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Pathways to Work from incapacity benefits: A review of research findings on referral practices and liaison with service providers

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1 Introduction

In October 2003, based on proposals outlined in the Green Paper *'Pathways to Work: Helping People into Employment'* (2002), the Government introduced new Incapacity Benefit (IB) pilots, known as Pathways to Work. A research consortium, led by the Policy Studies Institute (PSI), was commissioned by the Department for Work and Pensions (DWP) to undertake a comprehensive evaluation of the pilots.

As part of its evaluation of the expansion of the Pathways pilots to new Jobcentre Plus areas, DWP commissioned a qualitative study of referral practices and liaison with service providers. The study was carried out in late 2007 and 2008 by the Social Policy Research Unit (SPRU), the National Centre for Social Research and PSI. This qualitative study comprised a number of elements, including focus groups with Incapacity Benefit Personal Advisers (IBPAs), individual depth interviews with Disability Employment Advisers (DEAs) and individual interviews with members of frontline staff of selected service provider organisations. The study findings are reported fully in Nice *et al.* (2009). Hereafter, this empirical research is referred to as the 'main study'.

This working paper presents a review of research findings on the topic of referrals and working relationships between Jobcentre Plus and other organisations and practitioners helping people with health problems and disabilities. This review was carried out as an early part of the main study of Pathways referrals, in order to draw together and synthesise what was already known about the process of referring incapacity benefits recipients to specialist service provision. The review draws on a selection of qualitative studies completed earlier in the Pathways evaluation and other published reports on a range of disability employment services. This work was not intended to be a systematic review, drawing on all available evidence and appraising research design and method. Instead, the aim was to outline findings from a small number of publications selected for their particular relevance to the scope of the main study.

This chapter sets out the policy background to the main study and review (Section 1.1), explains the review's main aims and objectives (Section 1.2), and outlines the previous research studies which informed the writing of this review (Section 1.3). Finally, the structure of the rest of the working paper is outlined in Section 1.4.

1.1 Policy background

The Pathways to Work programme aims to help incapacity benefits recipients move towards and into paid work and began as a pilot in seven Jobcentre Plus districts in the UK in 2003. The programme was expanded to a further 14 districts in 2006 before national implementation in 2007/08. In the initial and expansion phases of Pathways to Work, Jobcentre Plus staff acted as the first point of contact with recipients of incapacity benefits, carrying out Work Focused Interviews (WFIs), providing advice and making referrals to external (and internal) services. In contrast, under the national implementation of Pathways since 2007 this role is being carried out in some areas by organisations in the private and voluntary sectors.

During WFIs IBPAs can offer incapacity benefits claimants a range of services and financial measures provided by Jobcentre Plus and by external provider organisations (known collectively as the 'Choices' package), to encourage and support progress towards a return to work. Included in the Choices package are new measures introduced as part of Pathways to Work: the **Condition Management Programme**, **In-Work Support**, **Return to Work Credit** and the **Job Preparation Premium**. These are offered alongside existing disability employment programmes and financial support: the **New Deal for Disabled People Job Brokers**, **Adviser Discretionary Fund**, **Work Preparation**, **Programme Centres**, **Progress2work**, **WORKSTEP**, **Job Introduction Scheme**, **Access to Work** and **Residential Training Colleges**. Clients may also be offered the opportunity to meet with a Work Psychologist based at Jobcentre Plus. With clients' agreement, advisers can make referrals to most of these interventions. For a small number of these services however, access is gained through referral first to a DEA at Jobcentre Plus.

1.2 Aims and objectives

The aim of the review of research was to establish what was known about referral practices and liaison between Jobcentre Plus advisers and service providers. This information would help to identify key questions for exploration in the main study of referrals. There were specific objectives to:

- explore practices in making and receiving referrals;
- investigate the development and maintenance of working relationships;
- understand practices in maintaining contact with clients and monitoring client progress;
- explore the role of service providers in liaising with other providers, organisations and professionals;
- identify gaps in service provision and suggestions for improvements.

1.3 Studies reviewed

As outlined above, the support available to incapacity benefits recipients in Pathways to Work encompasses condition management, employment and financial support. The main study focused only on options where a referral could be made from a Jobcentre Plus adviser to a provider or practitioner (or where a client could be signposted to provision[1]). Therefore, this excluded investigation into making applications for financial support paid to individual benefits recipients or employers (such as Return to Work Credit, Job Preparation Premium[2], Job Introduction Scheme, Travel to Interview and Access to Work); and excluded schemes which aim to help people try jobs or to train whilst at work (for example, Work Trials, Apprenticeships and Learndirect training courses).

When the main study of referrals was commissioned by DWP a number of qualitative studies had already been completed as part of the evaluation of Pathways to Work. These studies provided useful context on referral practices and liaison at different stages in the implementation and development of Pathways. This review (in Chapters 2 to 5 and 7) draws on findings from the following published studies:

- a two-stage study of the role and practices of IBPAs (Dickens *et al.*, 2004b; Knight *et al.*, 2005);
- a focused study on the Condition Management Programme involving practitioners and providers (Barnes and Hudson, 2006b);
- a study of In-Work Support, which presented both provider and user perspectives (Dixon and Warrener, 2008);
- a longitudinal study of incapacity benefits recipients' experiences and views of Pathways (Corden and Nice, 2006b);
- a matched case study of clients' and advisers' experiences of work-focused interviews (Dixon *et al.*, 2007).

In Chapters 6 and 7 of this review, there is discussion of some findings from qualitative research commissioned to evaluate disability employment programmes which pre-dated Pathways. These studies included:

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1 A distinction is drawn in this review and in the main study between **referring** and **signposting**. **Referrals** are defined as occurring where advisers make contact with providers to let them know that a client is interested in their provision and maybe to make a first appointment. **Signposting** happens where advisers encourage clients to approach service providers for help and supply necessary contact information. Thus, unlike referrals, signposting does not involve any contact between Jobcentre Plus advisers and service providers.

2 Focused studies of the Return to Work Credit and the Job Preparation Premium have already been conducted and reported separately, see Corden and Nice (2006a) and Nice *et al.* (2008).

- an evaluation of the New Deal for Disabled People (Stafford, 2007);
- a study of the design, delivery and performance of the WORKSTEP programme (Purvis *et al.*, 2006);
- an evaluation of Residential Training provision (Griffiths *et al.*, 2007);
- two studies as part of the evaluation of Work Based Learning for Adults, involving service users, Government advisory staff, service providers and employers (ECOTEC, 2002; Winterbotham *et al.*, 2002);
- a study to inform good practice in the structure and delivery of the Work Preparation programme (Banks *et al.*, 2002).

Together, the reviewed studies provided perspectives from service users, service providers and Jobcentre Plus adviser staff on making or receiving referrals and/or working together. Although the main study did not explore service users' experiences and views of being referred for an intervention, it was useful to review the evidence of how some clients remembered the referral process, of having contact with advisers and service providers and whether and how the support received felt appropriate and timely.

1.4 Structure of the working paper

Chapters 2 to 5 and 7 include summaries of research findings from the evaluation of Pathways to Work. In these chapters the term 'adviser' is used to refer to the role of the IBPA only. Chapter 6 (and part of Chapter 7) presents findings from research outside of Pathways, and focuses on the role of the DEA as the main Jobcentre Plus employee assigned to work with people with health problems and disabilities. In Chapter 6 and throughout the review, where the role of the DEA is referred to, 'DEA' is used in the text. Throughout, the term 'Jobcentre Plus advisers' encompasses the roles of both IBPAs and DEAs.

Chapter 2 focuses on the practices and processes involved in making and receiving referrals, looking in detail at the influences on decisions to refer. The appropriateness of referrals is also considered.

Chapter 3 explores the development and maintenance of working relationships between IBPAs and service providers, and between Jobcentre Plus and employers.

Chapter 4 summarises research findings relating to whether and how contact is maintained between IBPAs and their clients after referral, and whether and how client progress is monitored.

Chapter 5 examines the level of contact and collaboration that service provider organisations have with other providers, organisations and practitioners.

Chapter 6 considers the role of DEAs in making referrals to specialist disability employment services. It covers findings relating to the number and appropriateness of referrals; the ways in which DEAs, service providers and employers work together; and gaps in service provision.

Chapter 7 brings together findings from the Pathways evaluation and from other research on disability employment programmes, to discuss gaps identified in service delivery and ideas for improvements.

Chapter 8 identifies topics and questions for further exploration arising from this review, which were later addressed in the main study of referrals.

2 Making and receiving referrals

This chapter focuses on the practices and processes involved in making and receiving referrals. An overview of the approaches employed by IBPAs when making referrals is given in Section 2.1, followed by a comprehensive account of the influences on decisions to refer in Section 2.2. In Section 2.3 the research evidence on the appropriateness of referrals is considered.

2.1 Incapacity Benefit Personal Adviser referral practices

In the qualitative matched case study (Dixon *et al.*, 2007) researchers observed WFIs and later interviewed the advisers and clients involved. This two-stage data collection process enabled some analysis of advisers' practices when making referrals and much variety was found. For example, some advisers chose to discuss Choices options only with clients who were perceived to be closer to work, while others offered the available services to all clients. There were also differences in the way advisers discussed the options: some talked generally about all or most interventions; and some discussed in more detail options that were felt to be applicable to the client, or which the client had shown a particular interest in. Findings from a study of incapacity benefits recipients (Corden and Nice, 2006b) revealed that, in the main, the first interview was experienced as an opportunity to learn about the range of support available, and that interventions of particular interest or applicability were discussed in more depth at subsequent meetings. A general observation from the matched case study was that the effectiveness of advisers' work in making referrals was enhanced by advisers keeping an open mind, mentioning the full range of options and not making hasty judgements about appropriate options for individuals.

What is known about the client experience of meeting with an adviser shows that receiving information about available support options can sometimes be empowering and helpful, and at other times, confusing and pressured. Findings from a longitudinal study with benefits recipients (Corden and Nice, 2006b)

showed that being told there is help available was reassuring and interesting to people who did not know about it in advance of meeting their adviser. However, the study also found that information-giving was sometimes felt to be too general, that things learned later should have been mentioned earlier, that remembering the details and names of services after WFIs was difficult for some, and that some people felt overloaded with information. In some cases not having a clear memory or understanding of the information meant that people were unsure of what they had agreed to do (Dixon *et al.*, 2007). Further to this, some advisers noted that being too focused on job-goals too early could put people off trying anything (Dickens *et al.*, 2004).

The research findings point to few occasions when benefit recipients acted on the information they learned and requested a referral. Some people had asked about the In-Work Support provision, after reading a leaflet, but this was usually in response to having returned to work and experiencing problems (Dixon and Warrener, 2008).

2.2 Influences on decisions to refer

A two-stage, in-depth study of adviser roles and practices (Dickens *et al.*, 2004; Knight *et al.*, 2005) discovered numerous factors affecting the level and type of referrals, and these have been supported and enhanced by findings in the more recent matched case study (Dixon *et al.*, 2007) and research with In-Work Support providers and users (Dixon and Warrener, 2008). Known influences on advisers' decisions to refer are:

- **Circumstances of individual clients.** Findings showed how advisers sought to match the help they offered to the particular circumstances and needs of individual clients. People's health conditions, progress in moving towards work and ability to travel were important considerations in discussions about appropriate interventions, providers and timings. In general, referrals to services were often made later in a series of WFIs because clients tended to become more confident over time, through meeting with an adviser and gradually learning more about the Choices options (Knight *et al.*, 2005).

  The research shows that advisers have developed particular approaches in trying to match individual circumstances and needs with available help. These are outlined in Table 2.1.

Table 2.1 Matching individual circumstances and needs with available help

Service	People referred
Condition Management Programme	• People further from work who might achieve 'soft outcomes' such as boosted confidence. Such referrals were more likely to be made at an earlier stage in the series of WFIs (Dixon *et al.*, 2007). • This contrasts with earlier findings that some advisers perceived the Condition Management Programme as most suitable for job-ready clients (Dickens *et al.*, 2004).
New Deal for Disabled People Job Brokers	• Clients who were ready or almost ready to find a job (Dickens *et al.*, 2004). • Possibly an option for people undecided about the kind of work they would like, or the help they need to make progress towards work (Dixon *et al.*, 2007). • Some advisers referred people to Job Broker organisations in order for the client to access their training provision (Knight *et al.*, 2005).
Disability employment services (WORKSTEP, Work Preparation etc.)	• Not thought to be appropriate for clients who were the furthest from work (Dixon *et al.*, 2007). [**NB**. Few reported findings on why advisers would refer people to these services, but see referrals to DEAs below.]
Disability Employment Adviser (DEA)	• People who did not satisfy the Personal Capability Assessment and moved from entitlement to IB to Jobseeker's Allowance (JSA), but who were still in need of specialist help. • Clients with more serious health conditions and greater barriers to work (and who required more intensive adviser support which would be too onerous for IBPAs), but who remained hopeful of returning to work. • People who wanted to work but who needed support to manage their health condition. • Clients who demonstrated a need for help from disability employment services, which only DEAs could provide access to (Dickens *et al.*, 2004).
Work Psychologist	• People with severe health problems and/or complex, multiple barriers to work who had not ruled out work. • Clients with mental health conditions who advisers identified as needing specialist assessments on their suitability for WFI. • People who hoped to return to paid employment, but were unable to return to their previous kind of work (Dickens *et al.*, 2004; Knight *et al.*, 2005).
Training (including Work Based Learning for Adults)	• Clients some way from work who needed help to overcome initial key barriers. Sometimes the main aim was to build confidence and help the client become accustomed to interacting socially, rather than to improve skills (Dickens *et al.*, 2004).

- Pressure to meet targets. There was also evidence that referrals could be more adviser-led, rather than client-led, where advisers felt organisational pressures to meet targets. For example, some advisers made referrals where people were not ready to consider work but seemed to show some, maybe small, interest in a particular service. This sometimes resulted in clients feeling pushed towards help in which they felt they had expressed no interest. Where advisers felt that they needed to focus on achieving job entry targets, rather than 'soft outcomes' such as increased confidence, some also felt it was not wise to spend public money on supporting individuals through activities that would not help them into employment (Dixon *et al.*, 2007).
- Levels of awareness, knowledge and experience in relation to service provision. Advisers' knowledge about service provision was key in feeling able to describe and discuss options with clients. Most widely known amongst advisers in the research studies were the Condition Management Programme, New Deal for Disabled People Job Brokers and a range of local in-work support and training courses. A number of lesser-used services were also known, including some disability employment services (such as Work Based Learning for Adults), DEAs, Work Psychologists, support for self-employment, job-search and careers advice, and programmes dealing with social problems (such as debt management advice) (Knight *et al.*, 2005). Providers of In-Work Support (an intervention added to the Choices package at a later date) remained frustrated at the low numbers of referrals and felt that low awareness amongst advisers and challenges in marketing the service (for example, time constraints, opportunities to meet and discuss with staff) were partially to blame (Dixon and Warrener, 2008).

In general, advisers who were most confident about their referral role and made the broadest use of the available range of services were those who had long-term experience of working with the client group and who had, therefore, built extensive knowledge of local provision. There were, however, advisers who expressed some doubts about the adequacy of their knowledge and identified a need for more information about providers and the services they offered. A perceived lack of knowledge could affect advisers' confidence in introducing options to clients and making referrals. For example, in the earlier stages of implementation, some explained how they felt they lacked understanding about the Condition Management Programme, lacked confidence in explaining it to clients and were uncertain about suitability amongst clients (Dickens *et al.*, 2004). In later research, advisers complained of poor quality written information about the Programme which did not help to explain the service to clients (Dixon *et al.*, 2007). Low confidence also affected referrals where advisers felt they had little previous experience of adviser work in Jobcentre Plus and were confused about the role of DEAs and Work Psychologists; or where they perceived that they did not possess the requisite level of knowledge about health conditions and treatments in order to make appropriate referrals (Knight *et al.*, 2005; Dixon *et al.*, 2007). Providers of In-Work Support also felt there was some confusion amongst advisers about the fit between what they offered and the 'after-care' services delivered by Job Brokers, and the eligibility requirements for each (Dixon and Warrener, 2008).

However, there were a number of ways in which knowledge and confidence had been raised. Advisers' propensity to refer to particular services and/or providers could be influenced by meeting with, and sometimes receiving training from, individual providers. Establishing a good working relationship with providers, and gaining deeper knowledge and understanding of the help provided, also improved advisers' confidence in making appropriate referrals. For the Condition Management Programme in particular, confidence in making a referral could be gained from knowing that a specialist health assessor would be checking and verifying the decision to refer (Dixon *et al.*, 2007). Regarding DEAs, advisers were more likely to refer where they had a good relationship with them and some knowledge about the services DEAs could refer to (for example, WORKSTEP). It seems that advisers were largely unclear about the DEA and Work Psychologist roles and referrals were small as a result.

- Provider feedback and perceived outcomes for clients. As discussed above, knowing and trusting providers was vital in deciding to make referrals to particular services (Knight *et al.*, 2005). Important in building trust was getting feedback about the outcomes of earlier referrals. This often depended on providers' readiness to get in touch with information, or the time available to advisers to chase up outcomes themselves, either by contacting providers or by arranging WFIs to gain client feedback. Advisers felt inclined to refer clients more readily to providers who they knew could produce successful outcomes.
- Workloads and time constraints. The intensity of workload pressures on advisers had a bearing on decisions to make referrals to certain providers and not to others (Knight *et al.*, 2005). It was evident that advisers with smaller caseloads and more time to develop contacts had better knowledge of a wider range of services, but that those working in understaffed offices felt they had no time to liaise with providers. As discussed above, a lack of knowledge and trust was a barrier to making referrals to less familiar providers. Time and workload pressures could be influential in decisions to refer to DEAs, where DEAs were perceived as having more time to devote to clients' complex health problems and needs, the associated paperwork and intensive follow-up. Some providers of In-Work Support also suggested that the number of tasks faced by advisers when clients were ready to move off benefits and into work meant that they could overlook, or fail to renew offers of, suitable ongoing support (Dixon and Warrener, 2008).

- **Advisers' attitudes towards the Pathways programme and Choices provision**. Advisers' personal views about support options, and their propensity to be proactive in making links with providers, were also identified as a factor in making referrals. Attitudes about the Condition Management Programme varied, with some advisers encouraging their clients to use it, and some demonstrating a reluctance to refer because they perceived that programme participants would be queue-jumping those waiting for treatment on the NHS (Dickens *et al.*, 2004; Knight *et al.*, 2005). The few referrals to DEAs in Pathways may in part be explained by confusion among some advisers about the distinction between the IBPA and DEA roles and perceptions of 'double-handling' (Knight *et al.*, 2005).

Having made a decision to refer to a particular kind of service, there was sometimes a choice to be made regarding the service provider. For example, clients can choose from a range of local New Deal for Disabled People Job Brokers. There were signs that advisers' familiarity with certain providers and rapport with staff from those organisations were sometimes influential in choosing providers. Also noticeable as a factor in accessing in-work support was the offer of financial incentives, such that some advisers encouraged clients returning to work to register with a Job Broker in order to become eligible for back to work lump sums, in preference to signing up with the Pathways In-Work Support provider.

2.3 Making appropriate referrals

Ensuring that referrals are appropriate is a concern of advisers and service providers. The research findings show that the appropriateness of referrals can be dependent on both advisers and clients in a number of ways.

As outlined above, advisers sought to be led by client information in offering support. Their job in making referrals seemed easier where clients themselves were already focused on what they wanted to do. However, there is evidence that where the way forward was less clear-cut, or advisers talked only about one particular form of support that they regarded as appropriate, their judgment was not always right. At times, clients' reticence also led to inappropriate referrals, such as where they failed to disclose information about themselves. There were also examples of people failing to engage in services after referral, agreeing to do something without understanding what would be involved, or expressing concerns about taking part, and these situations occurred where people had felt obliged to agree to their adviser's suggestion (Dixon *et al.*, 2007).

Little is known about service providers' views on appropriate referrals. There is some evidence from research involving Condition Management Programme staff and Work Psychologists that, in general, referrals have been appropriate (Barnes and Hudson, 2006; Dickens *et al.*, 2004). However, these findings also point to concerns among providers and practitioners about advisers referring when they do not know what else to offer individuals, or lack confidence in establishing personal goals with the client. To some extent, inappropriate referrals were

expected to decrease over time as advisers became more familiar with their role and developed their own skills. However, staff in one pilot area took action to improve the appropriateness of referrals to the Condition Management Programme by developing formal referral criteria and a written advice sheet for advisers.

The research findings suggest that timing is critical in whether referrals are deemed appropriate or not. In the case of In-Work Support (Dixon and Warrener, 2008), there were consequences for providers and clients if referrals were made too 'late': if the individual had already returned to work before meeting with an In-Work Support adviser and could not afford the time to attend a meeting, then a registration would not be recorded, funding would not be released and providers would lose out on potential clients. From the client's perspective, the offer of support some weeks after re-entering employment was irrelevant when it was needed most during the transition from benefits to starting work.

There were examples in the longitudinal study of incapacity benefits recipients (Corden and Nice, 2006b) of people finding that their adviser could help them access support at a time when they felt it appropriate. For some people, this was experienced prospectively in the way they gathered information about the support on offer and felt able to approach their adviser at a time when they wanted to access services. Further to this, there were also people whose circumstances had changed and advisers had been able to respond by suggesting suitable interventions to encourage continued progress towards work. For example, one person met with a DEA after telling an adviser about their employer's negative attitude to making adjustments to aid rehabilitation at work.

3 Developing and maintaining working relationships

This chapter explores the development and maintenance of working relationships between IBPAs and service providers (Section 3.1), and between Jobcentre Plus and employers (Section 3.2).

3.1 Working relationships between Jobcentre Plus and service providers

This section considers the ways in which working relationships have developed and been sustained between IBPAs and service provider staff. Good working relationships between advisers and service providers were based on having established trust and rapport. A number of factors can be identified from the research (Dickens *et al.*, 2004; Knight *et al.*, 2005; Barnes and Hudson, 2006) which contributed to the process of gaining and maintaining trust and rapport:

- Access to providers. Having providers located nearby or on site was an aid to communication and thus, building strong working relationships. Advisers reported positive relationships with DEAs, Work Psychologists, Job Brokers and Condition Management Programme personnel, where they worked from the same Jobcentre Plus offices (Knight *et al.*, 2005).

- Familiarity with providers and services. Advisers described their best relationships with providers with whom they had received more opportunities to learn about their services (Knight *et al.*, 2005). These opportunities had been presented when provider staff and DEAs had attended case conferences, had provided training sessions, made frequent visits or worked from Jobcentre Plus offices and were more readily available for informal discussion. In some pilot areas, advisers' communication with Condition Management Programme staff was aided by the latter's presence at some WFIs. In general, advisers seemed most familiar, and had built mutually supportive relationships, with DEAs, staff from the Condition Management Programme and local Job Brokers.
- Making joint decisions about appropriate referrals. Case conferences, bringing together Jobcentre Plus advisers and sometimes Condition Management Programme staff, were an important forum for advisers to discuss difficult cases, to seek advice from other professionals and to feel supported (Knight *et al.*, 2005). Advisers identified roles for DEAs, Work Psychologists and Condition Management Programme practitioners as their own mentors on the best ways to support certain clients. Work Psychologists themselves said they preferred discussing in advance potential referrals with advisers, to ascertain appropriateness in each case.
- Feedback on the value of services and discussion of the way forward. There was evidence that the channel of communication between advisers and providers remained open after referrals were made and relationships were strengthened as a result (Dixon *et al.*, 2007). As discussed earlier, advisers found it useful to know whether and how services made impacts on clients, in order to understand how best to apply interventions to future clients. Advisers who chose to follow-up referrals by speaking to provider representatives by phone or in person had another kind of opportunity for building personal links and sharing understanding about good practice.
- Prior experience and understanding of provider roles. Advisers who had an established history of working with service providers through previous roles, or who had made personal visits to provider sites, had especially strong relationships with providers (Dickens *et al.*, 2004).

The research findings also highlighted factors which contributed to **poor** working relationships. As might be expected, these factors included the absence of core contributors to **good** relationships, such as the absence of systematic feedback, a lack of local provision and difficult access, insufficient training and information about particular services, and having little time to liaise formally and informally with providers. In addition, the following were identified as barriers to establishing a productive working relationship:

- Advisers' perceptions that some providers were inflexible about tailoring the length or content of programmes to the needs of clients (Knight *et al.*, 2005).

- Situations where advisers felt that providers were not *'doing what's best for the client'* and/or had received negative feedback from clients (Knight *et al.*, 2005).
- Perceived cultural clashes between Jobcentre Plus employees and NHS professionals. Condition Management Programme staff described how their work with people was aimed at empowering individuals to make the right decisions for themselves, and that this was different to the more directive approach they thought Jobcentre Plus advisers adopted. They also explained how there had been problems becoming fully integrated into the Jobcentre Plus environment, when they did not initially have email access, continued to find it hard to find suitable spaces for consultations, or generally felt that they were being treated by advisers as a 'provider' rather than a 'partner'. It should be noted that these findings were drawn from a study of the Condition Management Programme (Barnes and Hudson, 2006) which was conducted within the first year of implementation and therefore, that such problems may only have been a feature of the 'bedding in' phase and no longer present.

3.2 Liaison with employers

The research findings showed that frequent and extensive contact between advisers and employers was rare (Knight *et al.*, 2005). Where there was contact this was infrequent and piecemeal and no organisation-wide, systematic approach for engaging with employers (including the Employer Forums which were envisaged in the IB reforms) was evident. In the main, advisers felt that they had no cause to be in contact and that others in Jobcentre Plus (i.e. Field Account Managers) had responsibility for liaison with employers. Exceptions were advisers who said they might contact employers about clients involved in work preparation or job interviews; or who had hopes to build up knowledge of employers willing to employ people with disabilities (Dickens *et al.*, 2004).

4 Maintaining contact with clients and monitoring client progress

From the research that has already been undertaken, relatively little is known about the extent to which advisers maintain contact with clients after referral and during their engagement with service provision, and how client progress is monitored and by whom. One of the most recent studies (Dixon *et al.*, 2007) established that some advisers sought feedback on the appropriateness of their referrals by contacting providers or by arranging later 'mid WFI' meetings with clients. In general, however, advisers were flexible about whether they asked clients to attend further WFIs and at what stage.

Research conducted earlier in the pilot (Dickens *et al.*, 2004) similarly illustrates unstructured and varied practice among advisers, for example, where some chose to keep ongoing contact with clients attending the Condition Management Programme, while others temporarily lost contact. These findings also suggest that keeping in touch throughout could be important for maintaining client enthusiasm, especially where there were gaps between the time of referral and a first appointment.

Data gathered from interviews with service users (Corden and Nice, 2006b) also conveyed a mixed picture. Some people apparently received ongoing support from advisers during their progress towards work (and sometimes this happened outside the series of six formal interviews). There was evidence that people maintained WFIs with advisers while receiving help from a service provider and that these interviews provided an opportunity to report back on experiences and progress made. In contrast, some people believed that they had not been invited back to meet with their adviser again. However, it is uncertain whether and how much of this non-contact was a by-product of having been referred to another service. Few people in the panel study had experience of service interventions and it is likely that the people who remembered little or no contact with their adviser had had WFIs waived or deferred because of their personal circumstances.

So far, there are few findings about the mechanisms in place to help people move forward upon approaching or reaching the end of support from a service provider. Thus, little is known about who, if anyone, takes a lead in directing people to new forms of support and/or employment, and how service providers and advisers continue to work together for individuals. There was some evidence to suggest that advisers became involved again and referred people to other services, and that service providers linked up with other providers to help clients. Findings about the latter will be explored in Chapter five below. Regarding advisers' re-involvement, one study found that some pilot areas had established a formal handover from the Condition Management Programme to Jobcentre Plus (Barnes and Hudson, 2006); and another discovered how Job Brokers sometimes referred clients back to Jobcentre Plus where a need for more specialist help (e.g. WORKSTEP) was perceived, or the client sought to make an application for financial support (e.g. Return to Work Credit) (Dickens *et al.*, 2004).

Action plans, written and reviewed with input from both adviser and client, were intended by policy makers to be a tool for monitoring client progress. However, the qualitative research found that advisers did not always give clients a copy and not all clients could recall revisiting and renewing plans in this formal way (Corden and Nice, 2006b). It was clear to some advisers that they lacked a central tracking system, to collate and share a formal record of clients' progress, and to enable systematic assessment of service outcomes (Knight *et al.*, 2005). This need was endorsed by the message from Condition Management Programme staff that they would appreciate updates about client progress after handing back to Jobcentre Plus advisers (Barnes and Hudson, 2006).

5 Provider liaison with other providers, organisations and professionals

Data on how providers link in with other providers, organisations and professionals is limited and this section mainly explores examples from the perspective of Condition Management Programme providers and practitioners (Barnes and Hudson, 2006). The study on the provision of In-Work Support (Dixon and Warrener, 2008) has provided some information on this topic also.

In general, Condition Management Programme practitioners' liaison with other providers and practitioners was thought to be important for accessing complementary provision, avoiding duplicated services and promoting the Condition Management Programme more widely, for the benefit of more people. There were examples of establishing relationships for the benefit of particular clients. Where Condition Management Programme staff sought to direct clients to complementary and/or supplementary forms of support they had formed links with Job Brokers (to help people look for work) and voluntary sector agencies (to offer more specialist help such as drug counselling, or voluntary work placements). When staff had specific concerns about individual clients and their health needs, they had made efforts to liaise directly with GPs and/or had felt it appropriate to make direct referrals to physiotherapists and psychiatric nurses. However, there were staff in some pilot areas who were restricted in adopting a referral role. These Condition Management Programme practitioners were required to refer clients back to Jobcentre Plus advisers before they could receive help from a Job Broker. They said they would have preferred to refer clients directly as they had views about which Job Brokers provided the best support, following feedback from past clients.

Findings showed that some Condition Management Programme staff also had a role in networking with other interested parties and raising awareness about the programme. Firstly, it was formal protocol in some locations to send GPs a letter

informing them of their patients' involvement with the Condition Management Programme. Secondly, in a bid to create demand for the programme among eligible patients, some providers held outreach sessions at local surgeries or gave presentations to audiences of health professionals. This self-promotion seems to have been prompted, at least in part, by a perception among programme staff that GPs can act as a barrier to people returning to work, where they do not seek to empower people to self-manage health conditions. In some areas, the marketing strategy had developed so far as to enable health professionals to make direct referrals to the programme. Thirdly, some staff felt that an important part of their role was to build knowledge of local agencies and services, so that this information could be passed to their clients. One way of building links was to attend local voluntary sector network meetings.

In contrast to this active outreach and liaison, there were practitioners who felt that networking with other interested parties was time-consuming and not a central part of their role; and, in particular, there was limited reported contact between Condition Management Programme staff and employers. Opinion about whether programme staff had a role in liaising with employers was split. On one side were staff who felt that working with employers would aid job retention among former clients and provide an opportunity to educate employers about vocational rehabilitation. Alternatively, some staff thought that it was outside their remit to communicate with employers and there were risks for client confidentiality in doing so.

The research undertaken to learn more about the provision of In-Work Support (Dixon and Warrener, 2008) suggests that some providers have active links with various local and national organisations interested in helping people with illnesses and disabilities. Both Pathways In-Work Support providers and Job Brokers were found to have established links with, and to be signposting people to, organisations and practitioners offering the following services:

- health services;
- occupational health support;
- legal advice;
- welfare, benefits and housing advice;
- training opportunities;
- condition-specific support groups and advocacy;
- drug and alcohol services;
- debt advice;
- help with transport.

6 Disability Employment Advisers and referrals to specialist disability employment services

Through the Choices package of support, incapacity benefits recipients can be referred to new provision (introduced as part of Pathways to Work) and to other support available to Jobcentre Plus clients, some of which is designed specifically for people with health problems and disabilities. Some of this provision can only be accessed through consultation with a DEA. So far, this review has looked solely at qualitative research findings from the evaluation of Pathways and focused on the referral role of IBPAs. However, in order to draw together what is known about referrals to all kinds of provision currently available to Pathways clients, it is also necessary to explore research conducted outside Pathways which can shed some light on the referral role of DEAs, the views of specialist providers and the quality of their working relationships.

Several relevant themes about referrals and liaison involving DEAs emerge from various sets of research findings. Overall, these findings tend to match those found in relation to IBPAs, so are reported here briefly. There are findings of interest about:

- the ways in which DEAs carry out client assessments (Section 6.1);
- factors limiting the number of referrals (Section 6.2);
- appropriateness of referrals (Section 6.2);
- the ways in which DEAs and providers work together and share information (Section 6.3);
- providers' links with other organisations and employers (Section 6.4).

6.1 Disability Employment Adviser assessments

The evidence suggests that DEAs approached client assessment in the same way as IBPAs, using interviewing skills to interact with people to unearth personal aims and barriers, before suggesting suitable modes of support. In this way, the offer of support was again primarily client-led. For example, clients of the Work Based Learning for Adults scheme generally felt that the service had not been promoted by advisers, but that it had been discussed in response to identifying needs, interests and wants (ECOTEC, 2002).

For clients, referral decisions seemed to be most effective where contact and rapport had been embedded prior to the date of referral, suggesting that DEAs made good decisions regarding support when they knew their clients best. In contrast, when continuity in staffing could not be achieved due to high turnover, the assessment and referral process could be disrupted and lengthened, and, in some cases, become more of an administrative exercise rather than an advisory process (Griffths *et al.*, 2007).

For some clients, DEAs felt it was natural to consider a sequence of gradually more challenging support, in order to build confidence and commitment. For example, a DEA might refer initially to a part-time college course or a six to twelve week stint of Work Preparation, with the intention of suggesting Residential Training at a later date (Griffiths *et al.*, 2007).

6.2 Factors affecting the number and appropriateness of referrals

The research highlights a number of possible factors affecting the making and receiving of referrals:

- Circumstances of individual clients. The number, complexity and deep-rooted nature of people's problems, and thus, their distance from work, were important considerations for DEAs in considering referral options. Qualitative findings about the New Deal for Disabled People suggested that DEAs preferred to help people personally, rather than refer them to other services, where they identified people who wanted to work, but needed a longer time to prepare for employment (Stafford, 2007).

- Mismatch between client needs and services provided. DEAs, in some areas, found that there was no alternative service provision for people with multiple, complex problems and needs and that this influenced broad, and more inclusive, interpretations of suitability for some available services, such as Job Brokers and Residential Training. In support of this argument, the study of Residential Training Colleges found that having alternative provision in the locality helped to reduce the likelihood of making unsuitable referrals (Griffiths *et al.*, 2007). From a provider's perspective, it could sometimes seem that there were few referrals because there were few suitable clients for the services they offered. This problem was experienced by providers of short, job-focused training as part of the Work Based Learning for Adults scheme, who remained frustrated by the discrepancy between the client group envisaged in their service contract and the actual service users (Winterbotham *et al.*, 2002).
- Understanding eligibility, service aims and expectations of who benefits. A lack of clarity about eligibility criteria (Purvis *et al.*, 2006), and differences in expectations about the kinds of people who benefit from particular services, led to misunderstandings and tensions between some providers and DEAs. Research about Work Preparation showed that problems arose when DEAs had been instructed to give referral priority to people close to finding work, but providers favoured supporting people further from work with greater needs (Banks *et al.*, 2002). Such perceptions were apparently reversed with regard to referrals to Work Based Learning for Adults, where providers looked for service users to be appropriately close to making the transition into employment, but DEAs were sometimes more inclusive in their interpretations of clients' 'job readiness' (Winterbotham *et al.*, 2002). Similarly, providers of Residential Training felt that DEAs were unclear about the particular aim to help individuals achieve an entry into work, as they felt they had received referrals for clients for whom work was an unrealistic goal (Griffiths *et al.*, 2007). However, there was evidence to suggest that tensions between the two positions could ease where DEAs were able to become more familiar with the provision and the kinds of clients who would gain most from it (Winterbotham *et al.*, 2002).
- DEA knowledge and training. As found in research relating to IBPAs, DEAs' experience and confidence in their knowledge about specialist services was a significant influence on referral levels and the appropriateness of such referrals. This was evident in research about Work Based Learning for Adults, where referrals were seen to increase as DEAs' familiarity with the provision developed (Winterbotham *et al.*, 2002). A trend for greater awareness, understanding and confidence over time (regarding provision in general and the differences between individual providers) was observable among DEAs who participated in qualitative work evaluating the New Deal for Disabled People (Stafford, 2007).

Some studies identified deficiencies in training as partial explanation for DEAs' under-developed knowledge. One study noted that, in particular, DEAs did not always feel fully informed about the nature and content of local, non-contractual provision and there could be confusion about which clients were most suitable

(ECOTEC, 2002). A study of Residential Training Colleges (Griffiths *et al.*, 2007) found that the knowledge among DEAs trained most recently, and those who combined their role with other jobs, was noticeably poorer than more experienced DEAs. Some advisers had had no specialist training after the DEA role was added to their main job. Not making many referrals compounded the problem among newly trained DEAs, as they could not draw on accumulated knowledge about client experiences to learn about suitability and probable outcomes.

From a provider's perspective, staff at some colleges said that they had found it harder to market their service after DEA training became a local, rather than a national, managerial concern, and the opportunity to be promoted nationally ceased. This meant Residential Training became dependent on forming personal relationships with local DEAs (Griffiths *et al.*, 2007). Efforts on the part of providers to raise awareness of and understanding about services included distributing newsletters and brochures to DEAs, speaking at training events and organising roadshows (Griffiths *et al.*, 2007).

An interesting finding about DEAs knowledge, their judgements on appropriateness, and the comparison between IBPA and DEA roles, emerged from the evaluation of the New Deal for Disabled People and concerned those areas in the study which had begun to deliver Pathways. Some Job Brokers in these areas were of the opinion that DEAs made more appropriate referrals than IBPAs because they were better able to identify people who were close to work. The roles of IBPAs and DEAs within Pathways and the extent to which they are similar or different were explored in more depth in the main study (Nice *et al.*, 2009).

- Little/no use of expertise in making decisions. It is possible to see how submitting clients for extended assessments by Work Psychologists may have helped DEAs make better informed decisions about referrals for people with more complex needs, but little reported use of Work Psychologists was found in the studies.
- Provider feedback and perceived outcomes for clients. DEAs could find it hard to talk enthusiastically about a particular provider (rather than service type) if they had received no feedback and would, therefore, tend to favour providers who informed them about what was happening with clients (Stafford, 2007).
- DEA concerns about service delivery. Concerns about the quality of provision or doubts about providers fulfilling obligations to clients (such as Work Based Learning for Adults providers failing to give support for job searching as contracted) acted to limit DEAs' referrals to some providers (Winterbotham *et al.*, 2002; Stafford, 2007).
- Administrative burden. The time involved in administering referrals was a perceived disadvantage to making referrals to some options, though this seemed to ease as DEAs and providers became more familiar with what was required (Winterbotham *et al.*, 2002).

- Locality of service provision. Physical proximity to provider venues was a very important factor in considering referrals to some services. In the case of Residential Training Colleges, DEAs were more likely to be aware of local colleges, to have a good understanding of the service provided (thanks in part to having made personal visits), to have established healthy rapport with college staff and, thus, to have a greater propensity to refer (Griffiths *et al.*, 2007). Where services, such as Job Brokers, were based outside the locality, advisers sometimes avoided mentioning them and gave more emphasis to other, more local providers (Stafford, 2007).
- Profile within Jobcentre Plus district. The research on Residential Training Colleges showed that where local colleges had a high profile over a period of time within a Jobcentre Plus district, DEAs were also more likely to think of referring (Griffiths *et al.*, 2007).
- Attractiveness of service to clients. One factor in decisions to refer, evident in the study of Residential Training Colleges, was the attractiveness of the service to the client. The residential aspect of this particular training provision proved hard to sell to clients who found it daunting to be away from home for an extended period or had responsibilities that they could not leave (Griffiths *et al.*, 2007).
- Pressure on individuals from DEAs. The appropriateness of referrals was questioned by Job Brokers who had seen people who they felt had been pressurised to attend by their DEA (Stafford, 2007).
- Competition for clients. A number of providers felt they had started receiving harder-to-help, and less appropriate, clients after programmes such as the New Deal for Disabled People were introduced and attracted the more job-ready client cohort (Griffiths *et al.*, 2007).

While not a factor which explains the making of appropriate (or inappropriate) referrals, previous findings which related to providers' own assessment procedures were also of interest to the main study. Some providers conducted their own assessment procedures and, in some cases, this was a response to receiving inconsistent and inappropriate referrals from DEAs. Findings from a study of Residential Training Colleges (Griffiths *et al.*, 2007) show that some colleges were selective about their intake where they were established to help clients with particular health problems or severity of disability; where a certain level of aptitude in literacy and numeracy was a prerequisite; or where they were reluctant to take individuals with serious mental health or social problems. Colleges could also become more selective when courses were oversubscribed. Some colleges had declined admittance after assessment showed that such specialist provision was not needed and mainstream support would be more suitable. New Deal for Disabled People Job Brokers were found to hold pre-meetings with individuals to establish suitability and had strategies for ensuring that some people did not register, for example if they were too ill (Stafford, 2007).

6.3 Working together and sharing information

As shown earlier in relation to IBPAs, the advantages of a strong working relationship between DEAs and providers were evident in research findings. There were positive impacts on the effectiveness of the referral process noted in research on Work Based Learning for Adults (ECOTEC, 2002); and gains for providers where they saw Jobcentre Plus as a source of potential clients and a venue for meeting with clients, and where they perceived DEAs as a means for accessing Jobcentre Plus services (Stafford, 2007).

A brief review of research reveals that there were a number of influences on establishing and developing good working relationships between Jobcentre Plus staff (mostly DEAs) and service providers:

- **Being able to build upon existing contacts, struck up through engagement in other employment programmes.** Communication seemed easier where DEAs and providers were already acquainted with personnel and working practices after having worked together previously, for example if the organisation delivering a Job Broker service also had a pre-existing contract to provide WORKSTEP (Griffiths *et al.*, 2007; Stafford, 2007).
- **Sharing expertise, advice and information, including direct personal contact**. DEAs tended to favour providers about whom they knew most, and the evidence suggests that frequent personal visits were especially important in boosting DEAs' knowledge and confidence about service provision. Methods adopted by some providers in promoting their services to Jobcentre Plus staff were providing written information and websites, making personal visits and giving presentations, though not all were proactive in making themselves better known and some were slow to respond to requests for information. For some kinds of providers, such as Job Brokers, there were many to choose from in the locality and staff did not have enough time to learn about each provider in detail. They therefore focused attention on those providers they had put their trust in, namely those who made themselves highly visible in Jobcentre Plus offices (Stafford, 2007).

  Relationships could become further strengthened where DEAs and providers worked together to help particular individuals. Findings show that, over time, a mutually beneficial relationship developed between some Job Brokers and DEAs, where both enabled the other to access other programmes, funds or employers on behalf of their clients (Stafford, 2007). Jobcentre Plus staff apparently became more willing to facilitate Job Broker access to Jobcentre Plus programmes, such as Work Preparation, WORKSTEP, Work Based Learning for Adults and the Job Introduction Scheme. Likewise, DEAs began to seek help from Job Brokers to obtain funding not available in other ways (e.g. where it was not possible to use the Adviser Discretionary Fund) and to make contact with employers. The research has also noted instances of Job Brokers and Jobcentre Plus staff actively working together to help individuals, by meeting to discuss particular cases and share their expertise, or by answering requests for advice about difficult cases.

These findings suggest that there were good examples of joined-up working for the benefit of individuals, and that both DEAs and providers (or at least, Job Brokers) had acted like case managers in different situations for different clients.

However, levels of liaison about individuals were sometimes understood to be below what was desirable. Some providers relied on receiving information about clients from DEAs and the quality and breadth of such information was sometimes found wanting. Key information about clients' backgrounds and barriers could be missing, and this was thought to be an indication of DEAs' level of experience and competence, as well as clients' reticence to disclose certain details (Griffiths *et al.*, 2007). Similarly, not receiving final reports from providers could hamper DEAs' input with clients who reached the end of Work Preparation placements (Banks *et al.*, 2002). Some Occupational Psychologists were keen to develop closer working arrangements with DEAs and providers to be more effective in supporting service users (Banks *et al.*, 2002).

- Sharing feedback on client outcomes. Again, the research on disability employment services showed that giving and receiving feedback was a central element in forming and nurturing relationships. For DEAs, receiving feedback was thought to supplement and consolidate knowledge about the suitability and effectiveness of services. However, the research reports a lack of systematic methods of communication between referring DEAs and providers, or robust instruments for accurately logging service outcomes, and most contact was said to have been conducted informally and at DEAs' and providers' discretion (Banks *et al.*, 2002; Purvis *et al.*, 2006). There were findings which suggested that many DEAs were dissatisfied with the level of provider feedback and some supported the idea of establishing systematic follow-up communication with clients (Winterbotham *et al.*, 2002). One researcher recommendation for improving shared understanding and hence, better partnerships, was to install regular, joint update briefings for DEAs and providers (ECOTEC, 2002).
- Competitive attitudes. Findings suggested that both DEAs and Job Brokers could perceive each other as competitors (Stafford, 2007). Where there was a lack of trust, the potential to work together for the good of the client was damaged. Some DEAs had suspicions about Job Brokers who they perceived as less skilled, but better rewarded, for performing a similar role. However, the research observed that such hostile attitudes waned over time, as DEAs came to see how working together could prove helpful in meeting targets and workload pressures made their expectations about working with every client unrealistic.
- Staff turnover. One influence upon the way DEAs and providers worked together was high mobility and turnover among provider and Jobcentre Plus staff, which made it hard to develop and sustain relationships (Stafford, 2007). In addition, the research suggests that there have been consequences for providing continuity of support for individual clients. Where DEAs did not keep in touch with clients, people could become ready to take further steps towards work, but not receive the advisory help they needed (Griffiths *et al.*, 2007).

6.4 Service providers' links with other organisations and employers

Aside from service providers' relationships with Jobcentre Plus staff, there were few findings regarding providers' relationships with other interested organisations and service providers. The evaluation of the New Deal for Disabled People (Stafford, 2007) found that some Job Brokers had made arrangements to refer clients to other Job Brokers if they felt they could provide a more suitable service, and that staff sometimes met together to share support and advice. This was in contrast to Job Brokers who felt they were in competition with other Job Brokers.

Currently, there is limited research knowledge about providers' contact and liaison with employers. However, the New Deal for Disabled People evaluation provided some useful information, from the perspective of Job Brokers and employers who were known to have recruited at least one New Deal for Disabled People participant (Stafford, 2007). One main finding was that employers did not recall regular contact with Job Brokers and, in many cases, the links between the two had not developed into an ongoing relationship. The reason for contact was usually to help clients who wanted to apply for a job, or to approach employers speculatively about the prospect of suitable jobs becoming available. Networking and marketing activities were another forum for establishing contact. Generally, employers were happy with their association with Job Brokers where this suited, and did not interfere with, their practices for recruitment and retention. The level of contact between providers and employers was, however, sometimes at odds with clients' expectations. Clients often expected Job Brokers to have established links with employers such that jobs would be offered as part of the programme; to broker opportunities; to be available to make initial introductions; and to raise employers' awareness of individual disabilities and impairments.

This research (Stafford, 2007) identified factors which were helpful in building relationships with employers, and can be of use in thinking about how all providers might liaise with employers. Relationships were established where:

- there were pre-existing links with employers;
- providers introduced themselves early on when clients applied for jobs;
- regular and face-to-face contacts were maintained;
- responsibility for acting as an employer's point of contact was given to one member of staff;
- provider staff were experienced and enthusiastic about their work.

In addition, there were factors which were perceived as limiting the development of relationships with employers. These were broadly concerned with the amount of personal contact made between provider and employer representatives; the support systems already available to employers; and the suitability of the people put forward by Job Brokers for jobs.

7 Gaps in service provision and improvements

This chapter uses research findings from the Pathways evaluation and from other research on disability employment programmes to discuss gaps in service delivery and suggestions for improvements. There were two distinct ways in which research participants talked about gaps and improvements in service delivery. Firstly, there were felt to be some gaps in support offered to clients; and secondly, people identified problems regarding Jobcentre Plus procedures and training.

At various stages in the development of Pathways to Work, advisers (IBPAs) and clients have identified gaps in service provision relating to:

- drug and alcohol services;
- bereavement support;
- debt management advice;
- particular kinds of vocational skills training (for example, for plumbing and construction);
- flexible training courses, such as those offered as a 'taster course' (to enable people to try developing new skills without initially committing to a vocational course), or those with a range of start dates.
  (Dickens *et al.*, 2004; Knight *et al.*, 2005; Corden and Nice, 2006b).

The review of non-Pathways research suggests that some geographical areas were better served than others with particular kinds of services. There also appeared to be gaps in what was provided for people with multiple or more complex health and social problems. The deep-rooted nature, or severity, of such problems meant that referral to established forms of disability employment support was sometimes considered to be inappropriate by providers.

When thinking about possible improvements to organisational arrangements and procedures (as part of Pathways research), advisers discussed deficiencies in their understanding of the different kinds of support on offer and some referral

mechanisms. Some needs for adviser training identified in earlier research seem to have been met over time as Pathways has developed (for example, the need expressed by advisers to become more familiar with the support offered through the Condition Management Programme, and confident in explaining it (Dickens *et al.*, 2004)). However, more recent research suggests that advisers' knowledge regarding referral procedures for training provision has remained underdeveloped, and that there is some ambiguity about when to access training offered by Jobcentre Plus and when to access it externally. One view was that a training directory, listing all provision, would be helpful (Dixon *et al.*, 2007). Some advisers found the process for accessing funds for training time-consuming, because they were required to draw up a business case (Knight *et al.*, 2005). As discussed above in relation to monitoring client progress, some advisers and providers advocated the introduction of a central tracking system to record and share referral outcomes (Knight *et al.*, 2005; Barnes and Hudson, 2006).

In the non-Pathways research, suggestions for improving the delivery of disability employment services have come from research participants and researchers' analytic interpretations, and include:

- clarifying official intentions about who should access individual services and ensuring that this understanding is shared among DEAs and providers;
- putting greater emphasis on the case management element of the DEA role, such that they continue to support clients after contact with providers has ended;
- expanding the role of Occupational Psychologists to provide support for DEAs;
- improving capacity to monitor outcomes systematically;
- where appropriate (such as Work Preparation), involving employers more so that they help to meet client needs.

Researchers working on an evaluation of WORKSTEP noted that there are overlaps in provision of disability employment programmes and that rationalisation should be considered (Purvis *et al.*, 2006). They recommended a 'flexible modular approach', delivering support in four broad categories:

- pre-work support for people who are not job ready;
- support for people who are ready to look for work;
- short to medium-term support for people who require assistance during their initial period in work;
- longer-term support to those who need it, and who may be unable to sustain unsupported employment.

They also suggested that one way of achieving seamless service delivery might be to contract providers to provide a range of services.

8 Topics for further exploration

This review was conducted to provide a summary of existing research knowledge about the main practices and influences involved in making referrals, and the extent of liaison between Jobcentre Plus advisers and some service providers. Reviewing the available research findings helped to identify topic areas which needed deeper exploration, and thus informed the development of the main study of Pathways referrals (Nice *et al.*, 2009). In particular, it was hoped that the main study would be able to provide insights into areas where the previous research was unable to shed light due to its more general nature and its heavier reliance on data from Jobcentre Plus advisers. The following topics and research questions arose from the review and were investigated further in the main study:

- Jobcentre Plus advisers' awareness and knowledge of service provision:

  Are Jobcentre Plus advisers in expansion areas familiar with a broad range of support and confident about explaining it to clients?

  Are there any knowledge gaps?

- Referral practices and processes:

  When making referrals, what is the balance between Jobcentre Plus advisers making contact with providers personally and asking clients to initiate contact with providers?

  Are there any problems for Jobcentre Plus advisers in making referrals?

  Do perceptions of procedural problems affect decisions to offer services and refer to them?

  To what extent do Jobcentre Plus advisers make referrals to, and liaise with, local non-contracted providers?

- The development and maintenance of working relationships between Jobcentre Plus advisers and service provider staff:

  Do Jobcentre Plus advisers and providers keep in contact after referrals are made?

  Are some Jobcentre Plus advisers and providers more likely to stay in touch?

  What factors aid and hinder continued communication?

  How are working relationships between Jobcentre Plus and service providers strengthened?

  How do these relationships benefit clients?

- Monitoring client progress:

  How is client progress monitored?

  Are there any effective ways of formally recording service outcomes?

  Are these records shared among Jobcentre Plus advisers and service providers?

- Case managing incapacity benefits recipients' routes towards work:

  Does anyone retain responsibility for case managing client's progress and involvement with Pathways?

  How do people move on after finishing with a service provider?

  Do service providers and Jobcentre Plus advisers continue to work together for individuals? If so, how?

  How far do Jobcentre Plus advisers and providers see their roles in competition with each other?

  To what extent do service providers communicate and liaise with other providers, organisations and professionals?

  Are providers able to make direct client referrals, or do people need to go through their Jobcentre Plus adviser?

  What helps in providing seamless support for individuals?

- The role of DEAs within Pathways:

  How does the DEA role fit within Pathways and is this understood by IBPAs and providers?

  How far do Pathways participants get involved with specialist disability employment services (accessed through DEAs)?

The findings from past research also highlighted a need to look more closely at Jobcentre Plus advisers' and providers' links with employers. Employers do, of course, provide necessary opportunities and support to people who have ambitions to make progress into work, and there is evidence of some Jobcentre Plus advisers and service providers establishing effective links with some employers. However, it was felt that the role of employers in Pathways was too large and complex a topic to subsume within the main study of referral practices and liaison. Instead, it would seem more appropriate to conduct a separate study, with employers as study participants, focused on the influence of employers on client progress and their interactions with Jobcentre Plus advisers and service providers. For these reasons, it was decided that questions about employers' involvement in Pathways would not be included in the main study.

References

Banks, P., Riddell, S. and Thornton, P. (2002) *Good Practice in Work Preparation: Lessons from research*, DWP Research Report WAE135.

Barnes, H. and Hudson, M. (2006) *Pathways to Work: Qualitative research on the Condition Management Programme*, DWP Research Report No. 346, Corporate Document Services, Leeds.

Corden, A. and Nice, K. (2006a) *Pathways to Work from Incapacity Benefits: A study of experience and use of Return to Work Credit*, DWP Research Report No. 353, Corporate Document Services, Leeds.

Corden, A. and Nice, K. (2006b) *Pathways to Work: Findings from the final cohort in a qualitative longitudinal panel of incapacity benefits recipients*, DWP Research Report No. 398, Corporate Document Services, Leeds.

Dickens, S., Mowlam, A. and Woodfield, K. (2004) *Incapacity Benefit Reforms – The Personal Adviser Role and Practices*, DWP Research Report W212.

Dixon, J., Mitchell, M. and Dickens, S. (2007) *Pathways to Work: Extension to existing customers (matched case study)*, DWP Research Report No. 418, Corporate Document Services, Leeds.

Dixon, J. and Warrener, M. (2008) *Pathways to Work: Qualitative study of In-Work Support*, DWP Research Report No. 478, Corporate Document Services, Leeds.

ECOTEC (2002) *Evaluation of Work Based Learning for Adults (WBLA)* – Qualitative Research With Non-JSA Clients, DWP Research Report WAE131.

Griffiths, R., Durkin, S. and Mitchell, A. (2007) *Evaluation of Residential Training Provision*, DWP Research Report No. 448, Corporate Document Services, Leeds.

Knight, T., Dickens, S., Mitchell, M. and Woodfield, K. (2005) *Incapacity Benefit reforms – the Personal Adviser role and practices: Stage Two*, DWP Research Report No. 278, Corporate Document Services, Leeds.

Nice, K., Irvine, A. and Sainsbury, R. (2008) *Pathways to Work from incapacity benefits: A study of experience and use of the Job Preparation Premium*, DWP Research Report No. 474, Corporate Document Services, Leeds.

Nice, K., Irvine, A. and Sainsbury, R. (2009) *Pathways to Work from incapacity benefits: A study of referral practices and liaison between Jobcentre Plus and service providers*, DWP Research Report No. 555, Corporate Document Services, Leeds.

Purvis, A., Lowrey, J. and Dobbs, L. (2006) *WORKSTEP evaluation case studies: Exploring the design, delivery and performance of the WORKSTEP Programme*, DWP Research Report No. 348, Corporate Document Services, Leeds.

Stafford, B. (with others) (2007) *New Deal for Disabled People: Third synthesis report – key findings from the evaluation*, DWP Research Report No. 430, Corporate Document Services, Leeds.

Winterbotham, M., Adams, L. and Kuechel, A. (2002) *Evaluation of the Work Based Learning for Adults Programme since April 2001: Qualitative interviews with ES staff, providers and employers*, DWP Research Report WAE128.