



FOCUS ON RESEARCH

INCAPACITY BENEFIT, EMPLOYMENT TRANSITIONS & HEALTH: EVIDENCE FROM LONGITUDINAL DATA & A QUALITATIVE STUDY

Researchers

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Background/Aim

UK welfare reform endeavours to reduce out-of-work health-related benefit receipt & support people into employment. Our research tackles two questions associated with the reforms:

- 1) Is work always good for health?
- 2) Is the focus on motivating individual Incapacity Benefit (IB) & Employment & Support Allowance (ESA) recipients appropriate, or are there barriers to return to work that this approach cannot address?

Project Outline/Methodology

Three approaches were taken to address the aims:

- 1) Statistical analysis of the West of Scotland Twenty-07 Study to explore transitions from worklessness to employment. Psychosocial quality of the jobs obtained was also considered.
- 2) A systematic review of qualitative studies that explored perspectives of those out of work due to health (OWIH) on their barriers/facilitators to work.
- 3) A primary study utilising in-depth interviews with IB recipients, General Practitioners (GPs) & Employment Advisors (EAs) in Glasgow to gain more understanding about barriers/facilitators to work.

Key Results

Findings from Twenty-07 data showed that only 6.6% of those OWIH returned to work within the follow-up. After a transition from worklessness to employment those in low-quality jobs had higher odds of poor health than those who moved to high-quality jobs, even after taking account of prior health. Those who remained workless had higher or similar odds of poor health as those who had moved to low-quality jobs.

Nine studies were synthesised in the systematic review. They identified similar barriers/facilitators to return to work for people OWIH. Barriers/facilitators were related to individual characteristics, health, employment & the labour-market context.

Seventeen IB recipients, six GPs & six EAs participated in the qualitative study. Barriers/facilitators to work confirmed the findings of the

systematic review. All IB recipients had multiple & interacting barriers that were not limited to their motivation but also related to wider labour-market & social context issues. Those with complex social situations & mental health conditions had lower expectation that they would successfully return to work. All participant groups were concerned that the policies of the welfare system did not match up with the labour-market or the social context.

Conclusions

A very low proportion of those OWIH transitioned into employment. This is concerning because current policy is to reduce numbers receiving IB/ESA. The research showed that there is a significant challenge to support this group into employment, & that policies focussing on motivating individuals may miss important barriers to return to work. There appear to be health benefits from return to work, however job quality is important, & the potential for health improvements are limited if the job is of poor quality.

What does this study add to the field?

Previous studies have shown that unemployment may be worse for health than low-quality jobs. However, this research has shown that those who remain out of work have worse or similar health to those who move into low-quality jobs. Return to work may be beneficial for health, but this study has also highlighted particular challenges to supporting IB recipients to return to work.

Implications for Practice or Policy

Supporting people from health-related benefit receipt into work has the potential to improve health, however, more effort is needed to determine how to improve support & target those who need it most.

Where to next?

Further research is needed to examine what happens following the current welfare reform i.e. whether IB/ESA recipients move into work, what helps them do so & whether they experience an associated change in health.

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