10

Yes	1	CONTINUE
No	2	GO BACK AND AMEND PAY

ASK IF WANT TO ANSWER OTHER (B10=5)

B15 What were you paid per [AS ENTERED AT B10 OTHER] before tax and any other deductions?

DO NOT INCLUDE ANY BONUSES, TAX CREDITS OR BENEFITS

INTERVIEWER INSTRUCTION: IF RATE OF PAY VARIES THEN ASK FOR RATE OF PAY TODAY. DO NOT INCLUDE OVERTIME RATE IF DIFFERENT TO NORMAL RATE.

TYPE IN FIGURE E.G. 7.50

Understanding the journeys from work to Employment and Support Allowance (ESA)

ASK ALL

B16 In this job, did you have formal responsibility for supervising the work of other employees?

DO NOT SELECT YES IF RESPONDENT ONLY SUPERVISED CHILDREN, ANIMALS, SECURITY OR BUILDINGS

Yes	1	
No	2	

ASK ALL

B17 Did you have you have any managerial duties?

PROMPT AS NECESSARY. SINGLE CODE

Yes – Manager	1	
Yes – Foreman / supervisor	2	
No managerial / supervisory duties	3	

B18 QUESTION MOVED TO END OF SECTION A

B19 QUESTION MOVED TO END OF SECTION A

ASK IF LAST WORK BEFORE ESA CLAIM=SELF EMPLOYED

B20 Were you working on your own or did you have employees?

On own / with partner(s) but no employees	1	
With employees	2	

ASK IF LAST WORK BEFORE ESA CLAIM=PAID WORK FOR AN EMPLOYER

B21 Was the place where you worked...?

READ OUT. SINGLE CODE

The only site / establishment in the organisation	1	
One of several sites / establishments within a larger organisation	2	

ASK IF LAST WORK BEFORE ESA CLAIM=PAID WORK FOR AN EMPLOYER OR B20=2

Understanding the journeys from work to Employment and Support Allowance (ESA)

- B22 How many people were employed by [EMPLOYER NAME FROM A8] [IF NO EMPLOYER NAME: the organisation]? [TEXT SUB IF B21=2; We would like to know how many people were employed across the whole organisation, across all sites]. Would you say it was...?**

PROMPT AS NECESSARY. SINGLE CODE

1-5	1
6-10	2
11-24	3
25-50	4
51-249	5
250-499	6
500+	7
Don't Know	8

ASK ALL

- B23 Did you formally leave the last job you were doing before you submitted your claim for ESA?**

Yes	1	
No – claiming ESA whilst still formally employed	2	

- B24 Can you tell me why you stopped working, was it because...?**

READ OUT. CODE ALL THAT APPLY

You were doing temporary or casual work that ended	1	
You were on a fixed term contract that came to an end	2	
It was not financially worthwhile to do that job	3	
You didn't like the job	4	
You decided to retire	5	
You resigned or took voluntary redundancy	6	
The company went out of business	7	
You could no longer work because of a health condition or disability	8	
You wanted to look after your children or family	9	
Other (PLEASE SPECIFY)	10	

Understanding the journeys from work to Employment and Support Allowance (ESA)

ASK IF STOPPED WORKING BECAUSE OF HEALTH CONDITION (B24=8)

- B25 **And did you make this decision to stop working because of your health condition or disability yourself or did you feel pressured to leave by your employer?**

READ OUT. SINGLE CODE

I made the decision to stop working	1	
I felt pressured to leave by my employer	2	
DO NOT READ OUT: Prefer not to say	3	

ASK IF FORMALLY LEFT JOB (B23=1)

- B26 **[TEXT SUB IF A1=2-6; You told me you last attended work in [TEXT SUB: FINAL WORK DATE]]. Can you tell me when did this period of employment formally come to an end? By this we mean when was your contract terminated and you were no longer an employee of [TEXT SUB IF EMPLOYER NAME AT A8: for [EMPLOYER NAME]]? PREVIOUSLY F3**

WRITE IN MONTH AND YEAR. ALLOW 'SAME OR AFTER DATE AS FINAL WORK DATE'

ASK IF NOT FORMALLY LEFT EMPLOYMENT (B23=2)

- B27 **You mentioned that you have not formally left your last job. Can I just check, have you had any contact with your employer since you were last in work?**

Yes	1	
No	2	
Don't know	3	

C Main health condition

ASK ALL

I'd now like to ask a few questions about the main health condition, illness, injury or disability you had when you submitted your most recent claim for ESA in [FINAL ESA CLAIM DATE].

- C1 What is the name of the main health condition, illness, injury or disability that impacted on your ability to work when you came to submit this claim for ESA?**

INTERVIEWER: PROBE FOR WHAT THE RESPONDENT'S DOCTOR CALLS IT – GET FULL NAME OR DESCRIPTION. THIS SHOULD BE THE MAIN HEALTH CONDITION THAT IMPACTS ON ABILITY TO WORK / MAIN REASON WHY RESPONDENT CLAIMS ESA

IF MULTIPLE CONDITIONS THEN PLEASE JUST ASK ABOUT THEIR MAIN CONDITION

<i>WRITE IN. ALLOW REFUSED. TO BE CODED TO LIST OF 27 HEALTH CONDITIONS</i>

- C2 INTERVIEWER TO CODE WHETHER CONDITION IS MENTAL HEALTH OR PHYSICAL CONDITION: DO NOT ASK RESPONDENT. SINGLE CODE**

Mental health condition	1	
Physical condition	2	
Other / Unknown	3	
Refused	4	

ASK ALL

- C3 When did this health condition, illness, injury or disability start?**

IF RESPONDENT STRUGGLES TO SAY WHICH MONTH PROBE FOR SEASON.

IF STRUGGLING ASK: When did the symptoms start?

<i>WRITE IN MONTH AND YEAR. ALLOW: FROM BIRTH.</i>
--

ASK ALL EXCEPT HAD CONDITION FROM BIRTH (ASK IF C3≠FROM BIRTH)

- C4 Did this health condition occur suddenly or did it come on over time?**

SINGLE CODE

Occurred suddenly	1	
Came on over time	2	

Understanding the journeys from work to Employment and Support Allowance (ESA)

ASK ALL

- C5 Can I just check did you have this health condition when you last worked before you submitted this claim for ESA?**

ADD AS NECESSARY: This is the job that you last attended [TEXT SUB IF A1=2-6; in [FINAL WORK DATE]] [TEXT SUB IF EMPLOYER NAME: for EMPLOYER NAME FROM A8].

INTERVIEWER: PROBE TO ASCERTAIN WHETHER HEALTH CONDITION WAS PRESENT AT THE TIME RESPONDENT LAST WORKED IF IT WAS THEN CODE 1 (YES).

Yes	1	
No	2	

ASK IF C5=1

- C6 Did this health condition affect your ability to do the work you were doing before you submitted this claim for ESA?**

ADD AS NECESSARY: This is the job that you last attended [TEXT SUB IF A1=2-6; in [FINAL WORK DATE]] [TEXT SUB IF EMPLOYER NAME: for EMPLOYER NAME FROM A8].

INTERVIEWER: PROBE TO ASCERTAIN WHETHER HEALTH CONDITION WAS PRESENT AT THE TIME RESPONDENT LAST WORKED AND IF IT HAD ANY IMPACT AT ALL ON THEIR ABILITY TO WORK. IF IT DID THEN CODE 1 (YES).

Yes	1	
No	2	

IF AFFECTED LAST JOB (C6=1)

- C7 Did this health condition...?**

READ OUT.

Start to affect your ability part way through your job, or did it	1	
Always affect your ability to do that job	2	

ASK ALL EXCEPT HAD CONDITION FROM BIRTH (ASK IF C3≠FROM BIRTH) AND HAD HEALTH CONDITION IN LAST JOB (C5=1)

- C7A Do you think your health condition was caused by the work that you were doing [TEXT SUB IF A1=2-6; in [FINAL WORK DATE]] [TEXT SUB IF EMPLOYER NAME: for EMPLOYER NAME FROM A8].**

Yes	1	
No	2	

Understanding the journeys from work to Employment and Support Allowance (ESA)

ASK IF HAD HEALTH CONDITION IN LAST JOB (C5=1)

- C8 **Do you think your health condition was made worse by the work that you were doing** [TEXT SUB IF A1=2-6; in [FINAL WORK DATE]] [TEXT SUB IF EMPLOYER NAME: for EMPLOYER NAME FROM A8].

Yes	1	
No	2	

ASK ALL

- C8A **Does your main health condition, illness, injury or disability affect you to the same extent every day or would you say it is variable?**

READ OUT. SINGLE CODE

Same from day to day	1	
Variable	2	

ASK ALL

- C8B **QUESTION DELETED**

ASK ALL

- C9 [TEXT SUB IF HEALTH VARIABLE (C8A=2: **When it is at its worst,]) To what extent, if at all, does your health affect your ability to carry out everyday activities...?**
PREVIOUSLY E2

READ OUT. SINGLE CODE

A great deal	1	
Somewhat	2	
Very little	3	
Not at all	4	
DO NOT READ OUT: It varies too much to say	5	

D Other Health Conditions

ASK ALL

- D1 Did you have any other health conditions, illnesses, injuries or disabilities that affected your everyday activities when you submitted your claim for ESA in [FINAL ESA CLAIM DATE].

Please do not include the [TEXT SUB: condition from C1] that you just told me about.

Yes	1	
No	2	

ASK IF OTHER CONDITIONS (D1=1)

- D2 How many other health conditions, illnesses, injuries or disabilities did you have when you submitted your claim for ESA in [FINAL ESA CLAIM DATE]?

1	1	
2	2	
3	3	
4	4	
5	5	
More than 5	6	

ASK IF OTHER CONDITIONS (D1=1)

- D3 What is the name of [TEXT SUB: IF D2=1: this other health condition, illness, injury or disability][TEXT SUB: IF D2>1: these other health conditions, injuries or disabilities]?

INTERVIEWER: PROBE FOR WHAT THE RESPONDENT'S DOCTOR CALLS IT – GET FULL NAME OR DESCRIPTION.

INTERVIEWER: ADD EACH CONDITION ON A NEW SCREEN

<i>WRITE IN NAME OF ALL CONDITIONS RECORDED AT D2. ALLOW REFUSED TO BE CODED TO LIST OF 27 HEALTH CONDITIONS</i>
--

- D4 *INTERVIEWER TO CODE WHETHER CONDITION IS MENTAL HEALTH OR PHYSICAL CONDITION: DO NOT ASK RESPONDENT. SINGLE CODE*

TO BE CODED TO 5-6 CATEGORIES PROVIDED BY CLIENT

Mental health condition	1	
Physical condition	2	
Other / Unknown	3	
Refused	4	

DP INSTRUCTION: REPEAT D3-D4 FOR THE NUMBER OF CONDITIONS MENTIONED AT D2

Understanding the journeys from work to Employment and Support Allowance (ESA)

D5 DELETED

D6 DELETED

D7 DELETED

ASK IF OTHER CONDITIONS (D1=1)

D8 **Can I just check, did you have [TEXT SUB IF D2=1: this health condition, illness, injury or disability] [TEXT SUB IF D2=2-6: these health conditions, illnesses, injuries or disabilities] when you last worked before you submitted you most recent claim for ESA?**

This is the job that you last attended [TEXT SUB IF A1=2-6; in [FINAL WORK DATE]] [TEXT SUB IF EMPLOYER NAME: for EMPLOYER NAME FROM A8] [TEXT SUB IF JOB TITLE GIVEN: when you worked as a [INSERT JOB TITLE FROM A5].

INTERVIEWER: PROBE TO ASCERTAIN WHETHER HEALTH CONDITION WAS PRESENT AT THE TIME RESPONDENT LAST WORKED IF IT WAS THEN CODE 1 (YES).

Yes	1	
No	2	

D9 DELETED

D10 DELETED

D11 DELETED

ASK IF MAIN AND OTHER CONDITIONS ARE NOT MENTAL HEALTH CONDITION (ALL ITERATIONS OF D4≠1 AND C2≠1)

D12 **Can I just check, are you currently seeking or receiving treatment for any mental health condition such as depression or anxiety?**

Yes	1	
No	2	

ASK IF SEEKING / BEING TREATED FOR MENTAL HEALTH CONDITION (D12=1)

D13 **Can you tell me what mental health condition you have?**

INTERVIEWER: ENTER OTHER HEALTH CONDITIONS OR DISABILITIES. PROBE FOR WHAT THE RESPONDENT'S DOCTOR CALLS THEM.

WRITE IN. ALLOW REFUSED.

ASK IF SEEKING / BEING TREATED FOR MENTAL HEALTH CONDITION (D12=1)

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D14 Approximately, when did this mental health condition start?

IF RESPONDENT STRUGGLES TO SAY WHICH MONTH PROBE FOR SEASON
IF STRUGGLING ASK: When did the symptoms start?

WRITE IN MONTH AND YEAR. ALLOW: FROM BIRTH

D15 DELETED

ASK IF SEEKING / BEING TREATED FOR MENTAL HEALTH CONDITION (D12=1)

D16 Can I just check did you have this mental health condition when you last worked before you submitted your most recent claim for ESA?

ADD AS NECESSARY: This is the job that you last attended [TEXT SUB IF A1=2-6; in [FINAL WORK DATE] [TEXT SUB IF EMPLOYER NAME: for EMPLOYER NAME FROM A8].

INTERVIEWER: PROBE TO ASCERTAIN WHETHER HEALTH CONDITION WAS PRESENT AT THE TIME RESPONDENT LAST WORKED AND IF IT HAD ANY IMPACT AT ALL ON THEIR ABILITY TO WORK. IF IT DID THEN CODE 1 (YES).

Yes	1	
No	2	

ASK IF HAD HEALTH CONDITION WHEN WORKING IN LAST JOB BEFORE CLAIM FOR ESA (D16=1)

D17 Did this mental health condition ever affect your ability to do this work?

ADD AS NECESSARY: This is the job that you last attended [TEXT SUB IF A1=2-6; in [FINAL WORK DATE]] [TEXT SUB IF EMPLOYER NAME: for EMPLOYER NAME FROM A8].

Yes	1	
No	2	

D18 DELETED

D19 DELETED

ASK ALL

D20 TEXT SUB IF NO OTHER CONDITIONS (D1=2): Thank you for telling me about the health condition, injury or disability you had when you submitted your most recent claim for ESA.

TEXT SUB IF OTHER CONDITIONS (D1=1): Thank you for telling me about the health conditions, injuries and / or disabilities you had when you submitted your most recent claim for ESA.

Can you tell me, have you recently received any of the following treatments for your health [TEXT SUB IF NO OTHER CONDITIONS (D1=2): condition][TEXT SUB IF NO OTHER CONDITIONS (D1=1): conditions]...?

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INTERVIEW NOTE: IF ASKED PLEASE INCLUDE ALL THE TREATMENT THE RESPONDENT IS CURRENTLY RECEIVING PLUS ANY ONE OFF TREATMENTS (E.G. SURGERY) THAT ARE RELATED TO THE RESPONDENT'S ESA CLAIM.

READ OUT. CODE ALL THAT APPLY

Prescribed drugs	1	
Physiotherapy	2	
Surgery	3	
Chemotherapy or radiotherapy	4	
Counselling, psychotherapy or cognitive behavioural therapy (CBT)	5	
Any other form of treatment	6	
[None of these]	7	

ASK IF NOT SELECTED COUNSELLING, PSYCHOTHERAPY OR COGNITIVE BEHAVIOURAL THERAPY (CBT) (D20≠5)

D21 **May I check, are you currently on a waiting list to receive counselling, psychotherapy or cognitive behavioural therapy?**

Yes	1	
No	2	

E DELETED/MOVED

E1 MOVED – NOW C8A

E2 MOVED – NOW C9. QUESTION AMENDED

E3 DELETED

E4 DELETED

E5 DELETED

E6 DELETED

E7 DELETED

E8 DELETED

E9 DELETED

E10 DELETED

E11 DELETED

ASK IF LEFT WORK BECAUSE OF HEALTH CONDITION (B24=8)

F Leaving last job prior to ESA

ASK ALL

I'm now going to ask a few questions about what happened after you last attended work [TEXT SUB IF EMPLOYER NAME AT A8: for [EMPLOYER NAME]] [TEXT SUB IF A1=2-6; in [TEXT SUB: FINAL WORK DATE]].

F1 COMBINED WITH F2 AND MOVED TO SECTION B – NOW B24

F2 COMBINED WITH F1 AND MOVED TO SECTION B – NOW B24

F3 MOVED TO B26

F4 **So you told me earlier that you stopped working because of your health condition, illness, injury or disability. Did you take any period of leave either paid, unpaid or a mixture of the two, after you last attended work [TEXT SUB IF A1=2-6; in [TEXT SUB: FINAL WORK DATE] [TEXT SUB IF B23=1: and before this period of employment formally come to an end]?**

READ OUT. SINGLE CODE

Yes a period of paid leave	1	
Yes a period of unpaid leave	2	
Yes a period of leave (both paid and unpaid)	3	
DO NOT READ OUT: No period of leave	4	

ASK IF PAID LEAVE AFTER LEAVING WORK (F4=1 OR 3)

F5 **And during this period of paid leave did you receive sick pay or another type of pay (such as redundancy pay or pay for annual leave)?**

ADD AS NECESSARY: Sick pay would include just continuing to be paid as normal while you were off sick from work

CODE ALL THAT APPLY.

Sick pay	1	
Another type of pay (PLEASE SPECIFY)	2	

ASK IF RECEIVED SICK PAY (F5=1)

F6 **For how many working weeks did you receive sick pay?**

INTERVIEWER NOTE: IF A RESPONDENT IS PART-TIME THEN A WORKING WEEK WILL EQUATE TO THE NUMBER OF DAYS THEY WORK IN A WEEK (AND NOT 5 DAYS) E.G. IF A PART-TIME WORKER WORKS 2 DAYS A WEEK AND IS SICK FOR 2 WEEKS THEN THEY WOULD HAVE RECEIVED SICK PAY FOR 2 WEEKS

<i>WRITE IN NUMBER OF WEEKS</i>		
Don't know	1	

Understanding the journeys from work to Employment and Support Allowance (ESA)

ASK IF TOOK PERIOD OF UNPAID LEAVE (F4=2-3)

F7 **For how many working weeks did you take unpaid leave?**

INTERVIEWER NOTE: IF A RESPONDENT IS PART-TIME THEN A WORKING WEEK WILL EQUATE TO THE NUMBER OF DAYS THEY WORK IN A WEEK (AND NOT 5 DAYS) E.G. IF A PART-TIME WORKER WORKS 2 DAYS A WEEK AND IS SICK FOR 2 WEEKS THEN THEY WOULD HAVE RECEIVED SICK PAY FOR 2 WEEKS

<i>WRITE IN NUMBER OF WEEKS</i>		
Don't know	1	

ASK IF RECEIVED SICK PAY (F5=1)

F8 **When did you stop receiving sick pay [TEXT SUB IF LAST WORK BEFORE ESA=PAID WORK FOR AN EMPLOYER: from your employer]? Please just tell me the month and year.**

<i>WRITE IN MONTH AND YEAR.</i>

ASK IF RECEIVED SICK PAY (F5=1)

F9 **What type of sick pay did you receive from your employer [TEXT SUB IF A1=2-6; after [FINAL WORK DATE]]? Was it...?**

READ OUT. SINGLE CODE

ADD AS NECESSARY:

If you have been off work for 4 or more days in a row (including non-working days) and are too ill to work then you are entitled to receive a payment of £86.70 per week from your employer. This is called Statutory Sick Pay (SSP) and can be paid for up to 28 weeks.

Company or Occupational sick pay is a sick pay scheme run by employers and can vary from one organisation to another. A typical sick pay scheme usually starts after a minimum period of service, for example, a three month probationary period. You would then receive your normal pay during any period that you are off work due to illness, up to a specified number of weeks. After this, you're likely to receive half-pay for a further period before any sick leave you take becomes unpaid.

Statutory sick pay	1	
Occupational sick pay	2	
Or both (Sometimes statutory sometimes occupational/company)	3	
DO NOT READ OUT: Don't know	4	

Understanding the journeys from work to Employment and Support Allowance (ESA)

ASK IF RECEIVED SICK PAY (F5=1)

F10 **Was the sick pay you received after [TEXT SUB IF A1=2-6; FINAL WORK DATE] [TEXT SUB IF A1=1; you stopped attending work] ...?**

READ OUT SINGLE CODE

The same as your normal pay rate, or	1	
Less than your normal pay rate	2	
DO NOT READ OUT: It varied	3	

ASK IF SICK PAY AT THE SAME AS NORMAL RATE OF PAY (F10=1)

F11 **For how many working weeks did you receive sick pay at the same rate as your normal rate of pay?**

<i>WRITE IN</i>		
Don't know	1	

ASK IF SICK PAY AT LOWER RATE OF PAY (F10=2)

F12 **For how many working weeks did you receive sick pay at a lower rate than your normal rate of pay?**

<i>WRITE IN</i>		
Don't know	1	

ASK IF RECEIVED SICK PAY (F5=1)

F13 **To the best of your knowledge, did you receive all the sick pay you were entitled to [TEXT SUB IF LAST WORK BEFORE ESA=PAID WORK FOR AN EMPLOYER: from your employer after you left]?**

Yes	1	
No	2	
Don't know	3	

Understanding the journeys from work to Employment and Support Allowance (ESA)

ASK IF DIDN'T RECEIVE SICK PAY (F5#1)

- F14 **Are any of the following reasons why you did not receive sick pay [TEXT SUB IF LAST WORK BEFORE ESA=PAID WORK FOR AN EMPLOYER: from your employer] after [TEXT SUB IF A1=2-6; FINAL WORK DATE] [TEXT SUB IF A1=1; you stopped attending work]?**

READ OUT. CODE ALL THAT APPLY

DP INSTRUCTION: ROTATE CODES

DP INSTRUCTION SINGLE CODE OPTION: Your health condition did not affect you at this time	1	GO TO SECTION G
You did not tell your employer you were sick	2	
It was too difficult to claim sick pay	3	
You did not want to put your employer out	4	
You made an informal agreement not to claim sick pay	5	
Your employer did not provide any form of sick pay	6	
You were told you weren't entitled to sick pay	7	
You took annual leave and received pay for that instead	8	
You left the job for other reasons (PLEASE SPECIFY)	9	
DP INSTRUCTION SINGLE CODE OPTION: None of these	10	

ASK IF TOLD NOT ENTITLED TO SICK PAY (F14=7)

- F15 **Are any of the following reasons why you were not entitled to sick pay after [TEXT SUB IF A1=2-6; FINAL WORK DATE] [TEXT SUB IF A1=1; you stopped attending work]?**

READ OUT. CODE ALL THAT APPLY

DP INSTRUCTION: ROTATE CODES

You did not provide a sick note in time	1	
You used up all the paid sick days you were entitled to	2	
You worked variable or part time hours	3	
Your earnings were too low	4	
You were involved in a trade dispute	5	
You were working outside of the country	6	
You were not entitled for another reason? [Please specify]	7	

Understanding the journeys from work to Employment and Support Allowance (ESA)

ASK IF RESIGNED / RETIRED / LEFT DUE TO HEALTH (B24=5/6/8)

- F16 **Can I check, do you have a formal arrangement [TEXT SUB IF LAST WORK BEFORE ESA=PAID WORK FOR AN EMPLOYER: with your last employer][TEXT SUB IF PAID BY AGENCY (S7B=1): the agency that pays you][TEXT SUB IF A SUB-CONTRACTOR (S7B=5): with your contractor] that allows you to return to work in the future?**

INTERVIEWER NOTE: FOR EXAMPLE RESPONDENTS MAY HAVE BEEN DISMISSED AFTER THEIR SSP ENTITLEMENTS RAN OUT BUT COULD HAVE AN ARRANGEMENT WHEREBY THEY ARE ALLOWED TO RETURN TO WORK IF THEIR HEALTH CONDITION IMPROVES.

Yes	1	
No	2	
Don't know	3	

ASK SECTION IF HAD CONDITION(S) WHEN LAST IN WORK (C5=1 OR D8=1 OR D16=1)

G Sick leave and sick pay whilst working

We've just been talking about what happened after you last attended work [TEXT SUB IF A1=2-6; in [TEXT SUB: FINAL WORK DATE]] [TEXT SUB IF EMPLOYER NAME AT A8: for [EMPLOYER NAME]].

These next few questions ask you about what happened whilst you were still working before your last day [TEXT SUB IF A1=2-6; in [TEXT SUB: FINAL WORK DATE]]

ASK ALL

- G1 **Before [TEXT SUB IF A1=2-6; FINAL WORK DATE] [TEXT SUB IF A1=1; you stopped attending work], [IF JOB TITLE AT A5: when you were working as a [JOB TITLE FROM A5]], did you have any time off work because of the [TEXT SUB IF NO OTHER CONDITIONS (D1=2): health condition] [TEXT SUB IF OTHER CONDITIONS (D1=1): health conditions] you told me you had when applying for ESA?**

Yes	1	
No	2	

ASK IF TOOK TIME OFF (G1=1)

- G2 **Between [TEXT SUB: DATE JOB STARTED FROM B6] [IF B6=DK: starting the job] and [TEXT SUB IF A1=2-6; FINAL WORK DATE] [TEXT SUB IF A1=1; the point when you stopped attending work] did you ever take off four days in a row or more because of your [TEXT SUB IF NO OTHER CONDITIONS (D1=2): health condition] [TEXT SUB IF OTHER CONDITIONS (D1=1): health conditions]?**

Yes	1	
No	2	

Understanding the journeys from work to Employment and Support Allowance (ESA)

ASK IF DIDN'T TAKE TIME OFF (G1=2)

- G3 **Were any of the following reasons why you did not take sick leave during this time...?**

READ OUT. CODE ALL THAT APPLY

Your health condition did not affect your work during this time	1	DP: IF CODE SELECTED SKIP TO SECTION H
Your employer would not let you have the time off work	2	
The sick pay provided by your employer was too low	3	
Your employer did not provide any sick pay	4	
You did not want to put your job at risk	5	
You did not want to put your employer out	6	
You did not feel comfortable talking about your health condition with your employer	7	
Other (PLEASE SPECIFY)	8	

ASK IF TOOK TIME OFF WORK (G1=1)

- G4 **Between [TEXT SUB: DATE JOB STARTED FROM B6] [IF B6=DK: starting the job] and [TEXT SUB IF A1=2-6; FINAL WORK DATE] [TEXT SUB IF A1=1; the point when you stopped attending work] how much time did you have off because of your health condition, was it roughly...?**

INTERVIEWER NOTE: IF A RESPONDENT IS PART-TIME THEN A WORKING WEEK WILL EQUATE TO THE NUMBER OF DAYS THEY WORK IN A WEEK (AND NOT 5 DAYS) E.G. IF A PART-TIME WORKER WORKS 2 DAYS A WEEK AND IS SICK FOR 2 WEEKS THEN THEY WOULD HAVE RECEIVED SICK PAY FOR 2 WEEKS

AS A PART-TIME WORKER ANY WORK FREE DAYS ARE CALCULATED AS PART OF THE SELF-CERTIFIED SICK LEAVE PERIOD E.G. IF THE RESPONDENT NORMALLY WORKS ON MONDAY AND WEDNESDAY AND SUBMIT A SELF-CERTIFIED SICK LEAVE CERTIFICATE FOR THESE DAYS, TUESDAY IS CALCULATED AS PART OF THE SELF-CERTIFIED SICK LEAVE PERIOD. THEY WILL HAVE USED THREE DAYS OF SELF-CERTIFIED SICK LEAVE.

PROMPT AS NECESSARY. SINGLE CODE

1-2 days	1	
More than 2 days and up to 1 week	2	
More than 1 week and up to 2 weeks	3	
More than 2 weeks and up to 4 weeks	4	
More than 4 weeks and up to 6 weeks	5	
More than 6 weeks and up to 8 weeks	6	
More than 8 weeks and up to 3 months	7	
More than 3 months and up to 6 months	8	
Longer than 6 months	9	

Understanding the journeys from work to Employment and Support Allowance (ESA)

G5 DELETED

ASK IF TOOK TIME OFF WORK (G1=1)

G6 **Which of the following best describes your pattern of sick leave...?**

READ OUT. SINGLE CODE

You took sick leave on several different occasions over a period, OR	1	
You only took sick leave on one or two occasions	2	

((ASK IF LAST WORK BEFORE ESA CLAIM=PAID WORK FOR AN EMPLOYER) AND TOOK SICK LEAVE (G1=1))

G7 **Did you ever have any warnings or sanctions from your employer because of the amount of time you took off work?**

Yes	1	
No	2	
Don't know	3	

((ASK IF TOOK TIME OFF WORK G1=1))

G8 **Did your employer require you to provide a fit note (formally known as a sick note) if you took time off because of your health condition?**

INTERVIEWER: PLEASE NOTE RESPONDENTS MAY REFER TO FIT NOTES AS SICK NOTES, DOCTORS' NOTES, GP LETTERS OR MEDICAL CERTIFICATES.

Yes	1	
No	2	

ASK IF FIT NOTE REQUIRED (G8=1)

G9 **How many working days did you have to be absent from work before you needed a fit note?**

PROMPT AS NECESSARY. SINGLE CODE

One day	1	
Two days	2	
Three days	3	
Four days	4	
Five days	5	
Six or more days	6	
(DO NOT READ OUT) Don't know	7	

Understanding the journeys from work to Employment and Support Allowance (ESA)

ASK IF FIT NOTE REQUIRED (G8=1)

- G10 **Would you still receive sick pay if you didn't bring in a fit note (in the specified period)?**

Yes	1	
No	2	
Don't know	3	

(ASK IF TOOK TIME OFF WORK (G1=1))

- G11 **Did you receive sick pay from your employer on any of the days you had off because of your health condition between [TEXT SUB: DATE JOB STARTED FROM B6] [IF B6=DK: starting the job] and [TEXT SUB IF A1=2-6; FINAL WORK DATE] [TEXT SUB IF A1=1; the point when you stopped attending work]?**

ADD AS NECESSARY: Sick pay would include just continuing to be paid as normal while you were off sick from work

Yes	1	
No	2	

ASK IF RECEIVED SICK PAY (G11=1)

- G12 **What type of sick pay did you receive between [TEXT SUB: DATE JOB STARTED FROM B6] [IF B6=DK: starting the job] and [TEXT SUB IF A1=2-6; FINAL WORK DATE] [TEXT SUB IF A1=1; the point when you stopped attending work] was it...?**

READ OUT. SINGLE CODE

INTERVIEWER NOTE:

STATUTORY SICK PAY IS THE LEGAL MINIMUM EMPLOYEES ARE ENTITLED TO. IT IS CURRENTLY ABOUT £86 PER WEEK. IT WOULD BE USUALLY BE PAID BY YOUR EMPLOYER IN THE SAME WAY AS YOUR NORMAL WAGES (E.G. WEEKLY OR MONTHLY) WITH TAX AND NATIONAL INSURANCE DEDUCTED.

COMPANY SICK PAY OR OCCUPATIONAL SICK PAY IS A SICK PAY SCHEME PROVIDED BY YOUR EMPLOYER. IT MAY BE MORE THAN STATUTORY SICK PAY.

PEOPLE COULD POTENTIALLY GET BOTH TYPES OF PAY AT DIFFERENT TIMES. FOR EXAMPLE IF EMPLOYERS OFFER OCCUPATIONAL SICK PAY AT FIRST AND THEN REVERT TO STATUTORY SICK PAY.

Statutory sick pay	1	
Occupational sick pay, or	2	
Both – sometimes statutory sometimes occupational	3	
<i>DO NOT READ OUT: Don't know</i>	4	

Understanding the journeys from work to Employment and Support Allowance (ESA)

ASK IF RECEIVED SICK PAY (G11=1)

- G13 **Was the sick pay you received between [TEXT SUB: DATE JOB STARTED FROM B6] [IF B6=DK: starting the job] and [TEXT SUB IF A1=2-6; FINAL WORK DATE] [TEXT SUB IF A1=1; the point when you stopped attending work]...?**

READ OUT. SINGLE CODE

The same as your normal pay rate	1	
Less than your normal pay rate	2	
<i>DO NOT READ OUT: It varied</i>	3	

(ASK IF EMPLOYED / PAID VIA AN AGENCY (B1=2 OR S7B=1)) AND RECEIVED SICK PAY (G11=1)

- G14 **Who paid your sick pay was it...?**

READ OUT. SINGLE CODE.

The organisation you were working for	1	
The agency who employed you	2	

ASK IF RECEIVED SICK PAY (G11=1)

- G15 **Did you get sick pay for all of the days you had off because of your health condition between [TEXT SUB: DATE JOB STARTED FROM B6] [IF B6=DK: starting the job] and [TEXT SUB IF A1=2-6; FINAL WORK DATE] [TEXT SUB IF A1=1; the point when you stopped attending work]?**

PROMPT AS NECESSARY. SINGLE CODE

Yes – received sick pay for all of the days	1	
No – only received sick pay on some of the days	2	

ASK IF DIDN'T RECEIVE SICK PAY (G11=2) OR ONLY RECEIVED SICK PAY SOME DAYS (G15=2)

- G16 **Why did you not [TEXT SUB IF G15=2: always] receive sick pay [TEXT SUB IF LAST WORK BEFORE ESA CLAIM=PAID WORK FOR AN EMPLOYER: from your employer]?**

READ OUT. CODE ALL THAT APPLY

You did not tell your employer you were sick	1	
You took annual leave and got paid for that instead	2	
You did not want to put your employer out	3	
You did not want to put your job at risk	4	
Your employer did not provide any form of sick pay	5	
You were told you were not entitled to sick pay	6	
Other (PLEASE SPECIFY)	7	

Understanding the journeys from work to Employment and Support Allowance (ESA)

ASK IF TOLD NOT ENTITLED TO SICK PAY (G16=6)

G17 **Why were you told you were not entitled to sick pay?**

READ OUT. CODE ALL THAT APPLY.

DP: ROTATE CODES

You did not provide a sick note in time	1	
You used up all the paid sick days you were entitled to	2	
You worked variable or part time hours	3	
Your earnings were too low	4	
You were involved in a trade dispute	5	
You were working outside of the country	6	
You were not entitled for another reason (PLEASE SPECIFY)	7	

ASK IF TOOK SICK LEAVE G1=1

G18 **Were you ever asked to make up for the time you had off sick, for example by working on a different day or doing additional shifts?**

Yes	1	
No	2	

ASK IF HAD HEALTH CONDITION AT WORK (C5=1 OR D8=1 OR D16=1). EXCLUDE HEALTH CONDITION DID NOT AFFECT WORK (C3=1).

G19 **Did your employer have written guidelines or policies on sick leave and sick pay?**

Yes	1	
No	2	
Don't know		

ASK IF EMPLOYER HAD POLICIES (G19=1)

G20 **How clear were your employer's policies on how much sick leave and sick pay you were entitled to? Were they...?**

READ OUT. SINGLE CODE

Very clear	1	
Fairly clear	2	
Not that clear	3	
Not clear at all	4	
<i>DO NOT READ OUT: Did not see the policy</i>	5	

Understanding the journeys from work to Employment and Support Allowance (ESA)

ASK IF HAD HEALTH CONDITION AT WORK (C5=1 OR D8=1 OR D16=1)

- G21 **Do you think you received all the sick pay you were entitled to from your employer between [TEXT SUB: DATE JOB STARTED FROM B6] [IF B6=DK: starting the job] and [TEXT SUB IF A1=2-6; FINAL WORK DATE] [TEXT SUB IF A1=1; the point when you stopped attending work]?**

Yes	1	
No	2	

ASK IF HAD HEALTH CONDITION AT WORK (C5=1 OR D8=1 OR D16=1)

- G22 **In total how many days' weeks' or months' sick pay do you think you should have been entitled to according to your company policy?**

Would it be easier to tell us in terms of...?

READ OUT. SINGLE CODE

Working days	1	
Working weeks	2	
Working months	3	
Don't know	4	

IF SELECTED WORKING DAYS (G22=1)

- G23 **In total how many working days' sick pay do you think you should have been entitled to according to your company policy?**

WRITE IN. ALLOW DON'T KNOW

IF SELECTED WORKING WEEKS (G22=2)

- G24 **In total how many working weeks' sick pay do you think you should have been entitled to according to your company policy?**

WRITE IN. ALLOW DON'T KNOW

IF SELECTED WORKING MONTHS (G22=3)

- G25 **In total how many working weeks' sick pay do you think you should have been entitled to according to your company policy?**

WRITE IN. ALLOW DON'T KNOW

ASK ALL

H Services provided and adjustments made by employer

Thank you for telling me about your situation in the workplace before you last attended [TEXT SUB IF A1=2-6; in FINAL WORK DATE].

[TEXT SUB IF LAST WORK BEFORE ESA CLAIM=PAID WORK FOR AN EMPLOYER: I'd now just like to ask a few questions about any other support that [TEXT SUB IF EMPLOYER NAME AT A8; EMPLOYER NAME] [TEXT SUB IF A8=REFUSED: your employer] might have provided you, whilst you were still working].

[TEXT SUB IF LAST WORK BEFORE ESA CLAIM=SELF EMPLOYED: I'd now just like to ask a few questions about any other support that you might have received whilst you were still working].

ASK ALL

- H1 **An occupational health service provides advice and practical support about how to stay healthy in the workplace. To the best of your knowledge did you have access to an occupational health service through the company you worked for [IF JOB TITLE AT A5: when you worked as a JOB TITLE FROM A5]?**

Yes	1	
No	2	
Don't know	3	

ASK IF HAD OCCUPATIONAL HEALTH SERVICE (H1=1) AND HAD HEALTH CONDITION WHEN LAST WORKED (C5=1 OR D8=1 OR D16=1)

- H2 **Did you discuss your [TEXT SUB IF NO OTHER CONDITIONS (D1=2): health condition] [TEXT SUB IF OTHER CONDITIONS (D1=1): health conditions] with this occupational health service?**

Yes	1	
No	2	
Don't know	3	

ASK IF DISCUSSED HEALTH CONDITION WITH OCCUPATIONAL HEALTH SERVICE (H2=1)

- H2A **And, on this occasion, who referred you to the occupation health service? Was it...**

Your employer	1	
Or someone else?	2	
Don't know	3	

- H3 QUESTION DELETED

Understanding the journeys from work to Employment and Support Allowance (ESA)

ASK ALL

- H4 **Did you have access to an independent counselling or advice service through the company you worked for?**

Yes	1	
No	2	
Don't know	3	

ASK IF HAD ACCESS TO INDEPENDENT COUNSELLING OUR ADVICE (H4=1) AND HAD HEALTH CONDITION WHEN LAST WORKED (C5=1 OR D8=1 OR D16=1)

- H5 **Did you ever use this service?**

Yes	1	
No	2	

ASK IF DID NOT HAVE ACCESS TO OCCUPATIONAL HEALTH SERVICE INDEPENDENT OR COUNSELLING OR ADVICE OR DK (H1=2 OR 3) OR (H4=2 OR 3) AND HAD HEALTH CONDITION WHEN LAST WORKED (C5=1 OR D8=1 OR D16=1)

- H6 **Do you think that if you had access to [INSERT ITERATION TEXT], it would have helped you stay in work longer?**

	YES	NO
_1 (ASK IF H1=2 or 3) an occupational health service	1	2
_2 (ASK IF H4=2 or 3) an independent counselling or advice service	1	2

ASK IF HAD ACCESS TO OCCUPATIONAL HEALTH SERVICE INDEPENDENT OR COUNSELLING OR ADVICE (H1=1 OR H4=1) AND HAD HEALTH CONDITION WHEN LAST WORKED (C5=1 OR D8=1 OR D16=1)

- H7 **Do you think that having access to [INSERT ITERATION TEXT] helped you stay in work longer than might otherwise have been possible?**

	YES	NO
_1 (ASK IF H1=1) an occupational health service through the company you worked for	1	2
_2 (ASK IF H4=1) an independent counselling or advice service	1	2

- H8 QUESTION DELETED

ASK IF (OTHER) HEALTH CONDITION PRESENT AT LAST WORK (C5=1 OR D8=1 OR D16=1)

- H9 **Did you ever discuss your [TEXT SUB IF NO OTHER CONDITIONS (D1=2): health condition] [TEXT SUB IF OTHER CONDITIONS (D1=1): health conditions] with your immediate manager at [TEXT SUB IF LAST WORK BEFORE ESA CLAIM=PAID WORK FOR AN EMPLOYER OR SUB-CONTRACTOR (S7B=5): the company you were working for][TEXT SUB IF PAID BY AN AGENCY (S7B=1): the employment agency]?**

Understanding the journeys from work to Employment and Support Allowance (ESA)

Yes	1	
No	2	
I did not have a (line) manager	3	

ASK IF DISCUSSED WITH LINE MANAGER (H9=1)

- H10 **When did you first discuss** your [TEXT SUB IF NO OTHER CONDITIONS (D1=2): health condition] [TEXT SUB IF OTHER CONDITIONS (D1=1): **health conditions**] **with your manager, was it...?**

READ OUT. SINGLE CODE

When you started the job	1	
As soon as your health condition started, or	2	
Later on	3	

ASK IF DISCUSSED WITH EMPLOYER LATER ON (H10=3)

- H11 **Can you tell me when it was before you stopped working** [TEXT SUB IF A1=2-6; in **FINAL WORK DATE**] **that you first discussed your** [TEXT SUB IF NO OTHER CONDITIONS (D1=2): health condition] [TEXT SUB IF OTHER CONDITIONS (D1=1): **health conditions**] **with your manager? Was it...?**

READ OUT. SINGLE CODE

After a first period of sickness absence	1	
After several periods of sickness absence	2	
Around the same time as terminating contract / resigning	3	
Other (PLEASE SPECIFY)	4	

ASK IF DISCUSSED WITH LINE MANAGER (H9=1)

- H12 **When you first discussed** [TEXT SUB IF NO OTHER CONDITIONS (D1=2): health condition] [TEXT SUB IF OTHER CONDITIONS (D1=1): **health conditions**] **with your manager, was your health...?**

READ OUT. SINGLE CODE

Not affecting your work at all	1	
Affecting your work a little	2	
Affecting your work a lot	3	
You were no longer able to work because of your health	4	

Understanding the journeys from work to Employment and Support Allowance (ESA)

ASK IF (OTHER) HEALTH CONDITION PRESENT AT LAST WORK (C5=1 OR D8=1 OR D16=1)

- H13 **Did you ever discuss your [TEXT SUB IF NO OTHER CONDITIONS (D1=2): health condition] [TEXT SUB IF OTHER CONDITIONS (D1=1): health conditions] with someone the your personnel or HR department at [TEXT SUB IF LAST WORK BEFORE ESA CLAIM=PAID WORK FOR AN EMPLOYER OR SUB-CONTRACTOR (S7B=5): the company you were working for][TEXT SUB IF PAID BY AN AGENCY (S7B=1): the employment agency]?**

Yes	1	
No	2	
I did not have a personnel or HR department at my job	3	

ASK IF SPOKE TO PERSONNEL / HR DEPT (H13=1)

- H14 **When did you first discuss your [TEXT SUB IF NO OTHER CONDITIONS (D1=2): health condition] [TEXT SUB IF OTHER CONDITIONS (D1=1): health conditions] with your personnel or HR department, was it...?**

READ OUT. SINGLE CODE

When you started the job	1	
As soon as your health condition started, or	2	
Later on	3	

ASK IF DISCUSSED WITH PERSONNEL / HR DEPT LATER ON (H14=3)

- H15 **Can you tell me when it was before you stopped working [TEXT SUB IF A1=2-6; in FINAL WORK DATE] that you first discussed your [TEXT SUB IF NO OTHER CONDITIONS (D1=2): health condition] [TEXT SUB IF OTHER CONDITIONS (D1=1): health conditions] with your personnel or HR department? Was it...?**

READ OUT. SINGLE CODE

After a first period of sickness absence	1	
After several period of sickness absence	2	
Around the same time as terminating contract / resigning	3	
Other (PLEASE SPECIFY)	4	

Understanding the journeys from work to Employment and Support Allowance (ESA)

ASK IF SPOKE TO PERSONNEL / HR DEPT (H13=1)

H16 **When you first discussed your [TEXT SUB IF NO OTHER CONDITIONS (D1=2): health condition] [TEXT SUB IF OTHER CONDITIONS (D1=1): health conditions] with your HR department, was your health...?**

READ OUT. SINGLE CODE

Not affecting your work at all	1	
Affecting your work a little	2	
Affecting your work a lot	3	
You were no longer able to work because of your health	4	

H17 DELETED

H18 DELETED

ASK IF (OTHER) HEALTH CONDITION PRESENT AT LAST WORK (C5=1 OR D8=1 OR D16=1)

H19 **Did you ever provide [TEXT SUB IF EMPLOYER NAME AT A8; EMPLOYER NAME] [TEXT SUB IF A8=REFUSED: **your employer**] [IF LAST WORK BEFORE ESA CLAIM=SELF EMPLOYED: **the company**] with a ‘fit note’ stating that you may be fit to work providing certain conditions were met?**

ADD AS NECESSARY:

A ‘fit-note’ or Statement of fitness for work is a note issued by a doctor to provide evidence of the advice the doctor has given about the individual’s fitness for work. The fit note allows doctors to advise that individuals “may be fit for work” taking into account the doctor’s advice, or that they are “not fit for work”.

Doctors use fit notes to record details of the functional effects of their patient’s condition so that individuals and employers can consider ways to help the individual return to work.

Yes	1	
No	2	

H20 **QUESTION DELETED**

ASK IF (OTHER) HEALTH CONDITION PRESENT AT LAST WORK (C5=1 OR D8=1 OR D16=1)

H21 DELETED

H22 **At any point before you last attended work [TEXT SUB IF A1=2-6; in **FINAL WORK DATE**] for [TEXT SUB IF EMPLOYER NAME AT A8; **EMPLOYER NAME**] was the following adjustment made to help you stay in work longer: [INSERT ITERATION TEXT]?**

Understanding the journeys from work to Employment and Support Allowance (ESA)

DP INSTRUCTION: DISPLAY H22 ITERATION TEXT AS INTERVIEWER PROMPT
ASK DID NOT HAPPEN (H22 ITERATION=2)

H23A If [INSERT ITERATION TEXT] had been implemented, would this have helped you stay in work longer?

H23 DELETED

DP INSTRUCTION: ASK H22-H23a CONSECUTIVELY FOR EACH ITERATION

NOTE: H21 & H23 deleted

	H22. Whether happened		H23a. Whether would have helped	
	Yes	No	Yes	No
Changing the type of task you had to do	1	2	1	2
Reducing your overall workload	1	2	1	2
Reducing the number of hours you had to work per week	1	2	1	2
Allowing you to work flexible hours	1	2	1	2
Allowing you to work from home	1	2	1	2
Changing your working hours or shift pattern	1	2	1	2
Giving permission to take time off at short notice as needed (for example for medical appointments / treatment).	1	2	1	2
Providing equipment or make adaptations to your working environment	1	2	1	2
Allowing you to take extra breaks at work	1	2	1	2
Providing you with access to a personal assistant, mentor or job coach?	1	2	1	2
Directing you to sources of independent counselling or advice	1	2	1	2
Providing help getting to and from work	1	2	1	2

ASK IF (OTHER) HEALTH CONDITION PRESENT AT LAST WORK (C5=1 OR D8=1 OR D16=1)

Understanding the journeys from work to Employment and Support Allowance (ESA)

H24 [TEXT SUB IF LAST WORK BEFORE ESA CLAIM=PAID WORK FOR AN EMPLOYER: **Did your** [TEXT SUB IF EMPLOYER NAME AT A8; EMPLOYER NAME] [TEXT SUB IF A8=REFUSED: **your employer**] **help you in any other way because of your health condition?**

[TEXT SUB IF LAST WORK BEFORE ESA CLAIM=SELF EMPLOYED: **Did the company you worked for help you in any other way because of your health condition?**]

Yes	1	
No	2	

ASK IF OTHER ADJUSTMENTS MADE (H24=1)

H25 **How did they help you?**

WRITE IN

ASK IF (OTHER) HEALTH CONDITION PRESENT AT LAST WORK (C5=1 OR D8=1 OR D16=1)

H26 **Is there anything else that your employer could have done that would have helped you stay in work longer?**

WRITE IN. ALLOW NOTHING ELSE

ASK IF ANY ADJUSTMENTS MADE (H22=1-12) OR H24=1

H27 **When were these adjustments made for you?**

READ OUT. CODE ALL THAT APPLY

As soon as you started the job	1	
After you first mentioned your health condition	2	
After your condition started to affect your work a little	3	
When you condition started to affect your work a lot	4	
When a change was recommended by your GP, doctor or consultant	5	
When a change was recommended by occupational health services	6	
After you took time off work due to your health condition	7	
After you spoke to your trade union	8	

Understanding the journeys from work to Employment and Support Allowance (ESA)

ASK IF ANY ADJUSTMENTS MADE (H22=1-12) OR H24=1

H28 **How helpful were these adjustments?**

READ OUT. SINGLE CODE

Very helpful	1	
Fairly helpful	2	
Not very helpful	3	
Not at all helpful	4	

ASK IF ANY ADJUSTMENTS MADE (H22=1-12) OR H24=1

H29 **Did these changes help you to keep working longer than might otherwise have been possible?**

Yes	1	
No	2	

ASK IF EVER DISCUSSED WITH MANAGER OR PERSONNEL / HR (H9=1 OR H13=1)

H30 **How supportive do you feel [TEXT SUB IF LAST WORK BEFORE ESA CLAIM=PAID WORK FOR AN EMPLOYER: *your employer*] [TEXT SUB IF LAST WORK BEFORE ESA CLAIM=SELF EMPLOYED: *the company you worked for*] was about your health condition would you say they were...?**

read out. single code.

Very supportive	1	
Fairly supportive	2	
Slightly supportive	3	
Not at all supportive	4	

H31 QUESTION DELETED

I Job search activity and confidence about returning to work

READ OUT FOR ALL EXCEPT THOSE WHO STOPPED WORKING BECAUSE THEY RETIRED (B24#5)

I would now like to ask you about your future plans and your views about returning to work.

ASK ALL EXCEPT RETIRED (B24#5)

- 11 **People who claim ESA can do up to 16 hours of ‘permitted work’ a week. Can I check, are you currently doing any paid work?**

INTERVIEWER NOTE: ESA CLAIMANTS CAN DO SOME ‘PERMITTED WORK’ AND STILL RETAIN THEIR CLAIM. PERMITTED WORK IS UP TO 16 HOURS A WEEK AND MAXIMUM EARNING £99.50 A WEEK.

Yes	1	
No	2	

- 12 DELETED

- 13 DELETED

ASK ALL EXCEPT RETIRED (B24#5)

- 14 **With your health as it is currently, how easy or difficult would it be for you to be able to take up [[TEXT SUB IF JOB TITLE GIVEN: another job as a [INSERT JOB TITLE from A5] [TEXT SUB IF JOB NOT GIVEN: the same job role that you were doing when you last worked [TEXT SUB IF A1=2-6; in [FINAL WORK DATE]?**

READ OUT. SINGLE CODE

INTERVIEWER: IF HEALTH CONDITION FLUCTUATES, ASK FOR GENERAL EFFECT.

Very easy	1	
Quite easy	2	
Neither difficult nor easy	3	
Quite difficult	4	
Very difficult	5	

ASK ALL EXCEPT RETIRED (B24#5)

- 15 **With your health as it is currently, how easy or difficult would it be for you to be able to take on any type of paid work (not just the type of work you used to do)?**

READ OUT. SINGLE CODE

INTERVIEWER: IF HEALTH CONDITION FLUCTUATES, ASK FOR GENERAL EFFECT.

Understanding the journeys from work to Employment and Support Allowance (ESA)

Very easy	1	
Quite easy	2	
Neither difficult nor easy	3	
Quite difficult	4	
Very difficult	5	

ASK ALL EXCEPT RETIRED (B24≠5)

I5A **Do you expect to return to paid work in the future?**

Yes	1	
No	2	
Don't know	3	

I6 DELETED

I7 DELETED

I8 DELETED

ASK IF EXPECT A RETURN TO PAID WORK IN THE FUTURE (I5A=1)

I9 **Could any of the following factors make it difficult for you to find work in the next few years?**

READ OUT. CODE ALL THAT APPLY

There are not many suitable jobs in my area	1	
I don't have the right qualifications or experience	2	
I don't feel confident about searching or applying for jobs	3	
I am worried people won't employ me because of my age	4	
I am worried people won't employ me because I have a criminal record	5	
I have family or caring responsibilities	6	
I have personal problems I need to sort out	7	
I am not sure I would be financially better off in work	8	
Other (<i>PLEASE SPECIFY</i>)		
None of these	9	

I10 DELETED

Understanding the journeys from work to Employment and Support Allowance (ESA)

ASK IF EXPECT A RETURN TO PAID WORK IN THE FUTURE (I5A=1)

- I11 I am going to read you some things that could help people with health conditions. Would any of the following make it easier for you to work in the next few years?

READ OUT. CODE ALL THAT APPLY

Flexible or part time working hours	1	
Being able to work from home	2	
Changes to the working environment to make it accessible (for example a building with handrails, ramps, lifts, and other modifications)	3	
Specialist equipment to help your health condition or disability	4	
Advice on how to discuss your health condition with employers	5	
Access to affordable childcare	6	
Help in getting to and from work	7	
Advice on how to manage your health condition	8	
None of the above	9	

- I12 DELETED

ASK IF EXPECT A RETURN TO PAID WORK IN THE FUTURE (I5A=1)

- I13 Is there anything else that could help you find work in the next few years?

Yes (PLEASE SPECIFY)	1	
No	2	

- I14 DELETED

- I15 DELETED

Understanding the journeys from work to Employment and Support Allowance (ESA)

ASK ALL

- I16 I'd now like to ask you some questions about employment in general. Please say whether you agree or disagree with each statement. Please tell me the extent to which you agree with each of these following statements.

READ OUT SCALE IN FULL. SINGLE CODE

	Strongly agree			Strongly disagree		DK	N/A
_1 I am prepared to take any job I can do	1	2	3	4	5	6	
_2 Being in work helps my health	1	2	3	4	5	6	
_3 DELETED	1	2	3	4	5	6	
_4 DELETED	1	2	3	4	5	6	
_5 DELETED	1	2	3	4	5	6	
_6 People who work are always better off financially	1	2	3	4	5	6	
_7 DELETED	1	2	3	4	5	6	7
_8 My family thinks I should stay at home rather than work	1	2	3	4	5	6	7

J General Well-being questions – deleted

- J1 DELETED
 J2 DELETED
 J3 DELETED

K Demographics

Thank you for your taking the time to answer the questions so far. The next few questions are about you and are for classification purposes only.

ASK ALL

- K1 What is your date of birth?

RECORD DD/MM/YYYY

ALLOW 01/01/1942 – 01/01/2000

ALLOW REFUSED

Understanding the journeys from work to Employment and Support Allowance (ESA)

ASK IF REFUSE DOB (K1=REF)

K2 **Which of the following age bands do you fall into?**

READ OUT. SINGLE CODE

Under 20	1	
20-24 years	2	
25-29 years	3	
30-34	4	
35-39	5	
40-44	6	
45-49	7	
50-54	8	
55-60	9	
60+ years	10	
Refused (DO NOT READ OUT)	11	

ASK ALL

K3 **Which of the following best describes your legal marital or same-sex civil partnership status...?**

PROMPT AS NECESSARY. SINGLE CODE

Single – that is, never married and never registered in a same-sex civil partnership	1	
Married	2	
Separated, but still legally married	3	
Divorced	4	
Widowed	5	
In a registered same-sex civil partnership	6	
Separated, but still legally in a same-sex civil partnership	7	
Formerly in a same-sex civil partnership which is now legally dissolved	8	
Surviving partner from a same-sex civil partnership	9	
DO NOT READ OUT: Refused	10	

K4 DELETED

ASK ALL

K5 **And can I just check do you have any dependent children aged under 16?**

Yes	1	
No	2	

K6 QUESTION DELETED

Understanding the journeys from work to Employment and Support Allowance (ESA)

ASK ALL

- K7 Do you provide care for a family member or friend because they have long-term health condition, disability or problems relating to old age?

ADD AS NECESSARY: Please do not count anything you do as part of your paid employment.

Yes	1	
No	2	

ASK ALL

- K8 Which of the following best describes your ethnic background?

PROMPT AS NECESSARY. SINGLE CODE

WHITE British	1	
WHITE Irish	2	
WHITE Other background (SPECIFY)	3	
MIXED White and Black Caribbean	4	
MIXED White and Black African	5	
MIXED White and Asian	6	
MIXED Other mixed background (SPECIFY)	7	
BLACK OR BLACK BRITISH Caribbean	8	
BLACK OR BLACK BRITISH African	9	
BLACK OR BLACK BRITISH Other background (PLEASE SPECIFY)	10	
ASIAN OR ASIAN BRITISH Indian	11	
ASIAN OR ASIAN BRITISH Pakistani	12	
ASIAN OR ASIAN BRITISH Bangladeshi	13	
ASIAN OR ASIAN BRITISH Other background (PLEASE SPECIFY)	14	
CHINESE	15	
OTHER ETHNIC BACKGROUND (PLEASE SPECIFY)	16	
DO NOT READ OUT: Don't know	17	
DO NOT READ OUT: Refused	18	

- K9 DELETED

Understanding the journeys from work to Employment and Support Allowance (ESA)

ASK ALL

K10 What is your total annual household income? This is your [TEXT SUB IF (K3=2 OR 6) OR K4=1): and your partner's] income from all sources before deductions for tax and National Insurance?

WRITE IN		
Don't know	1	
Refused	2	

IF DON'T KNOW OR REFUSED EXACT NUMBER – PROMPT WITH RANGES

Less than £5,000 per year	1
£5,000 but less than £10,000	2
£10,000 but less than £15,000	3
£15,000 but less than £20,000	4
£20,000 but less than £25,000	5
£25,000 but less than £30,000	6
£30,000 but less than £35,000	7
£35,000 but less than £40,000	8
£45,000 but less than £50,000	9
£50,00 or more	10
Don't Know	11
Refused	12

K11 DELETED

K12 DELETED

Understanding the journeys from work to Employment and Support Allowance (ESA)

ASK ALL

K13 Qualifications are often classified by their level. Do you have..?

READ OUT. CODE ALL THAT APPLY

	YES	NO	DK
A: LEVEL 2 which includes GCSEs Grades A*-C, GCEs O Level, CSEs Grade 1, NVQ Level 2, Level 2 VQs, Key Skills Level 2, Skills for Life, Higher Diploma, BTEC awards, certificates and diplomas at level 2, Functional Skills level 2	1	2	3
IF YES OR DON'T KNOW TO A ASK B IF NO ASK E			
(IF YES OR DK TO A) B: LEVEL 5 or above which covers HNDs, Postgraduate certificates and diplomas, BTEC Professional Diplomas, Certificates and Awards, BTEC advanced professional awards, certificates and diplomas, Fellowships and fellowship diplomas	1	2	3
IF NO OR DON'T KNOW TO B ASK C C: LEVEL 4 which covers NVQs at level 4, Key Skills level 4, Certificates of higher education, BTEC Professional Diplomas, Certificates and Awards	1	2	3
IF NO OR DON'T KNOW TO C ASK D D: LEVEL 3 which includes A levels, AS levels, Advanced Extension Awards, International Baccalaureate, Key Skills level 3, NVQs at level 3, Cambridge International Awards, Advanced and Progression Diploma, BTEC awards, certificates and diplomas at level 3, BTEC Nationals, OCR Nationals	1	2	3
IF A=NO OR (A=DK AND (D=NO OR D=DK)) E: LEVEL 1 qualifications, for example GCSEs graded D-G, NVQs at level 1, Key Skills level , Skills for Life, Foundation Diploma, BTEC awards, certificates and diplomas at level 1, Functional Skills level 1, OCR Nationals, Foundation Learning Tier pathways	1	2	3
IF NO OR DON'T KNOW AT E ASK F F: Entry level qualification, for example Entry level certificates, Skills for Life at Entry level, Entry level awards, certificates and diplomas, Foundation Learning Tier pathways, Functional Skills at Entry level	1	2	3

L Data linking and re-contact questions

ASK ALL

Thank you for taking part in this very important study.

- L1 The DWP would like to conduct some follow-up work so that we can further explore your experiences taking sick leave and the support offered by your employer during this time. Would you be willing to be contacted in the next few weeks about participating in this follow-up research?

READ OUT. SINGLE CODE

Yes – happy to be contacted about follow-up research	1	
No – not willing to take part in the follow-up research	2	

ASK ALL

- L2 The DWP may also like to conduct other further research in this area in the future. Would you be willing to be contacted by the DWP or an agency working on their behalf to take part in future research about sickness absence?

Yes	1	
No	2	

- L3 MOVED TO AFTER L7

ASK ALL

- L4 Occasionally, it is necessary to call people back to clarify information; may we please call you back if required?

REASSURE IF NECESSARY: Your details will only be used by IFF Research to call you back regarding this particular study.

Yes	1	
No	2	

- L5 The Department for Work and Pensions (DWP) would like to add information held on your benefits, employment and tax records to your answers to this survey. This will give them a better picture of the circumstances of people claiming benefits.

If you agree, we will pass your name, address, sex and date of birth to DWP. DWP will use this information to find your records and add them to your answers. All information will be used for research and statistical purposes only. Your personal details will, of course, be kept completely confidential and your dealings with DWP will not be affected in any way.

Would it be ok to pass this information to the DWP?

Yes	1	
No	2	

Understanding the journeys from work to Employment and Support Allowance (ESA)

ASK ALL

- L6 **Can you confirm that you have read and understand the letter that was sent to you explaining this survey and how your data will be used?**

Yes	1	
No	2	

ASK ALL

- L7 **To help improve public services it would also be useful to add other information held by other Government departments to your answers in this survey.**

As before, all information will be used for research and statistical purposes only. Your personal details will, of course, be kept completely confidential.

Would it be ok for DWP to add information held by other Government departments to your data?

Yes	1	
No	2	

ASK IF WILLING TO BE CONTACTED FOR FOLLOW UP OR FUTURE RESEARCH (L1=1 OR L2=1)

- L3 **Please can you provide the best landline and the best mobile number that we can contact you on in the future?**

WRITE IN LANDLINE NUMBER. ALLOW REFUSED	1	
WRITE IN MOBILE NUMBER. ALLOW REFUSED	2	

ASK ALL

Name: Record details of respondent who completed interview	
THANK RESPONDENT AND CLOSE INTERVIEW	

Finally I would just like to confirm that this survey has been carried out under IFF instructions and within the rules of the MRS Code of Conduct. Thank you very much for your help today.

Name: RECORD DETAILS OF RESPONDENT WHO COMPLETED INTERVIEW	
Job title:	
Email address:	

Understanding the journeys from work to Employment and Support Allowance (ESA)

G31 Thank you very much for taking the time to speak to us today. Would you be willing for us to call you back regarding:

This particular study – if we need to clarify any of the information	1	
Other research studies which may be relevant to you	2	
Neither of these	3	

IF CONSENT TO RECONTACT

G32 And could I just check, is [NUMBER] the best number to call you on?

Yes	1	
No	2	

ASK ALL

THANK RESPONDENT AND CLOSE INTERVIEW

Finally I would just like to confirm that this survey has been carried out under IFF instructions and within the rules of the MRS Code of Conduct. Thank you very much for your help today.

UNEMPLOYED PRIOR TO ESA CLAIM

(and did not have health condition when last in work)

Telephone

A Introduction and Background

ID No.	
Contact name	
Type of health condition	
ESA Antecedent	

- Ask to speak with named contact
- Thank respondent for agreeing to take part
- Introduce self, company and project
- Request permission to record full interview

As you are aware, we are conducting some research on behalf of the Department for Work and Pensions (DWP). We would just like to talk to you in a bit more detail about your experiences in the run-up to claiming ESA.

You helpfully participated in a telephone interview a few weeks ago. At the end of this interview you kindly agreed to take part in some follow-up research and because we found your case particularly interesting we'd now like to discuss with you in more detail your employment, sickness absence and health history in the run up to you submitting your claim for ESA.

REASSURANCES TO COVER

- Please note that all data will be reported anonymously and your answers will not be reported to DWP or anyone else, in any way that would allow you to be identified.
- Participating in the research will not affect your benefits either now or in the future.
- There are no right or wrong answers and we are not checking up on your eligibility to claim ESA.
- The interview will last approximately 25 minutes.

B Detail on health condition that led to ESA claim

I'd like to start by asking a few questions about your health in the run-up to your ESA claim.

B1 So during the previous telephone interview, you told us that at the time of your ESA claim, you were experiencing....

[MAIN HEALTH CONDITION FROM C1 / SCREENER]

[OTHER HEALTH CONDITION FROM D3 / SCREENER]

[MENTAL HEALTH CONDITION FROM D13 / SCREENER]

B2 When did your health condition(s) start?

- How long did you experience this health condition prior to making your ESA claim?
- Is the condition expected to get worse? Over what sort of timeframe?
- What factors have contributed to this condition (anything work or non-work related that brought it about or made it worse)?

B3 Can you tell me a bit more about how this health condition, illness, injury or disability affects or affected your ability to work? INTERVIEWER EXPLORE FOR EACH CONDITION

- In what way does it limit your ability to work?
- Is there any support that would make it easier for you to go back to work (earlier)?

B4 When we last spoke to you, you told us that you left your last period of employment in [DATE WHEN LAST IN WORK] and then started an ESA claim in [DATE OF ESA CLAIM]. Can you talk me through what happened between those dates in terms of your health?

INTERVIEWER NOTE – THIS IS A KEY QUESTION. CHECK THAT YOU ARE ABLE TO ACCOUNT FULLY FOR THIS PERIOD OF TIME AND CAN BREAK IT DOWN INTO:

- *PERIODS WHERE NOT EXPERIENCING ANY HEALTH CONDITION AND LOOKING FOR WORK*
- *PERIODS WHERE NOT EXPERIENCING HEALTH CONDITION AND NOT LOOKING FOR WORK (AND REASONS FOR NOT LOOKING)*
- *PERIODS WHERE EXPERIENCING HEALTH CONDITION AND LOOKING FOR WORK*
- *PERIODS WHERE EXPERIENCING HEALTH CONDITION AND NOT LOOKING FOR WORK (AND WHETHER THIS WAS BECAUSE OF HEALTH CONDITION OR SOME OTHER REASON)*

IN EACH PERIOD ESTABLISH WHETHER ANY BENEFITS WERE BEING CLAIMED (AND WHICH ONES).

Understanding the journeys from work to Employment and Support Allowance (ESA)

B5 Did you have any element of your health condition when you were last in work?

IF DID HAVE CONDITION WHEN LAST IN WORK

- How did this affect your ability to work?
- Did you have any discussions with your employer at all about your health?
 - IF YES: What conversations did you have/ what did you cover? Who did you speak with? At what point? How did these conversations come about / did you or your employer bring up these issues first?
 - IF NO: Why not?

B6 What were your key reasons for leaving this employment?

- Did your health affect your decision to leave work in any way? What other factors came into play?
- At the time when you left your last job, did you intend to move into another job or did you plan for a period of not working? Why?

B7 Did being out of work contribute to any changes in your health condition? In what way (in bringing it on? In making it worse etc.)?

C Contact with JCP

C1 After you left your last job, did you look for employment? How did this period of job-hunting go?

C2 *IF NOT ALREADY ESTABLISHED*: Did you claim Jobseekers Allowance at any point after you were last in work and before you started your ESA claim?

- If NO: Why not? How were you supporting yourself over this period? Were you claiming any other benefits?

IF CLAIMED JSA BEFORE ESA CLAIM, OTHERS GO TO SECTION D

C3 How long did you claim JSA for?

C4 Did you discuss your health with your Jobcentre Plus advisor?

- If NO: Why not?
- IF YES: How did these conversations come about/ Did you or your advisor bring these issues up? What help or advice did they give you?

C5 Did you discuss moving onto an ESA claim with your advisor?

- IF YES: Did you bring this up with your advisor or was it something they raised? How long before making your ESA claim did you have these conversations? What DID your advisor tell you about ESA? Did they advise you to put in an ESA claim? Why?

D Contact with GPs

ASK ALL

- D1 Did you discuss your health and how it affected your ability to work with your GP at all? At what stage(s)? What happened?
- D2 Did your GP offer any return to work advice? IF YES: What did they advise?
- D3 Did your GP give you a fit note? Was this offered to you by your GP or did you request it?
- For what purposes did you require a fit note and who was it for? [Employer / to make a state benefit claim?]
 - What did the fit note say – did it say you were not fit for work or that you may be fit for some work?
- D4 Did your GP offer any advice about what benefits you were entitled to claim? What did they say? Did you raise this issue with your GP or did they mention it?
- Did your GP specifically suggest that you should claim ESA? What did they tell you about it? What assistance, if any, did they give you with making an ESA claim?

E Final thoughts and comments

- E1 Have we covered everything that happened leading up to when you made your ESA claim? Is there anything else that happened that we haven't talked about?
- E2 Thank you for your time today that's all I need to know from you at the moment. Are there any final thoughts or comments you'd like to add that we have not already covered?

THANK RESPONDENT AND COLLECT INCENTIVE DETAILS

Finally I would just like to confirm that this survey has been carried out under IFF instructions and within the rules of the MRS Code of Conduct. As a thank you we will give you a £20 Love to Shop Voucher.

I just need to confirm some details:

- (a) Double check correct name for respondent
- (b) Please record address for posting vouchers.

INTERVIEWER PLEASE NOTE:

Incentives will be processed when the project is completed – end June.

THANK RESPONDENT AND CLOSE INTERVIEW

I declare that this survey has been carried out under IFF instructions and within the rules of the MRS Code of Conduct.

Interviewer signature:

Date:

Finish time:

Interview Length

Mins

A Introduction and Background

Contact name	
Size of company	
Sector	

- Thank respondent for agreeing to take part
- Introduce self, company and project

As you are aware, we are conducting some research on behalf of the Department for Work and Pensions (DWP) to better understand the factors behind sickness absence, how different organisations manage sickness absence and the reasons why sick absence and sickness pay policies vary from one employer to another.

The research will be used to inform measures to help individuals with a health condition receive suitable support to help prevent people falling out of work due to ill health and moving on to benefits

- Ask for permission to record interview

REASSURANCES TO COVER

Please note that all data will be reported anonymously and your answers will not be reported to DWP or anyone else, in any way that would allow you to be identified.

We are not checking up on your policies or procedures relating to sickness absence and sick pay. We simply want to better understand what systems employers currently have in place.

A1 I'd like to begin the conversation by asking a bit about your job role and involvement in this area

- Please can you tell me briefly about your role at the company?
- Did you have any involvement in the design of the company's policy on sickness absence and sick pay?
- What is your involvement in managing and / or implementing sickness absence and sickness pay policy? What day to day tasks does this involve?
- Do you have any involvement in recording and monitoring information relating to sickness absence and sick pay? Or using this information?
- Do you work directly with employees to help them manage health conditions, illness, injury or disability at work?

Understanding the journeys from work to Employment and Support Allowance (ESA)

INTERVIEWER NOTE: Discussion guide to be used flexibly with each employer respondent to cover the areas they feel able to discuss, on the basis of responses to A1. Interviewer to determine this with each respondent but as a rough guide:

- Person with the best overview of sickness absence issues: ALL SECTIONS
- Occupational Health Staff: A, D, E, F
- Line managers: A, B, C, D, E, F
- Other respondents: Determine from A1

B Overview of Sickness Absence Policy (ASK TO PERSON WITH BEST OVERVIEW AND LINE MANAGERS)

I'd like to start by discussing the company's policies around sickness absence and sick pay.

B1 Sickness absence: What policies are in place around an employee being off sick?

PROBE ON:

- Rules around employee obligation to notify you of their absence – what happens if employees don't adhere to these rules?
- Is any documentation required in first seven days of illness?
- Medical certificate / Fit note requirement – when are these required?
- Is there any other evidence used or requested? How is this used? What evidence is accepted? What isn't?
- Variability in policy according to an employee's level of seniority / length of time served at the company / type of contract / department / performance or any other factors.

IF OTHER FACTORS: Which factors?

IF VARIES: How does the policy vary? Why does it vary?

- And is there any flexibility or discretion given in these areas? For example according to an employee's department / level of seniority / length of time served at the company / type of contract / performance or value to the organisation / any other factors (INTERVIEWER PROBE ON EACH).

IF OTHER FACTORS: Which factors?

IF ANY FLEXIBILITY: What sort of flexibility is there? When might this be applied?

Understanding the journeys from work to Employment and Support Allowance (ESA)

Do you have any examples of where this has happened recently? What factors were taken into consideration? Were there any driving factors or constraints which lead to this approach?

(INTERVIEWER NOTE: WE ARE TRYING TO GET AT EXAMPLES WHERE WHAT ACTUALLY HAPPENED MIGHT BE DIFFERENT FROM COMPANY POLICY, PROBE FULLY AND REASSURE OF CONFIDENTIALITY)

B2 Sick pay: And what policies are in place specifically relating to sick pay?

PROBE ON:

- Type of sick pay offered by the company (statutory sick pay, occupational sick pay (may also be called contractual or company sick pay) or a mixture of the two)
- IF OFFER SSP: Is this offered to all employees or just some? Why? Who is entitled to receive statutory sick pay? What period of absence is this offered for? What is the maximum length of time it is paid for? What happens after it 'runs out'?
- IF OFFER OSP: What are the details of your occupational sick pay scheme? Is this offered to all employees or just some? Why? Who is entitled to receive OSP. What period of absence is this offered for? What is the maximum length of time it is paid for? What happens after it 'runs out'?
- Variability in sick pay policy according to an employee's department / level of seniority / length of time served at the company / type of contract / performance or value to the organisation / any other factors (INTERVIEWER PROBE ON EACH).

IF OTHER FACTORS: Which factors?

IF VARIES: How does the policy vary? Why does it vary?

- And is there any flexibility or discretion in how sick pay policy is implemented? For example according to an employee's level of seniority / length of time served at the company / type of contract / department / performance or value to the organisation or any other factors.

IF OTHER FACTORS: Which factors?

IF ANY FLEXIBILITY: What sort of flexibility is there? When might this be applied?

Do you have any examples of where this has happened recently? What factors were taken into consideration? Were there any driving factors or constraints which lead to this approach?

(INTERVIEWER NOTE: WE ARE TRYING TO GET AT EXAMPLES WHERE WHAT ACTUALLY HAPPENED MIGHT BE DIFFERENT FROM COMPANY POLICY, PROBE FULLY AND REASSURE OF CONFIDENTIALITY)

B3 How much flexibility or discretion do individual managers or line managers have in deciding how to manage sickness absence among employees? Or sick pay? In what circumstances?

FOR LINE MANAGERS ASK: **And how much flexibility do you as an individual have when managing sickness absence among your staff? In what areas do you have flexibility? In what areas are processes 'fixed'?**

Understanding the journeys from work to Employment and Support Allowance (ESA)

- B4 What role do Fit Notes play in determining how a period of sickness absence is handled?**
- Does it depend whether the Fit Note states that the individual is 'not fit for work' or 'maybe fit for work'? How useful do you find Fit Notes in managing sickness absence?
 - Have you had examples of Fit Notes mentioning specific adaptations/adjustments that the individual requires? IF YES – how helpful have you found these?
- B5 Have you had any cases of employees being off sick for several days but not being entitled to statutory sick pay? Can you remember why not? What happened in these cases?**
- B6 Are employees ever directed towards Employment and Support Allowance during a period of sickness absence, instead of receiving statutory or occupational sick pay?**
- In what circumstances?
 - What involvement does the employer have in suggesting / arranging this? Do they give employees a SSP1 form? At what point?
 - Were there any driving factors or constraints which lead to this approach?
 - Do employees tend to remain employed in these cases?
 - IF REMAIN FORMALLY EMPLOYED: Why do you choose to keep individuals formally employed even though they are claiming ESA? Are they able to return to their job if their health improves? Under what circumstances (e.g. is there a limit on how much time they can be away from work? How do you keep a job open for them? Can they return to a different role if this suits their health better?) What contact do you have with employees while they remain on ESA? How often do people return to work? What happens if they don't?
 - IF NOT FORMALLY EMPLOYED: Are they able to return to their job if their health improves? Is this a formal or informal arrangement? (IF INFORMAL: What kind of discussions or arrangements tend to be in place?) Under what circumstances can individuals return (e.g. is there a limit on how much time they can be away from work? How do you keep a job open for them? Can they return to a different role if this suits their health better?) What contact do you have with employees while they remain on ESA? How often do people return to work? What happens if they don't?
 - Do you have any examples of where individuals have claimed ESA but kept the option to return to work once their health improved (either through a formal or informal arrangement) recently? What factors were taken into consideration?
- B7 How often are sickness absence and sick pay policies updated or reviewed?**
- PROBE:
- What determines how regularly these policies are updated or reviewed?
 - What factors influence any policy amends or updates?

Understanding the journeys from work to Employment and Support Allowance (ESA)

B8 How is sickness absence and sick pay policy communicated to staff?

PROBE:

- Generally – is there a written policy? Is it included in employment contracts?
- If health conditions arise – are there any additional discussions or communications to communicate company policy? From / between whom?
- Does this vary by employee's level of seniority / length of time served at the company / type of contract / department / performance or any other factors.

B9 What contact, if any, would you typically have with employees on sick leave?

PROBE:

- How often? Initiated by employer or employee?
- What purpose?

C Recording and Managing Sickness Absence (ASK TO PERSON WITH BEST OVERVIEW)

C1 How are details around sickness absence recorded and monitored at the organisation?

PROBE:

- What systems do you use to record sickness absence? IF APPLICABLE: Do these vary by department / site? How?
- Who manages these systems?
- Are there any 'gaps' in the data held on the system?

C2 You mentioned that you require [EVIDENCE REQUIRED FROM B1] from employees when they are off sick. How is this recorded and monitored?

PROBE:

- How and when is information gathered?
- What is entered on to the system? Who does this?
- What happens in cases where you do not have the information or documentation you require? Do you have any examples of where this has happened recently? What factors were taken into consideration?
- Were there any driving factors or constraints which led to this approach?

C3 Broadly speaking, how good are staff at providing you with the information or documentation you require for your systems?

PROBE:

- What particular aspects are staff most compliant with? And less compliant?
- What particular types of health conditions, illnesses, injuries or disabilities (if any) are more difficult to record or monitor? What information tends to be missing in these cases?

Understanding the journeys from work to Employment and Support Allowance (ESA)

C4 Overall, how consistently would you say that information relating to sickness absence is recorded and monitored at the company?

PROBE:

- Extent to which there are strict processes in place to follow vs more informal approaches
- Is there any variation in terms of how different cases are recorded?
- Is there any variation in terms of how different cases are monitored?
- IF VARIATION: Why are different cases handled differently? In what way are they handled differently? What factors were taken into consideration? What were the constraints or driving factors?

C5 How, if at all, is the information recorded used to trigger administrative or management procedures around sickness absence or sickness pay policies?

- What is the trigger point? What procedures are triggered? How does this process work?

C6 Over the past year or so had you reclaimed any of the statutory sick pay you had paid to employees?

- IF YES: How much were you able to reclaim?
- IF NOT: Why not?

D Support Services Available to Employees with a Health Condition, Illness, Injury or Disability (ASK TO PERSON WITH BEST OVERVIEW AND OH STAFF)

In this next section I'd like to ask you about the support services that may be available to employees with a health condition, illness, injury or disability as well as the policy on making adjustments either in the workplace or to an employee's working arrangements.

D1 Do you have any health support services available to your staff?

PROBE:

- Occupational Health
- Counselling or advice services
- Any particular services that your personnel or HR department (including designated individuals within these departments) are able to provide
- Other (PLEASE SPECIFY AND PROBE FULLY FOR DETAILS)

Understanding the journeys from work to Employment and Support Allowance (ESA)

INTERVIEWER TO PROBE THE FOLLOWING ABOUT EACH SERVICE MENTIONED:

- What kind of support is available through this service?
- Why did you decide to make these services available?
- How do staff find out about these services?
- At what point are these services made available to staff? How do staff access these services?
- Is there a referral process? Or decision-making process IF YES: Tell me about this process
- What is the remit of each of these services? What type of support or help do these services offer to staff with a health condition, illness, injury or disability?
- How effective do you consider these services are in helping staff manage their health condition, illness, injury or disability whilst working? Why?
- Variability in support services offered according to an employee's department / level of seniority / length of time served at the company / type of contract / performance or value to the organisation / any other factors (INTERVIEWER PROBE ON EACH).
- What is take-up like of these services within your organisation? Why do you think that is? What factors do you think influences take up of these services?
- Do you have any examples of where you recently offered any health support services? Why were health support services offered? What factors were taken into consideration? Were there any driving factors or constraints which led to this approach?

IF NONE: What happens when employees are affected by a health condition, illness, injury or disability? Are there any informal processes or support in place?

D2 To what extent do you buy in or source staff health support services from outside of the company? Tell me about these services.

PROBE:

- Information on who provides these services
- How do staff find out about and access these services
- What support or help do they provide
- How effective this support is seen to be
- Reasons why the company brings in services from outside the company

D3 Are there any circumstances in which staff are offered any additional support services for managing health conditions?

PROBE:

- When / why would this happen? At what point? How would this decision be made?
- Are there any types of health condition, illness, injury or disability that might lead to you signposting to specific support services. IF SO: Which conditions to which services?

Understanding the journeys from work to Employment and Support Allowance (ESA)

- Do you have any examples of where this has happened recently? Why were health support services offered? What factors were taken into consideration? Were there any driving factors or constraints which led to this approach?

E Workplace Adjustments (ASK TO PERSON WITH BEST OVERVIEW, OH STAFF AND LINE MANAGERS)

Thank you. Now I'd like to understand more about what happens if employees who have a health condition, illness, injury or disability require adjustments to be made to either the working environment or an employee's working arrangements to enable them to stay in work. Workplace adjustments can take many different forms (INTERVIEWER SHOW LIST OF POSSIBLE ADJUSTMENTS). I'm interested in knowing about any changes you have made or would consider making in these cases.

E1 So firstly can you tell me what happens if an employee needs adjustments to their working environment or working arrangements because of a health condition, illness, injury or disability?

- Do you have a company policy on providing adjustments?
- Does either policy or practice vary at all according to an employee's department / level of seniority / length of time served at the company / type of contract / performance or value to the organisation / any other factors (INTERVIEWER PROBE ON EACH).

IF OTHER FACTORS: Which factors?

IF ANY VARIABILITY: How does it vary? When might it vary?

Do you have any examples of where this has happened recently? What factors were taken into consideration? Were there any driving factors or constraints which led to this approach?

E2 How would you expect to become aware of any adjustments needed?

PROBE FOR:

- Are they ever requested by employees? How?
- Suggested in a fit note provided by employees? Are these discussed with employees?
- Are they ever proactively suggested by managers or line managers? Are these then discussed with employees?

E3 And can you tell me about any adjustments your organisation has made for employees with a health condition, illness, injury or disability?

- What adjustments have you made? What was the nature of the health condition, illness, injury or disability involved?
- How did you become aware of the adjustments needed? When / how?

Understanding the journeys from work to Employment and Support Allowance (ESA)

- Who was involved in the decision-making?
- What factors were taken into consideration? Were there any driving factors or constraints which led to this approach?
- Why did you make these adjustments?
- Which adjustments have been easier to make? And which have been more difficult? Why?
- To what extent do you think the adjustments helped the individuals involved stay in work? Are they still working for you? (IF ANY ARE NO LONGER WORKING FOR EMPLOYER: What happened? Did they have a period of sickness absence before leaving employment? For how long? IF ANY ARE STILL WORKING FOR EMPLOYER: Did they have a period of sickness absence? For how long?)

E4 **And now could you tell me about any examples where your organisation has discussed making adjustments for employees with a health condition, illness, injury or disability, but decided not to implement these**

- What adjustments were requested? Who made these requests? What was the nature of the health condition, illness, injury or disability involved?
- How did you become aware of the adjustments needed? When / how?
- Who was involved in the decision-making?
- What factors were taken into consideration? What were the constraints or driving factors?
- Why did you decide not to make these adjustments?
- To what extent do you think the adjustments would have helped the individuals involved stay in work? Are they still working for you? (IF ANY ARE NO LONGER WORKING FOR EMPLOYER: Why are they no longer working for you?: Did they have a period of sickness absence before leaving employment? For how long? IF ANY ARE STILL WORKING FOR EMPLOYER: Did they have a period of sickness absence? For how long?)

E5 **FOR LINE MANAGERS ASK: Have you had to manage anyone with a health condition, illness, injury or disability? Did they require any adjustments to help them stay in work? How did these come to your attention? What did you do about it?**

E6 **FOR LINE MANAGERS ASK: What role did you as an individual have in any discussions around making adjustments for those you manage?**

E7 **IF ADJUSTMENTS HAVE NEVER BEEN DISCUSSED, CONSIDERED OR MADE: Would you consider making adjustments in the future for people with a health condition illness, injury or disability?**

- What are the key factors which would influence their decision? What would be the constraints or driving factors?
- What adjustments would you consider making? Would any be more difficult to implement? Which ones? Why?

F Wrap-up (ASK TO ALL)

Thank you for your time today and allowing us to better understand the policies and services you have in place to support your staff.

- F1 In your own words, I'd like you to sum up your approach to managing sickness absence and health issues in the workplace.
- F2 Is there anything else you would like to say, that we haven't already covered in relation to what we have been discussing today?

THANK RESPONDENT AND CLOSE INTERVIEW

I declare that this survey has been carried out under IFF instructions and within the rules of the MRS Code of Conduct.		
Interviewer signature:	Date:	
Finish time:	Interview Length	Mins