Pathways to Work: Qualitative study of In-work support

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Summary

This study was based upon in-depth interviews conducted with customers and providers of in-work support. The research with customers included interviews with customers who were, and customers who were not, in receipt of Pathways in-work support (IWS). Interviews were conducted with customers at two separate points six months apart. In-depth interviews were also conducted with Pathways IWS providers, including main Pathways IWS providers and sub-contracted specialist providers. New Deal for Disabled People (NDDP) providers were also interviewed in order to allow an exploration of Pathways IWS in the broader context of IWS provision more widely. Jobcentre Plus staff were not interviewed.

Customers’ support needs

The research with customers and providers suggested that Incapacity Benefit (IB) claimants returning to work had a range of support needs. The key needs identified included support for coping emotionally and socially at work, physical adaptations, support in liaising and negotiating with employers and financial reassurance and support.

The nature of Pathways IWS provision

The research with both customers and providers suggested that Pathways IWS provision is delivered in a way that is highly responsive to the needs and requirements of customers. This was due to the flexibility that Pathways IWS advisers had around the intensity, frequency and duration of support provided, as well as around the location and timing of meetings. Advisers were very accessible, with customers able to initiate contact as and when they needed it. Pathways IWS advisers rarely liaised directly with employers but supported customers in negotiating with employers themselves. They saw this as enabling customers to develop self-confidence and independence.

The research suggests that Pathways IWS advisers provided a wide range of different support directly through the after-care service. This could be intensive and sometimes overlap with the types of support that were intended to be provided
through sub-contracted specialist provision such as mentoring, occupational health, job-coaching and financial and debt advice. IWS advisers saw this as helping to provide a full, responsive and holistic service for customers.

Referral levels to sub-contracted specialist provision generally appeared to be lower than expected, and the practice of advisers providing wide-ranging and potentially intensive support was given as one reason for this. The evidence about whether this resulted in customers not receiving the specialist support they needed and whether Pathways IWS advisers were delivering support beyond their professional capacity, was inconclusive.

The role and impact of Pathways IWS

Pathways IWS was not the only, or even primary, source of support for most customers. Commonly, customers had access to other forms of support from Incapacity Benefit Personal Advisers (IBPAs), NDDP Job Brokers, voluntary organisations, health specialists, supportive employers and colleagues and informal support from friends and family. These could be as, or more, important for customers than Pathways IWS in helping them sustain employment.

Nonetheless, for customers with mental health issues, low self-confidence and uneven work histories, Pathways IWS was commonly cited as a very, and often the most, important source of support. The research suggested that it was this group of customers with whom Pathways IWS providers tended to work with most intensively and where they believed they had the greatest impact.

Even for other customers, Pathways IWS was frequently seen as a helpful part of a ‘jigsaw’ of support. Alternatively, it was seen to provide helpful reassurance that support would be available if and when needed. Only exceptionally did customers report dissatisfaction with the provision that they had received.

Providers thought Pathways IWS was effective in helping customers sustain work and cited high retention rates. However, Pathways IWS providers noted that occasionally, customers were reluctant to accept support. They also noted that, sometimes, a range of circumstances outside the influence of Pathways IWS, such as a decline in health, unsuitable work or lack of family support, could result in customers failing to sustain employment.

Inconsistent referral practices

There was variation among Jobcentre Plus staff around whether and when they informed customers about the Pathways IWS provision. Customers in this study commonly either did not know about the provision until after they had returned to work or were unclear as to what it consisted of. This limited the degree to which the provision of IWS could act as an incentive and reassurance to customers to enter employment and meant that customers were not receiving support that could have been helpful to them.
Providers also reported gaining fewer referrals than expected and described inconsistent referral practices, with significant and unexplained variation across Jobcentre Plus offices and even between individual advisers within the same office. Reasons given by providers for this inconsistency included lack of awareness amongst staff and difficulties in marketing the provision. Pressure on Jobcentre staff time, especially at the point of moving a customer off benefits, was also seen as a reason why staff failed to refer to Pathways IWS provision.

There was also confusion about the fit of Pathways IWS with NDDP after-care provision. This meant that Jobcentre Plus staff adopted different referral practices based upon varying perceptions about the respective roles of the two programmes. There were concerns about duplication and double-funding. Some respondents also thought that incentives, such as in-work lump sum payments, provided by NDDP providers, were distorting and potentially meant that some customers were not accessing the most appropriate support.

Referrals that only took place just before the customer took up employment were also a problem. This could mean that, despite being referred, customers fail to attend the first meeting where they officially sign on to the provision. It could also mean that customers fail to receive support when they most need it.

**Views on funding arrangements**

Pathways IWS providers commonly saw funding as inadequate because of the intensive nature of after-care for some customers, the costs of sub-contracted specialist provision and lower than expected levels of referrals. However, others considered that they were generally able to balance the budget across customers with different levels of need.

Providers with a flat rate fee commonly considered this to be satisfactory. However, there was a view that it did not seem sensible to get the same amount when the amount of time they spend with customers varied so considerably. In an area with separate funding for sub-contracted specialist services, this arrangement was seen to better reflect the different levels of support provided to different customers.

Retention payments were also seen as appropriate given that retention in work was the key objective of the provision. However, it was felt that the difficulties of helping customers with significant health and other barriers to sustain work needed to be recognised in setting targets.
1 Background

1.1 Pathways to Work

In October 2003, based on proposals outlined in the Green Paper ‘Pathways to Work: Helping People into Employment’ (2002), the Government introduced new IB pilots called Pathways to Work. These pilots were intended to re-focus customers on the prospects of returning to work through a series of Work Focused Interviews (WFIs) and other forms of support. The main elements of the pilots are as follows:

- IB customers in pilot areas are required to take part in a series of three to five WFIs, depending upon the length of their claim. Through WFIs, customers are actively encouraged to consider the possibility of a return to work and discuss issues regarding their health, benefit receipt, work-focused activity, financial support, training and programmes with their Personal Adviser.

- New, specially trained, IBPAs, as well as Disability Employment Advisers (DEAs) and Work psychologists, were employed to advise and support people directly.

- The timing of the medical assessment process for new claims (the Personal Capability Assessment (PCA)) has been closely linked to the WFIs to allow for more rapid decision making around benefit eligibility and earlier access to capability reports from medical assessors.

- A Choices package of interventions offers people a range of provision to support their return to work. The package consists of easier access to existing programmes such as NDDP, Workstep, WorkPrep and Work-Based Learning for Adults. The package also includes new work-focused condition management programmes (CMPs) developed jointly between Jobcentre Plus and local NHS providers.

- A Return To Work Credit (RTWC) of £40 per week for a maximum of 52 weeks is available to those returning to, or finding, work of 16 hours or more, where their gross earnings are less than £15,000 a year.
• An Advisers’ Discretion Fund (ADF) is at the disposal of IBPAs to enable them to make awards of up to £300 per customer to support activities that can improve the likelihood of a person finding or taking up a job.

• Only those identified as being PCA exempt¹ and those new customers identified through a screening tool as least likely to need additional help, are not required to attend WFIs. However, those customers can request such interviews on a voluntary basis and all customers in the pilot areas have equal access to the Choices package, the RTWC and the ADF.

• In addition, existing customers who are required to take part in three WFIs, can also qualify for the Job Preparation Premium (JPP), a new financial incentive of £20 a week to encourage activity in preparation for a return to work. This is time limited to 26 weeks and payable as long as work-related activity, agreed as part of an action plan, is undertaken.

• There is also designated IWS provision for customers returning to work after an IB claim, involving ‘light touch’ after-care support from an IWS adviser alongside sub-contracted specialist support services covering occupational health, mentoring, job-coaching, in-depth support such as counselling and financial and debt counselling services.

Pathways to Work pilots are now operating in 21 Jobcentre Plus districts in England, Scotland and Wales, having begun in seven original pilot areas.

1.2 Evaluation of Pathways to Work

A research consortium, led by the Policy Studies Institute (PSI), was commissioned by the DWP to undertake a comprehensive evaluation of the pilots. This evaluation consists of impact analysis using differences-in-differences, propensity score matching and micro-simulation techniques; a large-scale face-to-face survey and two telephone surveys with customers, a cost-benefit analysis and a programme of qualitative research involving early focus groups, a longitudinal panel study and a series of short, self-contained focused studies. This study is one in the series of qualitative focused studies and focuses on provision of the Pathways IWS services.

¹ PCA exempt refers to those customers whose illness or disability is such that they can be assumed to be eligible for benefits without going through PCA.
2 Research aims, design and methodology

2.1 Aims and objectives of this study

This study aims to evaluate, and explore issues surrounding, the provision of Pathways IWS. The study aims to explore the key issues for customers returning to work after an IB claim and to explore how these issues are addressed by Pathways IWS provision. This study also explores issues around the organisation and delivery of the Pathways IWS service in the wider context of other in-work support, including NDDP after-care services.

2.2 Selection of fieldwork areas

The selection of the four pilot areas within which research for this study was conducted was designed to reflect diversity in terms of models of Pathways IWS provision. This was achieved, although a further factor affecting selection was the number of people accessing the service in each area; these four areas were the only areas with sufficient take-up of the service to allow for appropriate sample selection. Information for making the selection of areas was gained through a series of scoping interviews conducted with IWS co-ordinators in each of the pilot areas. The four areas and arrangements for in-work support in each area are described in Chapter 2.

2.3 Stage one: Research with customers

Stage one of the study involved research with customers who had returned to work following an IB claim. The research was based on longitudinal in-depth interviews with two groups of customers; one group who had returned to work and had taken up the Pathways IWS service and a second group who had returned to work but who had not received support from Pathways IWS. Interviews were conducted with customers on two occasions; initially in September 2005 and then again six months later in March 2006.
A total of 30 customers were interviewed; 17 of these were customers receiving Pathways IWS and 13 were not in receipt of Pathways IWS. The sample consisted of 14 men and 16 women. One respondent was in the 18-30 age group, 14 respondents were aged 31-45 and 15 were 45 or older. Customers had a range of health conditions including diabetes, cancer, brain haemorrhage, inflammatory rheumatoid arthritis, post-natal depression, depression, epilepsy, deafness, endometriosis, irritable bowel syndrome, post-traumatic stress disorder and serious physical debilities following a car accident or physical assault. Customers also had varied lengths of claim prior to starting work and varied work histories.

Interviews lasted around an hour and a half and were carried out in respondents' homes. At the outset of the interview, respondents were reminded that their participation was voluntary, that they could change their mind about participating at any point including during the interview or could choose not to answer particular questions. Respondents were given assurances of confidentiality and were told how their data would be used to inform the findings of this research report. Interviews were conducted using a topic guide (see Appendix A). This helped to ensure systematic coverage of key areas across interviews but was used flexibly to allow respondents to discuss the topics in a natural way and to facilitate appropriate probing. All interviews were tape-recorded, transcribed verbatim and analysed using Framework, a content analysis technique developed at NatCen. This method of analysis involves data being summarised into a series of themed matrices, allowing the interview data to be readily and systematically analysed by theme with scope for within and across case comparison.

2.4 Stage two: Research with providers

Stage two of the study was conducted between April 2007 and October 2007 and involved in-depth interviews with a range of providers in each of the four fieldwork areas. Both managers and front-line staff in the main Pathways IWS provider were interviewed along with providers of sub-contracted specialist services, where these existed (in one area no services were sub-contracted). The Stage one customer research had suggested that NDDP Job Brokers often played a role in supporting customers once they had moved into work. This could be instead of receiving support from Pathways IWS or in addition. For this reason, in order to provide a fuller context, it was decided to also interview staff from local NDDP providers. Because each area had a different set of providers and arrangements the number and spread of providers interviewed in each area was not identical. The achieved interviews, ranging from five to seven in each area, are detailed by area and provider type in Table 2.1. Interviews were not conducted with Jobcentre Plus staff.
Table 2.1 Achieved sample of respondents from provider organisations

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<th>Area 1</th>
<th>Area 2</th>
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<td>2</td>
<td>3</td>
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<td>1</td>
<td>1</td>
</tr>
<tr>
<td>NDDP providers</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>3</td>
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As with the Stage one customer research, a topic guide was used to guide the interviews (see Appendix B). Interviews lasted between an hour and a half and an hour and a half and, like the interviews with customers, were tape-recorded, transcribed verbatim and then analysed using Framework. Respondents in the provider research were reminded that their participation was voluntary and that they could decline to continue with the interview at any point or decline to answer specific questions if they wished to, although no respondents did so. They were also assured that their comments would not be attributed to them in the final research report or in any other way.

2.5 Structure of the report

Chapter 1 covered the policy background and background to the wider evaluation of Pathways to Work of which this study forms a part, whilst Chapter 2 has set out the aims, design and methodology for this focused study of IWS services. Chapter 3 describes the four fieldwork areas in which this study was conducted. Chapter 4 examines provider views of referral processes. Chapter 5 considers provider views on levels and models of funding for the provision. The findings from the Stage one research with customers is reported in Chapter 6 and Chapter 7 reports on Stage two research covering providers’ experiences of working with customers. Finally, Chapter 8 highlights key issues for consideration arising from the research.
3 The research areas

This chapter describes the IWS provision available within the four areas in which the research for this study was conducted. As well as Pathways IWS, there were a number of other providers in each area delivering some form of IWS. These included after-care provision through NDDP, which was delivered in each of the four areas. Other services mentioned included Access to Work, Progress to Work, Transitional Labour Market initiative and Work Step.

3.1 Area 1

The main Pathways IWS provider in this area is a not-for-profit organisation. This small, regionally-based organisation assists long-term unemployed people back into work through a range of training and development programmes. The European Social Fund is one of its key funding bodies, supporting a variety of programmes delivered by the organisation through the Objective 1 initiative. Other funding is received through Jobcentre Plus, the Learning and Skills Council, a Neighbourhood Management Pathfinder, the Home Office and the Regional Development Agency for the area. The organisation is in its third year of delivering Pathways IWS.

All aspects of Pathways IWS, including sub-contracted specialist provision, are delivered in-house. There are two Pathways IWS advisers delivering the ‘light touch’ aftercare service, as well as mentoring, financial advice, job-coaching, occupational health and debt counselling. If the customers’ debts are around £10,000 or more, the Pathways IWS adviser will refer the customer to a specialist debt counsellor in another part of the organisation. The organisation also has specialist skills in supporting those with substance misuse issues and ex-offenders. In addition, staff described signposting clients to external organisations such as the Law Centre, Victim Support, Dial-a-Ride, learndirect, occupational therapists and housing and benefits services.

For this study, interviews were also conducted with staff from one of the NDDP Job Brokering organisations within the area; a public-private partnership that operates a number of employment contracts nationwide.
3.2 Area 2

The Pathways IWS provider in this area is a public/private/voluntary partnership. This large national organisation receives a significant proportion of its income from an Employment Zone contract. The organisation also delivers NDDP. It has been delivering Pathways IWS for nearly three years. Two Pathways IWS advisers deliver the ‘light touch’ aftercare service, a mentoring service and co-ordinate delivery of additional support. The Pathways IWS provider also recruits volunteers to deliver ‘peer support’ mentoring and job-coaching to customers.

Sub-contracted specialist support is provided by a private clinic, which delivers additional support around occupational health; the local Drug and Alcohol Action Team, which delivers support around substance misuse; the Citizens Advice Bureau, which offers advice on money management and debt; and private counsellors and voluntary organisations that provide support to customers with relationship problems or mental health related issues. Pathways IWS advisers also described signposting customers to specialist services such as Access to Work.

There were a number of NDDP Job Brokers in the area. For this study, two members of staff were interviewed from a national charity that delivers a job seeking support service to customers with learning difficulties. It delivers this through various contracts, including NDDP. The service helps those with learning disabilities to find appropriate work experience and work trials, as well as full- and part-time employment, then supports customers when they have returned to the workplace. Other funding for this service comes from Jobcentre Plus, the European Social Fund, the Learning and Skills Council and the local council.

3.3 Area 3

The main Pathways IWS provider in this area is a private company. This large regionally based organisation has a number of contracts aimed at helping people to gain and sustain employment. The majority of these contracts come through Jobcentre Plus and include NDDP, Progress to Work, Work Preparation, Work Step and Programme Centre funding.

The Pathways IWS provider delivers all elements of the service apart from specialist support for managing health conditions, which is sub-contracted to the local NHS CMP team. There are two members of staff working on Pathways IWS, delivering the ‘light touch’ aftercare service, mentoring, job-coaching and financial and debt advice. The Pathways IWS advisers also described signposting customers to other support services such as services for people with drug and alcohol addictions and specialist services for ex-offenders.

There were a few NDDP Job Broker services working with IB customers in the area, including one that is delivered by the same organisation delivering Pathways IWS. For this study, a member of staff delivering the NDDP aftercare in this organisation was interviewed. Interviews were also conducted with members of staff from
another organisation; a nationally based, private Job Broker service with charitable status.

3.4 Area 4

During the fieldwork period for this research project, there was a transition taking place between two providers. At the beginning of the fieldwork period the main Pathways IWS provider was a private Job Broker with charitable status. This national organisation provides training and recruitment services to businesses and people who are unemployed. Predominantly, the contracts delivered by this organisation within the area come through Jobcentre Plus and include NDDP, New Deal for Young People (NDYP) and a Programme Centre contract. At the time that the fieldwork for this study was being conducted, this organisation had just lost the Pathways IWS contract and was dealing only with the residual run down of customers. They had been delivering Pathways IWS for three years. We also interviewed staff from the incoming providers, a public-private partnership with a national remit. Other contracts delivered by the organisation include an Employment Zone contract and a Progress to Work contract.

The providers that had been delivering Pathways IWS until recently, had two Pathways IWS advisers who delivered a ‘light touch’ aftercare service. Rather than additional support services being sub-contracted by the main provider, Jobcentre Plus had direct contracts with other services to deliver sub-contracted specialist elements of Pathways IWS. These included mentoring and job-coaching delivered through voluntary agencies, debt management through the Citizens Advice Bureau and occupational health through a private provider. Referrals to these additional elements of Pathways IWS were either made by Jobcentre Plus staff at the time of the initial referral to Pathways IWS or at the request of the Pathways IWS advisers following initial referral. The Pathways IWS advisers could also signpost customers to other services and, in the interviews conducted for this research, discussed signposting customers to local mental health services, Women’s Aid, private counsellors and the local Drug and Alcohol Action Team.

The new providers will deliver the ‘light touch’ aftercare service as well as providing job-coaching, mentoring and mediation in-house. They currently have one full-time member of staff delivering Pathways IWS. Other organisations have been sub-contracted to deliver occupational health, debt management and counselling.

For this study, staff were interviewed from two of the NDDP Job Brokering services in the area. One is based within Jobcentre Plus and is a small, regional organisation that only delivers NDDP. This organisation is funded through a service-level agreement with Jobcentre Plus. The other is a large national, voluntary sector organisation with several employment and support contracts focused on working with disadvantaged and disabled people.
This chapter explores the views and perspectives of providers on referrals to Pathways IWS and, within Pathways IWS, to further specialist provision.

4.1 Routes onto Pathways IWS and NDDP after-care

In all four areas, referrals to Pathways IWS had to be made by Jobcentre Plus staff. Usually this was the IBPA but could sometimes be a DEA. In one area, NDDP providers reported having previously been able to refer directly to Pathways IWS but said that this was no longer possible. NDDP providers wishing to make a referral to Pathways IWS, in this and other areas, described contacting the IBPA and requesting a referral for a customer. In such cases, the reason for requesting a referral to Pathways IWS was invariably in order to access more intensive or sub-contracted specialist services, although NDDP staff sometimes also signposted customers to specialist providers directly. Other service providers also asked IBPAs to make referrals to Pathways IWS for customers. This included a CMP provider who was sub-contracted to provide specialist services for Pathways IWS but who sometimes sought referrals to Pathways IWS for customers who were not already in receipt of it where she thought they would benefit from it.

Customers are also able to approach an IBPA themselves to request a referral to Pathways IWS, for example, in response to having seen a leaflet in the Jobcentre Plus office. There were a few examples given of customers who had done this, although providers’ experiences suggested that customers only tended to request such a referral when they were already in work and experiencing a problem.

In contrast, NDDP after-care was only available to customers who had been utilising the NDDP job broker service. Numerous access routes onto the Job Broker scheme were mentioned, including referral through IBPAs but also through agencies such as the Citizens Advice Bureau, MenCap and other disability organisations, MIND and a credit union. Also mentioned was an 0800 number which customers could call directly in response to seeing leaflets or hearing about the programme through other people.
4.2 Lower than expected levels of referrals

In all four areas, the main providers of Pathways IWS described referrals being much lower than expected and of struggling to meet targets, especially initially. In two of the four areas, referrals were described as having picked up slightly such that monthly targets were beginning to be met. In another area they continued to struggle to meet targets.

‘All Job Centre Plus contracts are based on indicative numbers and that’s what you tender against and the indicative numbers were vastly larger than what actually turned out in reality…Initially we had very few, very few referrals and so we, we redeployed one member of staff onto another programme…Last month they had 28 and I think, I think we actually had a month, if I can remember, of 30 but most of the time it was anything from 16 to twenty-ish …which is vastly under what we expected…we were expecting at least 40/50 a month.’

In the last of the four areas, an expansion to the area had meant that, although referrals had improved in the original area, referrals still fell far short of the revised targets for the wider area.

4.3 Evidence of inconsistent referral practices

There was wide recognition amongst providers that not every customer was in need of the Pathways IWS service. In particular, respondents pointed to the fact that IB claimants would have already received a wide range of support before returning to work which may have included coaching and mentoring, confidence building, skills development, help in managing their health condition, help with managing situations at work, direct negotiation with employers over terms as well as a range of financial help such as the Return to Work Credit, the ADF and Back to Work lump sum payments. In many cases it was thought that this may have provided the customer with all the support needed to make a successful transition into work.

However, Pathways IWS providers thought that there were customers who could benefit from the provision who were failing to access it. Providers gave examples of customers who had returned to work but had not been told about Pathways IWS by staff at Jobcentre Plus. They also described uneven referrals, with wide and unexplained variation between Jobcentre Plus offices, with some areas making no referrals at all.

‘One or two [Jobcentre Plus offices] we get nothing from, nothing at all, and it’s not that they don’t have the job entries.’

Providers also described how there had been few referrals from some high density areas and, conversely, how there were sometimes high levels of referrals in sparsely populated areas. Pathways IWS providers also reported variation in referral practices between individual IBPAs within Jobcentre Plus offices.
4.4 Reasons given for low and uneven referrals

Providers identified three key reasons for the lower than expected levels of referrals and the inconsistent referral practices of Jobcentre Plus staff that they identified. These were:

- low awareness of Pathways IWS amongst Jobcentre Plus staff and challenges in marketing Pathways IWS effectively;
- pressure on Jobcentre Plus staff time, particularly at the point of transitioning a customer off IB; and
- confusion about the fit with NDDP provision.

4.4.1 Low awareness and marketing challenges

Pathways IWS providers argued that there was low or patchy awareness and knowledge of the Pathways IWS service amongst Jobcentre Plus staff. For this reason marketing of the Pathways IWS service to Jobcentre Plus staff was widely acknowledged to be very important. In all four areas, vigorous marketing activity on the part of Pathways IWS providers was seen as the key factor in increasing referrals from the very low initial levels.

However, respondents discussed a range of specific challenges in marketing Pathways IWS to Jobcentre Plus staff. The key challenge was that marketing of Pathways IWS was very time-consuming. In one case, a Pathways IWS provider said that it was interfering with the time available for actual service delivery, commenting that ‘there can be too much communication’. A factor that was identified as contributing to the amount of time that marketing activity took was staff turnover in Jobcentre Plus offices. Pathways IWS providers explained that it was necessary to market on a constant and ongoing basis because otherwise new Jobcentre Plus staff would be unaware of Pathways IWS services.

Pathways IWS providers also reported having difficulty in finding good quality opportunities to market the service in Jobcentre Plus offices. For example, one respondent spoke of being ‘tacked on the end of meeting agendas’ at which point staff had already absorbed a lot of information about targets and other key business and weren’t necessarily taking everything in. Some staff talked about wishing they could hang around in Jobcentre Plus offices to make themselves available to IBPAs and their customers, as they thought this would be an effective way to raise awareness of their provision but they felt that, in practice, this would be too time-consuming. It was also felt that the pressure on dissemination activity would increase further as new programmes and initiatives were launched and as the organisations providing them sought to market them to IBPAs and other Jobcentre Plus staff.

Providers also pointed to the challenges of marketing the Pathways IWS service in new areas. For example, in one area the geographical area covered by the service had been expanded. Although referrals had increased in the original area,
Pathways IWS providers said that awareness and knowledge about the Pathways IWS service was virtually non-existent in the expansion area and would require an intensive effort from providers in marketing their provision to Jobcentre Plus staff in this area. As a result of these various difficulties in marketing Pathways IWS, providers sometimes admitted that they tended to concentrate on liaison with IBPAs who were already referring regularly to them.

4.4.2 Pressure on Jobcentre Plus staff time

Another factor influencing referral levels was seen to be pressure on Jobcentre Plus staff time, especially at the point of transitioning customers off IB and into work. Pathways IWS providers recognised that IBPAs had a lot to do when meeting with the customer at this point, especially if the customer had given the IBPA limited notice of their upcoming employment. However, some Pathways IWS providers argued that it only took a few minutes to go through the leaflet and brief customers about the service and stressed that IBPAs or other staff members should inform customers about the availability of this support.

4.4.3 Confusion about the fit with NDDP provision

An important factor that providers saw as affecting the level of referrals to Pathways IWS was the perceived fit between Pathways IWS and NDDP after-care services.

Comparative views of NDDP and Pathways IWS

There was a range of views about what Pathways IWS and NDDP after-care respectively delivered, which seemed to reflect both local variation in service provision and variation in awareness amongst providers about what different agencies provided. Commonly, however, respondents said that Pathways IWS provided more in-depth support than NDDP after-care, including more intensive after-care support and access to sub-contracted specialist support services. In contrast, NDDP was generally seen to provide more ‘light touch’ support consisting primarily of telephone contact. For example, one NDDP provider, described themselves as focusing on getting people into work and ‘taking on’ fewer of the customer’s problems once they were in work. The respondent in this case said that they tended to signpost customers to additional support where this was needed rather than to provide it directly. A respondent from another NDDP provider said that they had previously provided more after-care. However, following the ending, in 2006, of a ‘sustained’ payment, paid once customers had been in work for 13 weeks, this respondent believed that they were no longer funded to do so. This is not the case and NDDP funding is intended to cover in-work support for NDDP customers for 26 weeks into employment. Pathways IWS providers often described NDDP after-care as minimal or effectively non-existent. Exceptionally, respondents from Pathways IWS providers were unaware that NDDP were charged with providing any after-care support at all.
However, NDDP after-care was occasionally viewed as more substantial. One NDDP provider said that they prided themselves on providing a complete service, including an effective after-care service saying, ‘We provide the whole package; get people the job and keep them there’. However, in comparison with the intensive support provided directly by Pathways IWS advisers, the after-care provided through NDDP in this area appeared to be more of a co-ordinating role based upon making referrals and signposting to other services. Sometimes, this view of NDDP as providing a comprehensive after-care service was said to be held by Jobcentre Plus staff and that this encouraged them to refer to NDDP in preference to Pathways IWS. In one area, for example, a Pathways IWS provider expressed the view that some Jobcentre Plus staff seemed to view NDDP as a one-stop shop which, in the respondent’s view, was not the case.

NDDP after-care provision was also seen by some respondents to have an advantage over Pathways IWS provision in terms of providing continuity of provision. These respondents said that customers preferred the continuity of getting after-care from their existing Job Broker. Some suggested that NDDP customers could even be resistant to accepting in-work support from another provider. One NDDP provider, for example, said ‘Customers want to know where they [Pathways IWS] were when they were struggling to find a job’. It was also argued that receiving after-care from a Job Broker meant that the Job Broker could work with the customer to get them into a new and more suitable position if they could not sustain their employment, without any need to transfer customers between different providers. It should be noted that, whilst some NDDP providers did provide the after-care service through Job Brokers, in some cases NDDP providers had special after-care teams that provided this service.

Views about eligibility

There was widespread evidence of confusion about eligibility for Pathways IWS and NDDP after-care services, in particular, whether both services could be utilised by a customer at the same time. There were, for example, concerns expressed that to have customers attending both Pathways IWS and NDDP after-care constituted double-funding. In one area, for example, the Jobcentre Plus office had not been referring NDDP customers to Pathways IWS for this reason. Recently, however, they had been informed by managers that they could refer NDDP customers to Pathways IWS and referral practices had begun to change accordingly. In another case, although funded to provide in-work support for up to 26 weeks, an NDDP provider said that they previously received a ‘sustained’ payment following the customer being in work for a period of 13 weeks. In this case, it was reported that NDDP customers had not been referred to Pathways IWS as well because of concerns about double-funding. However, they were commonly referred to Pathways IWS after 13 weeks of receiving the NDDP after-care service. This arrangement was seen by Pathways IWS advisers in this area as not ideal in that NDDP customers were missing out on the more intensive support provided by Pathways IWS during the period that they needed it most, namely the first days and weeks of employment.
Pathways IWS providers spoke of actively marketing to Jobcentre Plus staff in order to counter the view that it was inappropriate for customers to receive both services. In an area where NDDP providers received 13-week retention payments, Pathways IWS providers had also made an approach to NDDP providers. They explained the nature of the support that they could offer, explained how their provision was complementary to NDDP after-care provision and told NDDP providers that they could help them to meet their retention targets. This had, by all accounts been effective, and had led to a greater number of referrals from NDDP Job Brokers. The funding arrangements for NDDP have, however, since changed and no sustainment payment at 13 weeks is currently made.

A view of the services being potentially complementary, with NDDP customers being eligible for Pathways IWS where they had a need for more specialist or intensive support, was widespread. Respondents with this view spoke of what they saw as an atmosphere of unnecessary competition between Pathways IWS and NDDP.

‘There is some territorial confusion. Job Brokers think in-work support will poach their clients, which is silly really because they have separate funding and customers can use both. Nobody loses out.’

However, there was also a view that accessing both Pathways IWS and NDDP after-care provision was duplicative and unnecessary. As a result, it was believed that NDDP customers were not always informed about Pathways IWS by Jobcentre Plus staff.

In some cases, Jobcentre Plus were also seen to refer to NDDP in preference to Pathways IWS because of loyalties and relationships with NDDP providers, particularly in one case, where NDDP was provided out of the Jobcentre Plus office through a service-level agreement.

The role of incentives

Respondents referred to the impact of incentives being offered by NDDP providers on referrals to Pathways IWS. NDDP providers receive funding which can be used to provide Back to Work lump sum payments to customers to support them with work-related expenses. This was viewed as making referral to NDDP, in preference to Pathways IWS, more attractive for the customer and for the Jobcentre Plus staff member working on behalf of the customer. It was thought that sometimes Jobcentre Plus staff referred the customer to an NDDP Job Broker when it looked like they were imminently going to find employment. Whilst it was recognised that this was inappropriate, a respondent commented that ‘it happens’. One Pathways IWS provider also commented that having these incentives being delivered through NDDP was ‘odd’ since Pathways IWS providers were the in-work support specialists. NDDP providers also had the discretion to provide other incentives for registering with NDDP. These were perceived to be particularly used where there was a range of NDDP providers in an area and high levels of competition between them. They were similarly seen to impact on referral levels to Pathways IWS.
Providers of Pathways IWS frequently commented that these incentives provided a perverse incentive for customers to sign up for support that may not be the most appropriate for them.

4.5 Late referrals

In addition to low and inconsistent referrals, a further problem reported by some Pathways IWS providers was that referrals were sometimes made at a late stage. In some instances, it could be that customers informed IBPAs of their intention to enter employment very close to their start date, for example, sometimes even on the Friday before a Monday start. In other cases, Jobcentre Plus staff did have advance notice of a customer’s intention to enter work but did not make a referral as soon as they knew of this, rather they waited until they met with the customer to transition them off IB.

It may have been that the IBPA needed to meet with the customer to discuss their in-work support needs. However, Pathways IWS advisers reported two consequences of referrals taking place close to the date that the customer began a new job. One of these was that referrals did not become official ‘starts’. This involved signing documentation at the initial meeting with the Pathways IWS adviser, which would release funding to the Pathways IWS provider. This occurred because customers were unable to find the time to attend the initial meeting with the Pathways IWS adviser once they had already started work, especially since, if they had been out of work for a while, they may be overwhelmed or extremely tired during their first weeks in employment. Consequently, Pathways IWS advisers argued that these customers were failing to access the service, not because they would not benefit from the support but because a later referral meant that it was harder for them to access the service. In one area, only nine out of 33 referrals actually became official ‘starts’ in one particular month. A second consequence was that even if customers did eventually attend a meeting, they could fail to get support when they most needed it and were most vulnerable, namely just prior to, and in the early days and weeks of, a new job.

4.6 Referrals and access to sub-contracted specialist services

4.6.1 Lower than expected levels of referrals

Findings regarding referral levels to sub-contracted specialist services were mixed. The main Pathways IWS providers commonly said that overall referral levels to sub-contracted specialist or additional provision, as a percentage of total referrals onto Pathways IWS, were higher than expected. For example, in one case a respondent said that their contract assumed that one out of five customers would be referred onto additional support, whereas, in reality, more like half of those on ‘light touch’ were referred on to additional support. In another area, a Pathways IWS provider
said that they had expected about 90 per cent of customers would just need ‘light touch’ support with only ten per cent of customers requiring additional support. However, in practice, the ratio was more like 80:20. This perspective, however, was not supported by the perspectives gained in interviews with sub-contracted specialist providers. The sub-contracted specialist providers that we spoke to generally reported exceptionally low, or lower than expected, levels of referrals.

‘The disappointing thing is the fact that so much time had been invested at the early planning sort of stages but, you know, none of it has actually come to fruition and we haven’t even really been able to test out our paperwork and our process and, you know, whether what we had planned was realistic or anything because you know it just hasn’t happened.’

‘From what I was led to believe at the very start, what the numbers coming through should be, and we geared up for that across all of [area]…the numbers, they never materialised.’

This picture of limited referrals to sub-contracted specialist providers is consistent with findings from the research with customers in which there appeared to be very limited referral to sub-contracted specialist services. It is also consistent with the finding that Pathways IWS advisers are providing a wide range of support that overlaps with sub-contracted specialist support themselves (see Section 7.2 for further discussion of this issue).

An explanation for the discrepancy between these two points of view might be that there were uneven referrals to sub-contracted specialist providers, with some sub-contracted specialist providers receiving more referrals than others. However, the research team aimed to speak to sub-contracted specialist providers who, based on evidence from initial telephone scoping interviews, seemed to be the most likely to be receiving referrals from the main providers, so this would appear unlikely.

There are two other possible explanations for this discrepancy: Firstly, it could be that Pathways IWS advisers, when talking about additional support services, were including the more intensive support that they provided themselves. In this case, although customers may be receiving support that was ‘additional’ to ‘light touch’ support, it would not have resulted in referrals to sub-contracted providers.

Secondly, advisers also described ‘signposting’ customers to additional services. This process could appear quite similar to making a direct referral, with the adviser contacting an agency directly on behalf of the customer to make an initial appointment. Hence, it could be that advisers are including both direct referrals and signposting when referring to high use of specialist and additional services.
4.6.2 Reasons for lower than expected referral levels

Sub-contracted specialist providers referred to a range of possible explanations for low referrals, which are discussed in further detail below. These included:

- Pathways IWS advisers providing support that overlaps with sub-contracted specialist provision;
- the needs of customers not being predicted accurately;
- in one area, problems associated with Jobcentre Plus making the referrals to specialist providers directly.

Overlap between after-care and sub-contracted specialist provision

Sub-contracted specialist providers commented that Pathways IWS advisers often provided a wide range of support directly and that sometimes they provided support that could be considered to overlap with of sub-contracted specialist support (see Section 7.2.1 for further discussion of this issue). For example, some main Pathways IWS providers provided services such as debt advice directly, only referring for debt counselling if the customer had significant debts or if there was a need for an adviser to liaise with creditors. In other cases, for example, they were providing emotional support that could be seen to overlap with other services such as mentoring, job-coaching or counselling.

The needs of customers not predicted accurately

Sub-contracted specialist providers said that it could be that the demand from customers for specialist provision was simply not predicted accurately. Sometimes this was seen to be due to the general difficulty of making accurate predictions in such matters. However, in other cases, an impression was given of tenders being drawn up with little consultation or discussion with sub-contractors cited in the tender. In one case, for example, a sub-contracted specialist provider claimed to have been cited in a tender without being asked or informed prior to submission. In these instances there seemed to be little or no evidence of any process for estimating the level of demand in liaison with sub-contracted specialist providers. It could also be the case that estimates of referral levels had been based on faulty assumptions. In one case, for example, a sub-contracted specialist provider said that they had believed that customers would have time off work in order to attend appointments, an assumption which was not correct. In another case, a sub-contracted specialist provider said that they had believed that all IB claimants, not just new IB customers, would be eligible. In fact, existing customers are eligible but need to volunteer. Because of this they are not routinely made aware of the provision in the same way as new customers are.

Problems associated with Jobcentre Plus making direct referrals to specialist providers

Particular problems with referrals to sub-contracted specialist providers were associated with the arrangement in one area where referrals to specialist providers
were made by Jobcentre Plus staff directly rather than by the main Pathways IWS provider (although this arrangement has since ceased with all specialist referrals now being made by the main Pathways IWS provider). A key problem affecting referral levels in this case was that, initially, Jobcentre Plus staff were reluctant to make referrals to both the main provider and sub-contracted specialist or additional services because of concerns about double-funding. Later, however, they were informed that they could do so. Pathways IWS providers also commented that, with the Jobcentre Plus office holding the contracts with sub-contracted specialist providers, it could be difficult to address difficulties with the quality or level of service provided, since they had to work through the Jobcentre Plus office. A further problem with these arrangements for specialist providers, was that where there was a range of providers in the locality providing similar services, Job Centre Plus staff sometimes referred to these instead of to the sub-contracted providers.
5 Funding arrangements

There were a variety of models by which the Pathways IWS providers described being funded to provide the Pathways IWS service. In two areas, the main Pathways IWS providers received only a flat rate for each customer who attended an initial set-up meeting, referred to as a ‘start’. Respondents were sometimes unclear about the level of payment and sums referred to across these two areas ranged from £218 to £289 per customer. In another area, a payment of around £200 was made for a start and a further payment of around £200 was made for referral to sub-contracted specialist services with an additional £75 payment made if those receiving sub-contracted specialist services completed an action plan. In the final area, 50 per cent of the estimated income is paid as a regular monthly fee, with a separate payment made for each start and a further payment made at 13 weeks’ retention.

The key costs that providers described were overheads to cover core costs, staff, travel and miscellaneous expenses. Only in one area did providers describe using some of the funding to make direct payments to customers, namely to cover customer’s travel-to-work expenses during the first month. Providers commonly described not ring-fencing the income from Pathways IWS, allowing cross-subsidisation across programmes.

5.1 Views about models of funding

Providers in areas with a flat rate fee commonly considered this to be a broadly satisfactory model, although one respondent commented that it did not seem sensible to get the same amount when the amount of time they spend with customers varied so considerably. This model of funding meant that providers needed to ‘balance out’ the budget by taking on customers with different levels of need.

Where one payment was made from which the main provider would then commission sub-contracted specialist services, there was a view amongst some sub-contracted specialist providers that Pathways IWS advisers were possibly attempting to meet specialist needs themselves in order to save costs and sub-
contracted specialist providers could have concerns about the quality of service provided to customers as a result, although the study found no direct evidence of this. In fact, in some cases, Pathways IWS advisers made referrals to expensive sub-contracted specialist services even though the funding they had did not fully cover the cost.

However, in the area with separate funding for sub-contracted specialist services, this arrangement was seen as sensible. It was seen as better reflecting the different levels of support provided to different customers, to limit the need to balance the budget across customers with different levels of need, to be in line with funding for other Jobcentre Plus programmes and to reduce any perverse incentive for Pathways IWS providers to cost-save by limiting referrals to sub-contracted providers. One provider also commented that this meant that customers could receive NDDP after-care and the Pathways sub-contracted specialist service (excluding the Pathways IWS after-care element) with less concern about this constituting double-funding.

Providers in areas without retention payments thought that a retention payment would be more appropriate. In one area, for example, a respondent said that she did not understand why they get the same amount of money whether the customer ‘quits one day into the job or stays in the job for life’. In another area, a respondent thought that an outcome or retention payment would better incentivise them to focus on sustaining customers in work but acknowledged that this would place an additional pressure on advisers. However, in the area with retention payments, concerns were expressed that 80-90 per cent retention targets could be hard to achieve with IB customers, especially those with more serious conditions and those who had been out of work for some time.

5.2 Views about the adequacy of funding

Commonly, respondents from Pathways IWS main providers and from sub-contracted specialist providers thought that the funding was insufficient to cover the costs incurred. Reasons for the amount being seen as insufficient included:

• the intensive nature of after-care for a significant number of customers;
• the costs and demands of travel;
• the high cost of particular elements of sub-contracted specialist support;
• lower than expected levels of referrals.

The intensive nature of after-care support for a significant number of customers was commonly described as placing a high demand on staff time. Providers generally felt that they provided over and above what the funding covered.

‘You know, the amount of work that’s involved for the funding. Clients certainly get value for money. They really get value for money, and, you know, on a personal note, we should be funded a billion times more than we are. You know, a couple of hundred quid for several visits and night visits and home visits. It’s 200 quid for the whole thing, as far as we’re concerned. Personally I think it’s absolute nonsense.’
Another provider described some customers as ‘very needy’ saying that they needed more support than the programme could realistically deliver, and customers with mental health issues and significant emotional support needs were considered to place particular pressures on staff time.

Travel costs were also cited as a significant demand on funding. In all areas, meetings were conducted in a place convenient for the customer. This could mean that advisers would undertake a lot of travel, especially in more sparsely populated areas. Travelling to see clients was commonly described as expensive in terms of fuel and other costs, but also because the travelling between appointments reduced the number of customers that an adviser could see in any one day.

In all but one area, the flat fee also had to cover the buying-in of sub-contracted specialist services where these were needed. In one area the cost of debt management services was paid at a £700 flat fee whether the sub-contracted specialist debt counsellor spent just an hour or much longer with a customer. In this case the provider said that if more than around five per cent of customers required this service it would mean that they would make a loss on the contract.

In another area, a sub-contracted specialist provider said that they only received limited funding from the main provider for referrals because of the overall low level of funding available for the Pathways IWS. They said that, as a result, they were only able to offer a restricted service and were concerned about whether customers were always getting the level and type of support they may have needed.

Another reason given for viewing the level of funding as inadequate was the fact that referrals were lower than expected. This meant that the assumptions that were fed into initial financial calculations, both for the main Pathways IWS providers and sub-contracted specialist providers, were inaccurate and that some providers were therefore struggling to cover sunk and fixed costs, such as set-up activities and liaison, the costs of committed staff and other overheads. One sub-contracted specialist provider, for example, said that they had lost money since they had invested a lot of time in drawing up paperwork, making contractual agreements, attending meetings and briefings but had gained only £25 from one referral that was deemed to be inappropriate.

However, in other cases, providers focused on the benefits of having any additional funding to provide more support to customers returning to work. In some cases, providers also tended to see themselves as being able to balance the budget across customers with different levels of need.

‘Some bring in income and use few services, while for others the costs of services outweigh the payment. Hasn’t been a problem so far and we have not had to restrict recruitment of the ‘harder to help’ but it’s kind of a juggling act.’
6 Customers’ experiences

This chapter and the next chapter set out the findings about customers’ support needs and the role of Pathways IWS in meeting these. Findings from the research conducted with customers and that conducted with providers are reported separately so that it is clear which data sources are being drawn upon. However, there is a clear and strong correspondence across both data-sets with some common categories and themes arising. This chapter sets out the key findings from the Stage one research with customers.

6.1 Reasons for wanting to return to work

Customers described three main reasons for wanting to return to work. These were:
- that they had experienced an improvement in their health;
- experience of financial pressures; and
- boredom and dissatisfaction at being off work.

6.1.1 Improvement in health

Customers had commonly experienced an improvement in their health condition which had facilitated their return to work.

6.1.2 Financial pressures

Longer-term IB claimants had become used to living on benefit income. However, they sometimes said that living on benefits had become more difficult because of increased outgoings such as the birth of another child or increased council tax bills. Financial pressures were commonly mentioned by more recent claimants, since this group of customers were used to a regular working income and tended to find living on benefits a strain.
6.1.3 Boredom and dissatisfaction

Longer-term claimants commonly spoke of wanting to work in order to ‘get out of a rut’ or to ‘forget about’ their health condition. This feeling could be prompted by events such as contact with Jobcentre Plus or by hearing about an attractive job being advertised. More recent claimants said that they disliked being off work because of boredom, a loss of status and a loss of socialising opportunities. In some cases, dissatisfaction at being off work had even contributed to relationship difficulties, for example, with spouses.

6.2 Concerns about returning to work

Customers’ concerns about returning to work fell into three categories:

- coping physically and emotionally;
- employers’ perceptions;
- financial concerns.

6.2.1 Coping physically and emotionally

Concerns about coping physically and emotionally with a return to work were mentioned by customers and were especially prevalent amongst longer-term claimants and those with mental health or self-confidence issues. For example, customers could be worried about managing in a social environment and interacting with colleagues or could be concerned about coping with the demands of the job and being able to complete work tasks effectively and efficiently.

6.2.2 Employers’ perceptions

Another concern, experienced by both short- and long-term claimants, related to how employers would react to learning that they had been on IB. This was a particular concern for those with mental health issues such as depression who felt that they might be stigmatised and treated differently.

6.2.3 Financial concerns

Longer-term claimants and those with a previously unsteady work history commonly had financial concerns about returning to work. In particular, they could be concerned about whether it was financially worthwhile to return to work given the benefits of being on IB such as free medical care and help with housing and council tax costs. This was a particular issue with those customers who were considering returning to part-time work and for those with debt or legal expenses that they would need to begin to repay once they had returned to work.

For more recent claimants, financial concerns about returning to work were likely to be less of a concern as they typically expected to be better off in work than on IB. However, concerns about having to work a month in hand was sometimes mentioned and, for those previously in highly paid jobs but not able to return
to them because of their health condition, there could be a concern about managing on a lower income than they had previously been used to. Exceptionally, respondents did not feel well enough to return to work but had done so because of financial pressures.

6.3 Help received from Jobcentre Plus to return to work

Customers were asked about what support they had found useful to help them to return to work (rather than sustain work). There were customers who felt that the support of Jobcentre Plus was critical in their ability to return to work. There were also customers who, even if they thought that they would have probably returned to work anyway, believed that the support of Jobcentre Plus had made this easier. The kinds of support that were identified as important reflected the concerns described in the previous section and covered:

- confidence boosting and coping skills;
- liaison with employers; and
- financial support.

There were also those who felt that they had returned to work without the help of Jobcentre Plus.

6.3.1 Confidence boosting and coping skills

Customers described how they had valued being reassured about their capabilities and about the fact that they could return to benefit if they needed to. In some cases, customers with low self-confidence had been directly helped to develop social skills and been coached in dealing with workplace situations. For example, one respondent described role-playing potential customer service situations with her Job Broker. This support had generally been provided by IBPAs in combination with Job Brokers, therapists and the CMP.

6.3.2 Liaison with employers

Examples of liaison with employers that were described as helpful included advisers helping them to find them a job, providing support around job applications, contacting the employer to ‘sell’ the customer and discussing with employers the type of work that the customer could and could not do. NDDP Job Brokers commonly provided this support.

6.3.3 Financial support

Financial support included that provided through financial measures such as RTWC and, to a lesser extent, back to work lump sum payments, as well as advice to customers about how many hours they needed to work to make it worth their while financially. Financial support of this sort was encouraging for customers who otherwise feared they might experience a drop in income.
6.3.4 No help from Jobcentre Plus

There were also customers who said that they had got back to work themselves without support, by job searching on their own or by returning to their former jobs. In some instances, people in this group reported negative experiences at Jobcentre Plus. For example, there were those who felt that the types of work suggested by the IBPA or Job Broker were unsuitable or too low-paid and basic for their skills.

6.4 Awareness of Pathways IWS

The provision of Pathways IWS was not an important factor in customers’ decisions to return to work. This was because customers did not know, or had limited information, about the service before they decided to accept a job. With only one exception, the customers who were not receiving Pathways IWS, had not been offered Pathways IWS and were unaware of its existence. In some cases, these customers were receiving after-care services from NDDP, although in other cases these customers were not in touch with a Job Broker. Of those customers who were receiving Pathways IWS, they had often not known about the provision until they had already decided to accept a job or, if they had known about the provision earlier, were often unclear about what exactly it consisted of. However, there was one group of customers, who had typically been out of work for more than several months and who had concerns about their ability to cope with work physically or emotionally. These customers, where they knew about the provision, said that it was a useful part of a package of support and that it had given them greater confidence in returning to work or in raising their hours to exceed the Permitted Work limit of 16 hours.

6.5 Customer experiences of Pathways IWS provision

Customers who received Pathways IWS were asked about their experiences of the provision. Customers’ accounts suggested that there were three common characteristics of the Pathways IWS provision. These were that:

- after-care services were responsive to the nature and level of customers’ needs and could be intensive;
- there appeared to be limited use of additional, sub-contracted specialist services with most support provided by Pathways IWS advisers; and
- there was rarely direct contact between advisers and employers.

6.5.1 Responsive and potentially intensive after-care support

Customers who were receiving Pathways IWS were generally happy with the frequency and duration of contact with their Pathways IWS adviser and all reported having been encouraged by their Pathways IWS adviser to make contact at other times if they wanted to. They were also generally happy with the information they
received and with the adviser, commonly describing the advisers as friendly and easy to talk to. Meetings took place in a range of settings including Jobcentre Plus offices, at the customer’s home or at another mutually convenient location such as a café and there was a strong sense of contact arrangements being tailored to individual needs.

All of the customers receiving Pathways IWS had access to the ‘light touch’ after-care service offered by Pathways IWS. However, a key finding from the research was that, in practice, this varied significantly in intensity with, at one end, some customers receiving just monthly telephone calls or occasional meetings, and at the other, customers who were meeting very regularly with their adviser, for example, having weekly meetings and frequent telephone contact in between meetings. In some cases, this included contact out of office hours, with telephone calls sometimes being conducted late into the evening.

6.5.2 Limited use of sub-contracted specialist services

Access to additional sub-contracted specialist services appeared to be more limited. A small number of customers in the sample had received such services. These included sub-contracted specialist financial and debt advice, support from a work psychologist service and occupational health support. No customer in the sample had received mentoring or job-coaching. There was apparent variation between Pathways IWS advisers in how far they routinely made customers aware of the potential for sub-contracted specialist provision.

6.5.3 Limited direct contact with employers

Direct contact between Pathways IWS advisers and employers was rare because of customers’ reluctance. This could be because they did not want their employer to know that they were previously on IB or what their medical background was and feared being stigmatised. Alternatively, they were concerned that it would look like they were not coping. They sometimes also had concerns about being seen to be ‘rocking the boat’. In one case, a respondent thought that the Pathways IWS adviser would talk to her employer in her absence and was concerned about ‘being talked about’ behind her back. Customers also talked about wanting to manage on their own and to deal with problems themselves. However, in one example, an adviser had successfully negotiated directly with an employer and secured a reduction in working hours for the customer.

6.6 Perceived impacts of Pathways IWS

Customers who received support through Pathways IWS were asked about how they thought the support they had received had contributed to their ability to sustain themselves in work. Typically, customers reported positive impacts, although for some customers, the support received through Pathways IWS was not seen to be as important as other sources of support and, occasionally, customers had been dissatisfied with the support they had received.
6.6.1 Positive impacts

Those who felt that the Pathways IWS provision had had a direct impact on their job retention were typically those who had received more intensive support. For another group of customers, Pathways IWS was generally seen as a helpful part of a package of support. This included some customers who had made less intensive use of Pathways IWS who said that it had been reassuring to have the support there if they had needed to make more use of it.

Customers reported a range of ways in which they felt that Pathways IWS had helped them to remain in work. Commonly, customers said that being able to talk through issues that had arisen at work and, in some cases, more personal issues, had helped them cope in the workplace better. Support from Pathways IWS was felt to have increased their confidence, for example, about meeting the demands of the job and in communicating with their employer. Gaining a clearer career direction and confidence around future career goals was sometimes also mentioned by these customers as a positive impact of their contact with a Pathways IWS adviser. For example, one customer reapplied for a nursing course that he had been turned down for following active encouragement from his Pathways IWS adviser. In this case, the customer’s subsequent application had been successful.

6.6.2 No or negative impact

Customers who did not think that Pathways IWS had impacted on their job retention tended to be those who said that support from other services, employers and family and friends had been more important for them in helping them to remain in work or, in a small number of cases, those who had been dissatisfied with the provision. This included, for example, a customer who had been referred to a work psychologist who the customer thought was too inexperienced to help him with his panic attacks.

In some cases customers said that issues arose that Pathways IWS advisers could not help with. For example, customers said that they were sometimes unable to sustain work due to a decline in health, an unsuitable job or personal difficulties. For example, one customer had accepted a job that involved a ten mile cycle ride each way, which finished late at night, and he had not felt able to sustain this commute. In another case, a customer had left work because she felt unable to hold down her job whilst being simultaneously involved in a costly, time-consuming and lengthy child custody battle.

6.7 Other support for staying in work

It was notable that customers, both those who had used Pathways IWS and those who had not, commonly discussed a wide range of support other than Pathways IWS that they thought had been effective, and sometimes critical, in helping them to remain in employment.
6.7.1 NDDP Job Broker, IBPA and other Jobcentre Plus support

In addition to the range of support that they had received from Jobcentre Plus prior to their entry into work, customers often continued to receive a range of Jobcentre Plus support once in employment. For example, a number of customers were receiving support from NDDP Job Brokers. These included customers who were receiving support from Pathways IWS and those who were not. These customers had received support from an NDDP Job Broker to find employment and, once in employment, had continued to receive support from their Job Broker. These customers often valued the continuity of support. They felt that they had already established a positive relationship with their Job Broker and that they would already know about their personal circumstances which meant that they wouldn’t need to explain potentially sensitive information to someone else. One customer described it as ‘natural’ to continue getting support from the same provider. Exceptionally, customers preferred to continue seeing the NDDP Job Broker because they were more conveniently located than any other provider of in-work support.

In one area in particular, customers also reported having ongoing and supportive relationships with their IBPA following their return to work. And, in one case, a customer was attending a CMP course whilst in employment.

In some cases the support received was perceived by customers to negate the need to receive support from Pathways IWS, whilst in other cases these alternative forms of support were seen to be complementary. Occasionally, however, customers could be confused about the range of support provided by Jobcentre Plus and unclear about the respective roles of different advisers and professionals that they had contact with.

6.7.2 Health professionals

A number of customers felt that health professionals had played an important role in helping them to sustain their employment. These practitioners included GPs, cardiac rehabilitation units, psychiatrists, community psychiatric nurses, complementary practitioners, counsellors and cognitive behavioural therapists. Health professionals were described as helping in a range of ways. As well as helping customers manage their health conditions medical staff had also written references and recommendations to employers on behalf of customers, for example, proposing specific working arrangements or a graded return to work.

6.7.3 Voluntary sector and other organisations

Customers had accessed other forms of support through voluntary sector, and other non-Jobcentre Plus, organisations. These included the Citizens Advice Bureau and specialist voluntary organisations, for example, an organisation supporting the rehabilitation of ex-offenders and another specialising in helping disabled people back to work. In one case, HM Revenue & Customs had been described as supportive in helping a customer deal with tax issues.
6.7.4 Supportive employers and colleagues

Where customers felt that their work was appropriate to their health condition and where they felt supported by employers and colleagues, they were likely to see this as important in helping them to sustain their employment. Conversely, work-related problems, such as undue performance pressure or the perceived reluctance of an employer to accommodate their health condition, tended to increase stress and anxiety and were seen to negatively affect customers’ health conditions.

Good employers were seen to be those who had a track record of employing people with health problems or disabilities and who were understanding of the problems they faced. Employers that held jobs open for customers or employers that were ‘willing to take a risk’ with someone with a benefits history and health problem were seen positively. Where employers were discussed as being supportive, this was commonly related to not being put under undue pressure at work and to being able to work suitable and sometimes flexible or reduced hours. Other forms of support included allowing employees time off for doctor’s and hospital appointments and workplace-based occupational health support.

6.7.5 Family and friends

Finally, the support of family and friends was commonly described as important in helping customers sustain work. The support described ranged from moral and emotional support to practical support such as collecting children from school or help with domestic tasks.
7 Providers’ experiences of working with customers

This chapter explores providers’ perceptions and experiences of customers’ support needs, the services that they provide to help meet these needs, their experiences of working with customers and their views about what they feel has made a difference to customers’ ability to sustain employment. These findings provide a broader perspective on the findings from the customer research, which are reported in Chapter 6.

7.1 Customers’ perceived support needs

Pathways IWS providers identified a range of support needs experienced by customers who had returned to work following a period on IB. The main customer support needs identified by providers were:

- support with mental health/confidence issues;
- support with physical conditions;
- issues arising with employers and colleagues;
- financial issues.

These reflect closely the concerns about returning to work that customers described themselves as having, reported in Chapter 6.

7.1.1 Support with mental health/confidence issues

Pathways IWS advisers commonly identified customers with mental health conditions, such as depression and anxiety or low self-confidence, as the most significant customer group. The nature and severity of such conditions varied. Some customers were seen to need ‘just a bit of extra encouragement’. However, commonly these customers had more intensive support needs. For example, advisers described customers who found walking into a building overwhelming or who were extremely anxious about interacting socially at work. Customers with
low self-confidence could also be fearful of asking questions of employers, for example about working hours, pay, training or holiday entitlement. A Pathways IWS adviser described, for example, a customer who had not been paid for months because they were too scared to tell anyone that they hadn’t received their wages. Another Pathways IWS adviser discussed a customer who had been too scared to ask where the toilets were on their first day. The customer spent a long time looking for the toilets and when they eventually found them, broke down in tears, locked themselves in a cubicle and called the Pathways IWS adviser from their mobile phone. Some customers with a history of panic attacks could additionally be concerned about having panic attacks at work.

This group of customers, especially, were reported as commonly suffering from fatigue after returning to work due to the associated stress and could be concerned about their health conditions worsening. There was limited discussion by providers of customer needs relating to other specific mental health conditions, although providers occasionally mentioned working with customers suffering from conditions such as Asperger’s syndrome and autism.

### 7.1.2 Support with physical conditions

Those with physical health conditions, according to providers, were less likely to need intensive support. The most dominant issue for this customer group was managing to fulfil their work obligations without experiencing pain or risking a worsening of their health condition. For example, a respondent described one of their customers who had back problems and who was concerned that sitting down all day might worsen his condition. It also sometimes happened that a job turned out to be more physically demanding than the customer had expected or could manage. For example, one Pathways IWS adviser described a customer who had got a job as a gardener. The customer had thought that he was just going to be mowing lawns but when he arrived he discovered that he was also expected to cut down trees. In cases such as these, advisers were able to help arrange for workplace adaptations or support customers in renegotiating their working arrangements.

Some customers, such as those with cancer, were described as often already having a good support network of health and related support services and that, as a result, they tended to require less support from IWS.

Finally, it was pointed out that customers with physical health conditions often developed mental health or emotional difficulties such as depression or low confidence as a result of their poor physical health and the impact of this on other aspects of their lives. In such cases, advisers stressed the importance of not dealing with issues related to the physical condition in isolation and of addressing both physical and emotional support needs together.
7.1.3 Issues arising with employers and colleagues

Customers were also commonly seen to need help and support with issues arising with employers and work colleagues. Customers could be concerned about employers and colleagues not understanding their health condition and therefore, not making necessary allowances or misreading their behaviour, seeing them as being difficult for example, rather than simply unable to take on certain tasks or working arrangements. Customers with mental health issues, such as depression and anxiety, sometimes worried that employers would view them as unstable and that they would be stigmatised.

Occasionally, customers reported being bullied, harassed or exploited in the workplace. In such cases, Pathways IWS advisers would generally offer information on employment law and employee rights or signpost the customer to a legal adviser. For example, in one case an employer had increased the number of hours the customer was expected to work without consulting the customer and for no extra pay. The Pathways IWS adviser arranged for someone from a legal advice service to speak to the customer. In this case, the customer was advised that they were within their rights to refuse to work the extra hours.

7.1.4 Financial issues

According to providers, financial issues were also a common concern for customers who had returned to work. Pathways IWS advisers discussed a range of financial concerns raised by customers. A key concern for customers was how to manage their finances once in work. For example, when on IB, customers commonly also received Housing Benefit which could be paid directly to the landlord. Once they were earning, customers would have to pay their rent themselves which was a concern for some as it was an unfamiliar process.

A further concern for customers was managing debt. Some customers had borrowed money or paid for goods on credit whilst out of work or had not been paying their rent regularly. Whilst claiming benefits, customers had not been expected to make repayments on debts. However, once they were earning, they were then required to make repayments to creditors. The severity of debt amongst customers varied from those who owed small amounts of money to those who were on the verge of being declared bankrupt.

Customers could also be worried about how they would pay for costs associated with returning to work, such as buying new clothes and paying for transport to and from work. For those with dependent children, especially lone parents, a key concern was whether they would be able to afford childcare. Customers could also be concerned about how they would cope with a reduction or loss of other benefits. For example, when receiving IB, customers had also been entitled to help with Council Tax and Housing Benefit but, upon returning to work, customers would lose or receive a reduction in this entitlement. Respondents said that customers were also often unaware of in-work benefits such as Working Tax Credit or the Disability Living Allowance.
7.2 Support offered to customers through Pathways IWS

The support offered by Pathways IWS consists of an after-care service, as well as a range of sub-contracted specialist services, including occupational health, mentoring, job-coaching, in-depth support such as counselling and financial and debt advice services, as well as signposting to a wide range of other support services. This section discusses the nature of this provision.

7.2.1 After-care service

The Pathways IWS after-care service was available to all Pathways customers who had returned to work and was delivered, in all cases, by the main Pathways IWS provider. Echoing customers’ own descriptions of the Pathways IWS after-care that they received (reported in Chapter 4), discussions with providers suggested that, across all the four areas, the after-care service:

- was responsive to the nature and level of customers’ needs and was potentially intensive;
- was wide-ranging in terms of the type of support that advisers offered; and
- involved limited direct liaison with employers and an enabling approach.

Responsive and potentially intensive

Despite being referred to as ‘light touch’, the intensity of after-care support was described as varying significantly across customers, with some receiving a high level of support and more frequent contact. At a minimum, Pathways IWS advisers said that they would call or meet customers once a month, over six months and generally said that customers who did not suffer from mental health or self-confidence issues were most likely to need only this basic support.

However, after-care could, for some types of customer, be more intensive. This was provided through a combination of regular face-to-face meetings, regular telephone contact and by advisers making themselves accessible to customers, including, in some cases, receiving and making telephone calls late into the evening. For example, one Pathways IWS adviser told us customers would commonly call her late at night because they were having trouble coping with work.

Some respondents, primarily from NDDP or sub-contracted specialist support service providers, argued that there was a danger of customers developing an unhelpful dependency on Pathways IWS advisers where support was so responsive and intensive. However, Pathways IWS advisers argued that customers benefited from this intensive level of support. Furthermore, Pathways IWS advisers commonly described a trajectory of initially intense support for those who needed it, reducing over time as customers’ confidence and independence increased. Pathways IWS providers said that customers usually initiated less contact as time passed. However, IWS advisers sometimes described ‘weaning’ customers’ off
intensive support by making a point of increasingly probing less and asking fewer questions. Although discouraging ongoing intensive contact in this way, Pathways IWS advisers commonly said they would continue to provide some minimal level of support to customers even after their 26 week funding had lapsed if customers still needed it.

**Wide-ranging support**

Pathways IWS was described by providers as addressing the multiple support needs of customers in an holistic way. Providers commonly argued that customers preferred to receive integrated support from one provider, particularly if they suffered from mental health issues and low self-confidence as dealing with multiple providers could make them confused, anxious or unsettled. For this reason, Pathways IWS advisers often aimed to provide a wide range of support directly, through the after-care service.

‘Sometimes I did go a little bit too much in-depth because it’s supposed to be ‘light touch’. We actually act as a coordinator for specialist provision but sometimes because there was more to be done I would step in and do anything really.’

This could also mean that advisers were providing support that overlapped with sub-contracted specialist provision. Section 7.2.2, below, which considers sub-contracted specialist provision, explores these areas of overlap. Exceptionally, there was a view that sub-contracted specialist provision was unnecessary and that Pathways IWS advisers had all the relevant skills to support customers and help them stay in work. However, generally, Pathways IWS advisers felt that there were limits to their knowledge and expertise and that they would make referrals to sub-contracted specialist provision if necessary. As one Pathways IWS adviser acknowledged, ‘You can’t be an expert in all of these areas’.

However, some of those delivering sub-contracted specialist support services were concerned that because of the willingness of Pathways IWS advisers to provide a wide range of different types of support themselves, that customers were not readily being referred to sub-contracted specialist services and that, as a result, that they may not be getting the most appropriate support. They also thought that Pathways IWS advisers were sometimes working at the edges of their professional capacity, especially in delivering some forms of emotional support and occupational health services.

‘You know, occupational health is a specialist area of health care, you know, and it’s not something that people can just dabble in…so, you know, we felt that they really needed to be providing specialist input for that, for it to be effective.’

**Limited direct contact with employers and enabling approach**

Those delivering Pathways IWS occasionally described contacting employers on behalf of customers, but this was rare. The main reason for this was that customers generally did not want advisers to approach employers on their behalf. This was
because they did not want their employer to know about their health condition or to know that they had been receiving Pathways IWS, as they were concerned that this would leave employers thinking they were unable to cope with the job. They could also be concerned that employers might think that involving an adviser was antagonistic and that they may be seen as ‘rocking the boat’. Although this might be perceived as a constraint, Pathways IWS providers commonly presented this as promoting a positive and enabling approach. For example, rather than liaise directly with employers, those delivering IWS might give customers advice on how to approach employers concerning specific issues. For example, one Pathways IWS adviser helped a customer to write a plan on how to speak to their employer about working hours. Pathways IWS advisers argued that this enabling approach helped increase the confidence of customers and gave them more independence.

In contrast, those delivering the NDDP aftercare service were more likely to have contact with employers. This was because they would have already had contact with employers through having helped the customer gain the job through the job brokering service. As a consequence, the employer would already be aware of the customer’s health condition and be aware that the customer was receiving support so there was not the same reluctance on the part of customers to have advisers liaise directly with employers.

Pathways IWS advisers are able to contact employers with customers’ permission but customers who have not accessed their employment through NDDP generally prefer advisers not to have direct contact with employers. Hence, any potential benefits of adviser/employer contact needs to be balanced against the fact that customers often did not want this contact, and the evidence that it could make customers feel worried and anxious.

### 7.2.2 Specialist provision

Pathways IWS advisers would refer, or sometimes signpost, customers on to services that could offer specialist support where this was seen to be required. Referrals could be made to four broad areas of support. These were mentoring, financial and debt advice, occupational health and job-coaching. How these services were structured varied across areas. Pathways providers also sometimes delivered such support using specialist in-house services and sometimes through sub-contracts with external organisations. For other types of specialist provision, the main Pathways providers would usually signpost customers to other services and organisations, although occasionally they had sub-contracts with other organisations for other services, such as counselling. The processes for making referrals or signposting customers to specialist services could often appear to be similar since when signposting, rather than just giving the customer contact details and information about the service, Pathways IWS advisers would usually make the initial contact with the support service, and possibly make an appointment on the customer’s behalf. Pathways IWS advisers commonly thought that just giving information to customers was of limited value as they would often not have the confidence to contact services directly themselves.
Mentoring

In three of the four areas, Pathways IWS providers delivered a mentoring service in-house. In one of these areas, the main IWS provider also recruited volunteers to deliver ‘peer’ mentoring. These volunteers were mostly recruited from customers who had previously received Pathways IWS from the organisation. In the other area, referrals were made to a voluntary organisation that delivered a peer mentoring service, with volunteer staff recruited from those who have had similar experiences or who had received support in the past from the mentoring service.

Mentoring was described as being very much tailored to the specific needs of individuals, but was commonly used to help customers who lacked confidence and self-esteem. Mentoring was described as providing an opportunity for customers to ‘chat’ about work-related issues. Although it was not described as mentoring, Pathways IWS advisers provided support to customers that appeared to be similar in the context of after-care provision. Sub-contracted specialist mentoring services provided another context for customers to discuss and explore work-related issues and where volunteers were delivering the mentoring service, because they had been in similar situations to the customer in the past, they were able to offer understanding and empathy and bring their own personal experiences to bear.

More formal counselling services, employing trained counsellors, were sub-contracted to deliver additional support in one area. In this area counsellors were available to offer help and advice with a range of issues related to personal and work relationships. The cost of this provision was higher than the amount received for delivering Pathways IWS to the customer but this was considered tolerable as only a few customers needed this service and it was considered worthwhile for those customers who did need it. In two of the other areas, when customers were thought to need formal counselling, they were signposted to other available services. In the final area, there appeared to be some confusion, with the main Pathways IWS provider believing that one of its specialist sub-contractors was able to provide formal counselling when in fact it could not.

‘What we did...in...early meetings was that they...provided us with a list of potential clients that they felt would benefit from [the specialist provision] and this was done on two separate occasions...we went through those cases and very few of them were appropriate specifically for in-depth support because they actually required occupational health support or counselling, and they still hadn’t got anything in place to do that.’

Financial management and debt advice

In all areas, Pathways IWS advisers themselves would provide some financial support and help to customers, for example, helping them to write a personal budget plan and checking that customers were receiving all the benefits they were entitled to. Pathways IWS advisers tended to refer customers to sub-contracted specialist financial and debt advice services only if they felt that customers needed more intensive or specialist support such as dealing with bankruptcy and serious debt, where there was a need for an adviser to liaise and negotiate with creditors.
Providers’ experiences of working with customers

Specialist financial management and debt advice services were provided in a range of ways. In one area, when customers needed extra support with financial issues, an internal referral would be made and the service would be delivered through the Pathways IWS adviser who had specialist skills in this area. In another area, referrals could be made to a separate in-house debt adviser. In the other two areas referrals were made to the Citizens Advice Bureau. Overall, because referrals were reserved for more serious financial support needs, referral levels to these services tended to be low.

Occupational health

As with financial and debt advice, Pathways IWS advisers provided a level of support to customers directly to help them manage their health condition in the workplace. For example, in one area the Pathways IWS adviser described offering support through the provision of self-help workbooks and advisers commonly described helping customers with managing stress in the workplace. Where customers needed more specialist support, they could be referred to other providers, including private providers and the CMP. The range of occupational health services provided by sub-contracted specialist providers included helping customers to develop techniques and strategies for managing their health conditions, combating anxiety in the workplace, help with stress management and workplace assessment and adaptations. Across the four areas, referral levels were generally low. This may have been because Pathways IWS advisers were able to provide a range of support directly. In one area, Pathways IWS advisers said that where referrals had been made to occupational health, customers had not heard back from the local NHS trust that provided the service because it was over-subscribed and understaffed.

Job-coaching

Job-coaching was described as covering a varied range of support. As with mentoring, financial and debt advice and occupational health, all Pathways IWS providers delivered some level of job-coaching in the context of the after-care service. In two cases, Pathways IWS advisers also provided job-coaching as a sub-contracted specialist service. Job-coaching activities delivered in the context of after-care included, for example, discussing work-related issues with customers and providing customers with relevant literature about their area of work. Sub-contracted specialist provision included, in one area, job-coaching that was offered through volunteers who were recruited from customers who had themselves received Pathways IWS in the past. In another area, there was sub-contracted specialist job-coaching for customers with learning difficulties provided by a national charity. In another area, sub-contracted specialist providers were described as being able to liaise with employers to facilitate workplace-based training and support and were also able to provide support for self-employment covering, for example, business-planning, marketing and personal time-planning. Referrals to these specialist services were made on occasion but, on the whole, tended to be low. This seemed to be because they catered more for specialised support needs.
or required providers to contact employers directly which was unpopular with customers.

*Signposting to additional services*

In addition to making direct referrals, Pathways IWS providers frequently talked about signposting customers to various activities and support services, although they would often make contact with services on behalf of customers.

‘You can be very effective through signposting to the right areas that can offer the support the client needs, rather than just thinking “well we’re not contracted to do that so I’ll ignore that”.’

The services to which advisers signposted included, for example, confidence-building courses, legal advice services, counselling, training courses, yoga classes, specialist health services, Victim Support, Dial-a-Ride, Learn Direct, Women’s Aid, occupational therapists and housing and benefits services. Pathways IWS advisers also commonly mentioned signposting customers to Access to Work for support with specialist equipment such as specialist chairs, wheelchair ramps or hearing devices. Other examples included signposting customers to services that were available to help those with additional disadvantages, for example, specialist services available to help customers deal with drug and alcohol addictions. However, according to Pathways IWS advisers, this type of provision was rarely used as these support needs tended to have been dealt with before the customer had returned to work.

7.3 Perceived success factors and barriers

Pathways IWS advisers were generally very enthusiastic about the service they provided and believed that it was effective in sustaining people in work. In all four areas retention rates were high, with the percentage of customers sustaining employment whilst receiving Pathway IWS reported as ranging from around 80 to 95 per cent.

7.3.1 Perceived success factors

The key characteristics of the Pathways IWS service that providers thought were particularly effective in helping to sustain customers in work were that:

- it was responsive to the nature and level of customers’ needs;
- it was timely, provided as and when customers needed it; and
- there was a comprehensive range of support offered.

*Responsive to the nature and level of customer needs*

The scope within Pathways IWS to provide a responsive service and to tailor the nature and level of support to customers’ needs was seen as a key factor in producing successful outcomes. Customers with mental health issues and low
self-confidence, commonly identified as the dominant customer group, were considered by providers to benefit significantly from more intensive support, whilst other customers with more limited support needs would receive a ‘light-touch’ after-care service. In this way, customers with more limited support needs had specific gaps in support met and had the reassurance of further help being there if the need arose. At the same time, advisers were able to provide more intensive support to those who needed it.

‘I think most of it is they [customers] just don’t feel vulnerable anymore, they don’t feel so exposed, they know they’re not on their own, I think that’s the main difference that we make.’

Timely support
Pathways IWS advisers also stressed the importance of the timeliness of support. They often made an effort to make themselves accessible to customers so that customers could contact them as and when difficulties arose. According to providers, customers often just wanted to have someone available for them to talk to when they’d had a bad day. Commonly, Pathways IWS advisers would make themselves available to customers outside office hours so that customers could contact them when they had finished work and felt that this could make the difference between a customer persevering in a job or giving up.

‘It’s very realistic to say that that phone call or that meeting after a bad day can help [customers] return to work the next day, whereas perhaps their usual habit might have been to run away or think “I just can’t do this anymore”.’

Comprehensive range of support
Pathways IWS advisers felt that the breadth of support they could offer to customers, both directly and alongside being able to refer and signpost customers to specialist services, allowed them to address the multiple support needs of customers in an holistic way. They believed that this was a key factor in helping customers remain in work, especially where customers’ support needs were multiple and complex. For example, one Pathways IWS adviser discussed a customer who initially had not appeared to have any significant support needs. He was working as a car mechanic and had previously run his own car repair business so knew the job well. However, over a series of meetings with the customer, the Pathways IWS adviser discovered a number of issues that may have resulted in the customer returning to benefits had they not been addressed. For example, it transpired that the customer had funded a drug addiction through his previous business which had resulted in bankruptcy and also divorce from his wife. The Pathways IWS adviser referred the customer for debt counselling and helped him deal with his rent arrears. The customer was also suffering from depression and, having lost his social network as a result of the changes in his life, had become very isolated. The Pathways IWS adviser taught the customer various self-help techniques and encouraged the customer to join a dance class, to increase the customer’s confidence and self-esteem and
to encourage him to build up a new social network. The Pathways IWS adviser also encouraged the customer to attend karate lessons with his children to help him rebuild his relationship with them. In order to help the customer widen his employment opportunities, the adviser also assisted the customer to access an IT course and helped him to register at the local library. The Pathways IWS adviser believes that, alongside their intrinsic benefits, these various activities kept the customer busy and stopped him dwelling on his problems, which in turn she felt had helped to stop him from returning to drugs and potentially losing his job.

The broad range of support available through Pathways IWS was seen to allow Pathways IWS advisers to create packages of support that combined both practical and emotional support, which advisers saw as of key importance. For example, in one case, a Pathways IWS adviser discussed a customer who had originally stopped working due to an illness that had culminated in a major operation but who, because of his ill health and a series of personal issues, had also since developed depression and anxiety. With help from Jobcentre Plus the customer had set up a small business and Pathways IWS had then helped the customer with a range of business support needs, such as helping him to access the equipment he needed to run his business and helping him to advertise his business effectively. Alongside this practical support, the adviser was also able to organise a mentor who had experience of self-employment and referred the customer to a counselling service. A year later the customer’s business was successfully established and the Pathways IWS adviser believed that the help and support he had received through Pathways IWS had played a key role in this.

Finally, the flexibility and breadth of provision also meant that advisers could employ a coordinated and multi-faceted approach to address a single difficulty or issue experienced by a customer, increasing the chances of providing effective support. For example, a Pathways IWS adviser discussed a customer who had been off work for six years due to depression after several members of her family had died. The customer had returned to work as a nursing assistant, but suffered from low self-esteem. The Pathways IWS adviser spent time discussing the customer’s issues with her, gave her a self-help pack on confidence building and helped the customer to sign up for a nursing assistant course. The provider believed this range of support had helped to give the customer the confidence needed to stay in work.

7.3.2 Perceived barriers and obstacles
Providers thought that where they had failed to have a positive impact on customers’ ability to sustain employment, this was because of:
• reluctance on the part of customers to use relevant support; or
• factors beyond the influence of the Pathways IWS service.
Reluctance of customers to use relevant support

Customers sometimes did not receive support that would benefit them because of what advisers saw as reluctance to use relevant support. One reason given for resistance to taking up support was that customers may have mistakenly felt that they did not need the support. For example, one Pathways IWS adviser mentioned a customer who suffered from depression who she had made an appointment for with a private counsellor. However, the customer did not attend the appointment because she was ‘having a good day’. In addition, there was a view that some groups of customers, particularly older men, felt less comfortable accepting support, particularly emotional support. Exceptionally, there was also a view that some customers would rather not be working and so were not receptive to accepting support to help them retain their job. Finally, some customers found it difficult to keep appointments because they felt that, with a full-time job, they didn’t have much spare time.

Factors beyond the influence of Pathways IWS service

Factors considered to be beyond the influence of the Pathways IWS service were also seen to limit the positive impacts of the support offered. For example, providers thought that where customers were unable to sustain work, this was commonly due to a decline in their health. For example, one provider gave an example of a customer with cancer who had been in remission but unfortunately, after returning to work, had to go back into hospital for more treatment and consequently had to give up work. In another case, a customer was unable to control panic attacks in the workplace until, eventually, remaining in work had become untenable for her.

Other factors referred to by providers as affecting customers’ ability to stay in work included unsuitable employment. For example, one customer who suffered from rheumatoid arthritis was working in a factory trying to do a job that, in the view of the adviser, she was not physically able to do. Failure to sustain work could be because a customer’s, generally a woman’s, partner or other immediate family were not supportive of the customer returning to work. And despite advisers discussing childcare options with customers and ensuring that they were accessing possible benefits such as Child Tax Credit, customers with dependent children were seen to sometimes experience insurmountable difficulties in accessing suitable childcare.

7.3.3 Other factors affecting whether customers sustained employment

Providers acknowledged that Pathways IWS was not the only factor that influenced whether customers were able to sustain themselves in employment. Closely reflecting the Stage one customer research, providers detailed other sources of support that were also highly important in sustaining customers in work or, when they went wrong, could result in a customer not retaining their employment. In particular, providers identified the importance of:
• health professionals;
• employers and colleagues; and
• family and friends.

Health professionals
Health-related support services were discussed as an important source of support for some customers. Occupational health therapists, GPs, physiotherapists and psychiatrists were some of the healthcare professionals mentioned by providers. Respondents recognised that support from these health-care professionals could play a central role in sustaining customers in employment.

Employers and colleagues
In the experience of IWS providers, if customers felt able to approach their employer to discuss any problems that they experienced in the workplace and trusted the employer to respond constructively, this could help them to remain in employment. Examples of supportive employers included an employer that arranged for a customer to have a workplace mentor to support them and employers that allowed customers to work flexible working hours. Alternatively, if employers were not supportive, this could have a detrimental effect on the retention of the customer in work. For example, in one case a customer with an artificial leg had asked her employer for a stool to sit on when working behind the till. The employer had refused, despite intervention from a Job Broker and an offer being made to pay for the stool. This made working too difficult for the customer so she had to resign and was at the time of the research taking legal action under the Disability Discrimination Act.

Family and friends
Supportive family and friends could also make a difference to whether a customer was able to sustain employment. As discussed in Section 7.3.2, it could be difficult, particularly for women, to sustain work if partners and other family members were unsupportive of their returning to work. On the other hand, moral and emotional support as well as support with practical and domestic tasks, could make a positive difference.
8 Conclusion

This report has laid out detailed information about the provision of Pathways IWS in the context of in-work support delivered by other providers, particularly by NDDP providers. We hope that the Department and other readers will find information within this report that is useful in highlighting and addressing policy questions on the provision of in-work support for IB customers. This final chapter, therefore, does not attempt to summarise and draw conclusions from the full contents of the report nor does it claim to identify all relevant policy considerations arising from the research. However, there are some key policy-relevant issues that arise from the research which are set out here for the convenience and consideration of readers.

One of these issues concerns in-work support provision for ‘harder to help’ customers with significant and multiple support needs. Overall, IB customers were likely to have already received significant support in preparation for entering employment. They also appeared to commonly have access to other forms of support, including NDDP after-care and support from IBPAs, to help them once they had taken up employment. Consequently, although it was often seen as helpful and reassuring, Pathways IWS provision was commonly not deemed to be critical by customers in helping them to remain in employment.

However, the research also found Pathways IWS to be providing a comprehensive and potentially intensive form of in-work support for some customers that did not appear to be available through other providers. This was considered by customers and providers alike to be of particular value to those customers with more significant support needs including those with mental health conditions such as depression and anxiety, those with low self-confidence and those who had been out of the workplace for a long time. It was unclear whether, without Pathways IWS, these customers would have received the intense support they needed. Consequently, any review of in-work support provision would need to consider how the support needs of this group of customers would be met. It may also need to consider whether intensive after-care provision needs to be recognised and funded differently to more ‘light touch’ provision.
There also appeared to be widespread inconsistency in whether and how customers were made aware of the Pathways IWS provision. It appeared that commonly, customers, including both NDDP and non-NDDP customers, were not informed of the provision at all. Others were informed about provision only after having accepted a job, thus negating the scope of the provision to act as an incentive and reassurance for deciding to take a job in the first place. There was also evidence of inconsistent and late referrals across Jobcentre Plus offices, as well as confusion and disagreement about eligibility and about the fit of the provision with other support, particularly NDDP after-care.

It would seem important, therefore, to review current provision and to clarify the respective role and function of Pathways IWS and NDDP after-care provision in particular. Following from this, there may also be a need to further clarify eligibility criteria and referral processes to ensure that all IB customers have equal access to in-work support services that are appropriate to their needs and so that providers have a clearer basis upon which to plan their provision. Such clarification needs to take account of the fact that not all IB customers who would benefit from in-work support are registered with NDDP or gain their jobs through NDDP Job Brokers.

Finally, there may also be a need for clarification of the Pathways IWS adviser role in delivering after-care vis-a-vis specific types of sub-contracted specialist support such as occupational health, mentoring and job-coaching so that criteria for referral are clearer and so that all parties can have confidence that customers are getting appropriate support. It may be helpful to structure funding so that sub-contracted specialist provision is separately funded. There may also be scope for identifying good practice examples of joint working between main Pathways IWS providers and sub-contracted specialist providers.
Appendix A
Stage one: Research with customers – topic guide
INTRODUCTION

- About NatCen/SPRU/PSI (independent role etc)
- Research funded by DWP (brief explanation of overall evaluation, purpose of this element, and hopes of follow-up interview in 6 months’ time)
- Remind about confidentiality
- Check for understanding and agreement to taking part
- Ask to sign consent form
- Seek permission to tape record
- Ask if have any questions or concerns – reassure can take break if want to

RESPONDENT BACKGROUND

ASK ALL...

Personal circumstances
- Age
- Household composition/circumstances
- Employment status of respondent and household members
- Current/recent caring responsibilities
- Any recent changes – i.e. moved house, household composition
- Current working status – keep brief at this point

Health status
- Exploration of current health status (explore duration, stability of health etc)
- Impact on everyday activities and on amount of work undertaken
3. WORK HISTORY AND BENEFITS

Note – keep section fairly brief, key purpose is to map experiences to provide context for IWS data.

ASK ALL...

Work
- Most recent work before current job
- Other types of work in past (main/usual type of work)
- Nature/level of skills/training
- Details of periods out of work in past

Details of most recent IB claim and past claims
- Circumstances surrounding recent IB claim
  - How came about that made claim – key factors and influences
  - When claim started/finished
- Whether attended meetings at Jobcentre – if so, how many
- Any training accessed through Jobcentre – details of
- Involvement with programmes or services offered through the Jobcentre meetings – nature and frequency of contact
  - PROBE for contact with CMP, Job Brokers, NDDP, other work preparations, and for receipt of ADF, RTWC
- Whether claimed benefits before recent IB claim – brief details of when, and circumstances

4. CURRENT JOB AND JOB ENTRY

ASK ALL...

- Nature of job – when started, description hours
- Whether returned to old job/employer, or started with new job/employer – reasons
- Earnings and composition i.e. wages only, or mix with benefits, whether better off and if so, by how much

Note – experience of employment, and help and support received in work are explored in sections 5 and 6 of the guide.

- Reasons for returning to work from IB – PROBE for financial, personal satisfaction, improvements in health
- Whether faced barriers to returning – if so, how overcome
- How got job – key influencing factors
- Employer related factors relating to return to work – i.e. how supportive, whether offered flexibility re hours and working conditions
- Experiences of transition from benefits to work – any problems experienced, PROBE for financial/other
- Impact of role of financial incentives (eg. ADF, RTWC, Job Grant, linking rules) on transition into work and return to work
- Impact (where relevant) of other Jobcentre provision (i.e. contact with the IBPA, Job Brokers, CMP, DEAs, work psychologists, permitted work rules, and other work preparation, eg. Access to Work) on transition into work
  - How affected feelings about work
  - Whether affected ability to find work
  - Most/least helpful aspects of services accessed in context of return to work
- Any gaps in services available
5. EXPERIENCES OF EMPLOYMENT AND JOBCENTRE PLUS-RELATED IN-WORK HELP AND SUPPORT

Note that even if a respondent is not a known IWS recipient, they might have received some support from other providers, for example NDDP Job Brokers and other JC provision such as Workstep and Progress2work (who are not the designated IWS providers), CMP, or their IBPA.

Note also that those who have received IWS support from the ‘official’ IWS provider in their area might also have received some support from a NDDP Job Broker or other provider. Typically, the way this works is that if a customer is already in touch with a provider, they might continue to perform a general ‘AfterCare’ service once they have returned to work. However, if they also have more specialist needs, i.e. financial and debt counselling, the provider might have referred them to the designated IWS provider for this service.

**ASK ALL....**

- Whether aware of the existence of IWS provision
  Note – it could be the case that some of those who have not accessed it were not aware that it was an option. If they say no, probe by describing the types of services available, to check for awareness. If not aware, go the end of this section.

- When they first heard about IWS – from whom, nature of information given
- Timing of IWS information in relation to return to work, i.e. whether heard about it before started work, after started work, or both, views about timing of information
- Whether awareness of IWS support played any role in decision to return to work – if so, how and why

Note – explain to respondents here that we are interested in hearing about and discussing any support they have received since going back to work from an In-work support provider, NDDP Job Brokers, the CMP, their IBPA or other Jobcentre-related agencies

- Views about information given
- Initial feelings about receiving IWS – facilitators/barriers to access
- Initial feelings about who was providing the IWS – importance attached to whether IWS team is perceived to be part of/independent of Jobcentre

**Early understanding of IWS**

- Early awareness of what IWS comprised - i.e. who the providers is/are, what they understand it to be, awareness of the different elements, i.e. regular caseworker contact, financial advice, more in-depth support i.e. counselling, occupational health support, mentoring, job coaching
- What they understood purpose of IWS to be
- Views about ‘target audience’ for IWS and why

**ASK THOSE WHO HAVE TAKEN UP IWS...**

Note that respondents may have accessed IWS on more than one occasion, at different times. If so, probe for the timing, motivations and experiences on each occasion

**Early decision to take-up IWS**

- When decided to take up IWS
- Key influencing factors – including impact of source of information on decision to take it up, and impact of timing of information
- What they hoped to get out of IWS
- Knowledge at this point of different aspects of service – whether decided at this point only to access certain elements, if so, why
**First contact with IWS provider**
- Mode of initial contact i.e. phone call, face to face, views about appropriateness
- Who contact was with (staff type, role)
- Venue, location and environment (views of)
- What was discussed at initial contact stage – whether made aware of range of services available
- Outcome – subsequent appointments made
- First impressions, i.e. extent of information given about programme, staff attitude
- Whether aware of having initially ‘signed up’ – if so, feelings about what meant
- Any changes to early understanding as result of contact

**Subsequent experiences of IWS to date**
- Nature and frequency of subsequent support received
  - How it is accessed, i.e. regular, ad hoc, on instigation of the service providers or themselves, at workplace/out of work
  - How many different services accessed
  - If accessed themselves, key triggers to doing so
  - Who they have seen, and what happened – i.e. details of discussions had, action taken, advice and information given, decisions made about future, steps taken
  - Venue, location, environment
  - Reasons, where relevant, for accessing some services and not others
- If accessed support from number of different service providers
  - Types of activities carried out with different service providers
  - Satisfaction with level of contact between different providers
  - Whether aware of having ‘central’ contact point who oversees referral to other providers
    - if so, views about

**Views about employment and IWS accessed to date**
- Key issues experienced since being in work – PROBE in full for nature, i.e. financial, health, relationships with employer/coworkers, hrs, nature of work
- Details of any adaptations made/flexibility adopted by employer to aid them in the workplace
- Job satisfaction, opportunities for progression
- Views about benefits of being in work - PROBE for both financial and non-financial benefits
- Extent to which feels key issues have been addressed by IWS
- Most/least useful aspects of the service and why – i.e. contact from a caseworker, financial advice, mentoring, job coaching, occupational health support, more in depth support i.e. counselling
- Impression of staff
- Views on the timing of the support given in relation to issues they have faced
- How closely support has been tailored to individual needs
- Whether would recommend to others
- Feelings about what makes a good service

- Where relevant views about having individual caseworker
  - Nature of relationship with caseworker – intensity of support offered, and fit with needs
  - Thoughts about manner and expertise of caseworker
  - Thoughts about role and value of caseworker

**Impact of IWS accessed to date**
- Impact of services/support accessed on
  - Feelings about their job
  - Ability to do their job
  - Relationships with colleagues, managers, family
  - Job retention – i.e. whether would still be in work if hasn’t received service, how would have felt about work if hadn’t received service
Employer attitudes to IWS
- Employer awareness of their use of IWS
- Employer involvement in IWS – when/how became involved and views about, levels of involvement and views about
- Perceptions of employer views about IWS – any influence on their take-up/use of the service
- Any tensions between employers/use of IWS services - details

Gaps/Improvements
- Any gaps or problems with service offered – i.e. in terms of content, timing, personnel, relationship with employers
- Suggestions for improvements to service

ASK THOSE WHO HAVE NOT TAKEN UP IWS...
- Key issues experienced since being in work – PROBE in full for nature, i.e. financial, health, relationships with employer/colleagues, hrs, nature of work
- Details of any adaptations made/flexibility adopted by employer to aid them in the workplace
- Job satisfaction, opportunities for progression
- Any surprises in terms of type of work/hrs expected to undertake
- Relationships with employer/work colleagues
- Opportunity for progression – and importance of
- Benefits of being in work – PROBE for both financial and non-financial benefits
- Any impact of health condition on work – nature

Key reasons for not accessing IWS – i.e. didn’t feel need, concerns about how employer would view them, unable to foresee what key issues would be before returned to work etc. (note that respondent may have been turned down for IWS if they had been in work too long to qualify when they applied)

ASK THOSE WHO HAVE NOW LEFT EMPLOYMENT...
- Key reasons for leaving – i.e. whether employer-related, personal, health related, or due to other factors, eg caring responsibilities
- Whether they foresee themselves returning to work in the future – if so, what sort of job and why
- What would need to happen to enable them to return to work
- If accessed IWS – whether feel had any needs not met by IWS, details of

6. IN-WORK HELP AND SUPPORT FROM OTHER SOURCES

ASK ALL...
- Whether have been in contact with any other services, organisations or schemes in relation to in-work issues – i.e. GPs, unions, voluntary organisations
- Nature and purpose of contact
- Value of contact and outcomes – i.e. type of support received, impact on feelings about work

- Support from other sources in relation to work issues – i.e family, friends
- Support from employer and colleagues in relation to work issues
- Value of support, and impact on feelings about work and job retention
Appendices – Stage one: Research with customers – topic guide

7. THE FUTURE, AND IMPACT OF DIFFERENT FACTORS ON JOB RETENTION

ASK ALL...

- Future intentions in relation to current job – i.e. stay in current job, look for different one, leave and return to benefits,
- Where relevant – key factors threatening ability to retain current job, i.e. financial, health, personal reasons, transport/childcare barriers, other barriers
- Any unmet support needs, i.e. in terms of staying in current job, looking for another job – how could best be met

ASK THOSE RECEIVING IWS...

- Relative impact of IWS in aiding job retention in relation to other factors i.e. financial incentives, help and support received from other sources, personal factors, employer-reacted factors
- Future expectations in terms of service use – whether envisage accessing other elements of service in the future
- Knowledge of how long can continue to access service
- Feelings about how long will want to have access and why
- If aware of cut off point – feelings about, adequacy of 26 weeks
- If subsequently left work – impact of IWS services on decision, whether IWS services could have done more to help them keep their job, if so what

ASK THOSE NOT RECEIVING IWS...

- Views about which factors have been most/least beneficial in helping them to stay in their job so far, i.e. financial incentives, in-work support from NDDP Job Brokers/other ‘non-official’ providers (where relevant), personal factors
- Views about likelihood of accessing in future – why, why not, likely triggers, awareness of who to contact in future

ASK ALL...

- Any other issues they would like to raise in relation to returning to work from benefit, and help/support received with regard to:
  ➢ Making the transition to work
  ➢ In work support

THANK AND CLOSE – EXPLAIN AGAIN THAT WILL PROBABLY WANT TO RE-INTERVIEW THEM IN ABOUT SIX MONTHS’ TIME, AND THAT WE WILL CONTACT THEM NEARER THE TIME TO ASK THEY WOULD STILL BE WILLING TO TAKE PART. PAY RESPONDENT.
Appendix B
Stage two: Research with providers – topic guide
### Objectives of Interview

- Map and explore structures and arrangements for delivery of IWS, including:
  - fit between different IWS providers
  - communication and ways of working between different IWS providers and between IWS providers and JCP
- Explore funding for IWS, including identifying and exploring views on funding models, and costs and expenditure
- Explore nature and level of IWS provision (distinguishing between what provision is available in principle and what has been delivered in practice)
- Explore experiences of working with customers (and relevant sub-groups) with a focus on concrete practice and actual examples, including:
  - referral routes, nature and type of provision
  - characteristics of customers seen
  - perceived gaps in provision available for particular customers
  - customer attitudes to contact between IWS staff and employers
  - practices with regard to ending or phasing out IWS provision for individual customers
  - perceived impacts of IWS

### Guidance to Interviewers

**Using the guide with different types of respondent**

This topic guide is to be used for all types of respondent (strategic and front-line staff, within Pathways main providers and any sub-contracted providers, as well as NDDP Job Brokers). Many of the sections apply to all types of respondents. Other sections are likely to only apply to particular respondent groups (i.e. front-line staff or strategic-level respondents). This topic guide indicates which is likely to be the case throughout. However, these are only suggestions, interviewers should work flexibly with the topic guide and be prepared to adapt their questioning to the specific respondent’s areas of knowledge and expertise.

**Covering areas already discussed at the scoping stage**

Some questions confirm and clarify the answers given during the scoping stage. Interviewers should cover these questions in this interview, drawing as appropriate on information already held, and build upon these answers with the in-depth questions set out in this guide.
Focus of interview
The interviewer should focus on concrete practice and actual examples rather than just covering general views or provision available, especially when interviewing frontline members of staff. Experiences of working with customers should be explored with reference to relevant groups (e.g. those with mental health conditions) and sub-groups (e.g. lone parents, homeless, ex-offenders etc).

1. Introduction
- Introduce self and NatCen / SPRU / PSI
- Outline evaluation and particular aims of this study
- Reassure about confidentiality
- Length of interview (hour to an hour and a half)
- Permission to record

2. Background
For all respondents:
- The respondent
  - job title
  - role and responsibilities (generally and in relation to IWS)
  - proportion of time spent on IWS
  - duration of involvement in IWS provision

For strategic-level respondents only:
- Their organisation
  - nature of (is it private broker/voluntary org/part of JobCentre Plus)
  - how long running for
  - size (staff numbers, offices, whether national or local)
  - services they deliver (other than IWS)

- When and how their organisation started delivering IWS (explore history of delivering IWS, including tendering for contract)

3. Structures and arrangements for delivery of IWS
For all respondents:
- Briefly describe structure of IWS provision in the area
  - elements of IWS delivered by main Pathways provider
  - if main Pathways provider contracts out specialist elements, organisations involved and elements of IWS delivered by sub-contractors
  - elements of IWS delivered by NDDP Job Brokers
  - elements of IWS delivered by any other providers (e.g. Access to Work, Workstep, Work Preparation, other)
  - broad views of current structure and arrangements
- Describe type(s) of IWS their organisation provides
(For Pathways provider: describe type(s) of IWS delivered by sub-contractors also)
  - what support consists of
  - problems or barriers that support aims to address
– intensity of support (e.g. ‘light touch’ support or specialist, more intensive support)
– duration of support
• Any changes in type or types of IWS they have provided over time

For strategic-level respondents:
• Number and roles of staff involved in delivery of IWS
  (For main Pathways provider: enquire after staff within main provider and, as far as possible, sub-contracted providers also)
• Funding
  – funding model employed to resource IWS (e.g. fixed payment, target-based etc)
  – views about funding model
  – views about other aspects of funding (e.g. clarity, timing, adequacy of funding)
• Costs and expenditure in delivering IWS
  – identify broad categories of expenditure
  – briefly describe how resources are distributed across these categories
  – views about distribution of resources (areas of perceived efficiency or inefficiency, areas of over/under-funding etc)

4. Relationship with other IWS providers

For all respondents:
• Other IWS providers in the area and elements of IWS they deliver (if not covered already)
  Probe for:
  – Pathways
  – NDDP Job Brokers
  – Access to Work
  – Work Preparation
  – Workstep
  – Other

• Relationship between different providers
  – fit of provision including any duplication / overlap or gaps
  – nature and level of contact and co-ordination between providers (e.g. referral practice between providers)
  – any particular areas of agreement / disagreement between providers
  – do some customers have contact with Pathways and NDDP Job Brokers / other IWS providers

For Pathways providers:
• Relationship between main providers and sub-contractors
  – initial discussions regarding working together
  – nature and frequency of ongoing contact (e.g. referral practice between providers)
  – views and experiences of relationships
5. Relationship between IWS providers and JobCentre Plus

For Pathways providers:
- Details of contact with JCP
  - referral practice (including appropriateness of referrals and continuing contact concerning an individual case following referral)
  - other contact with JCP regarding IWS (e.g., attending meetings, training sessions)
  - perception of JCP awareness and/or views of IWS provision (own provision and that of others; perception of preferences for particular providers)
  - views and experiences of contact with JCP

For NDDP Job Brokers:
- Details of any contact with JCP
  - whether any contact regarding IWS
  - if so, nature and frequency of contact
  - perception of JCP awareness and/or views of IWS provision (own provision and that of others; perception of preferences for particular providers)
  - views and experiences of contact with JCP

6. Referrals and caseloads

For all respondents:
- Referral routes onto/modes of accessing their IWS provision
- Referral routes onto/modes of accessing other IWS provision in the area
  - referrals made by respondents organisation onto other IWS provision in the area

For strategic-level respondents:
- Number of referrals/customers accessing ‘light touch’ aftercare service
  - whether this has changed and why
  - match with expectations
- Number of referrals/customers accessing specialist elements of IWS provision
  - whether this has changed and why
  - match with expectations

For front-line staff:
- Size of their IWS caseload (personally and for their organisation)
  - number of referrals/customers accessing IWS
  - comparison to expectations
  - any changes in numbers over time

7. Contact with customers and employers

For front-line staff:
- Initial contact with customers
  - who makes initial contact (customer or provider, staff position/role)
  - mode of contact (by phone, letter, face-to-face)
  - venue
  - perceived customer attitudes towards initial contact
- Content of first contact
  - how decide which types of support to offer customers
Appendices – Stage two: Research with providers – topic guide

- how decide whether customers should access ‘light touch’ support, intensive
  support, or both
- flexibility in tailoring support to meet individual needs
- whether customers are able to access multiple support
- outcomes / impacts of initial contact
- does initial contact vary across different groups / sub-groups / types of customer

• Subsequent contact with customers
  - frequency
  - mode of contact (by phone, letter, face-to-face)
  - venue
  - who its with (staff position / role)
  - content of discussion and / or action taken
  - perceived attitudes towards contact and help offered / given
  - outcomes / impacts of subsequent contact
  - does subsequent contact vary across different groups / sub-groups / types of customer

• Duration of contact with customers
  - whether any set time limit
  - any factors influencing duration of contact (eg. customer needs, available
    resources etc.)
  - approaches to ending or phasing out IWS provision
  - does this vary across different groups / sub-groups / types of customer

• Details of any contact with employers
  - how decide whether provider will contact employer; customer involvement in
    decision to contact and in facilitating access
  - mode of contact (by phone, letter, face-to-face)
  - content of discussion / contact
  - perceived attitude of customers towards provider contact with employer
  - perceived attitude of employers towards contact from provider
  - outcomes / impacts of contact with employers
  - does this vary across different groups / sub-groups / types of customer

• Any changes over time to the way in which contact is made with customers and/or
  employers

8. Working with different types of customers

For frontline staff:

- Characteristics of IWS customers
  - length of time on IB
  - health
  - influences on decision to return to work (e.g. developments in health, change in
    financial circumstances, advice and support from JCP / other sources)
  - types of work returning to
  - level of personal motivation
  - concerns they have about returning to work

- Impact of health condition on IWS provision (special focus on those with mental
  health conditions)
  - experience of providing IWS to IB customers with different health conditions
  - concerns those with different health conditions have about returning to work
  - types of support (commonly) required by those with different health conditions
  - intensity of support (commonly) required by those with different health
    conditions (e.g. ‘light touch’ support or specialist, more intensive support)
• Impact of additional disadvantages on IWS provision *(prompt for each of these: ex-offenders, homeless, those with substance misuse problems, refugees, lone parents)*
  – experience of providing IWS to IB customers with additional disadvantages
  – concerns those with additional disadvantages have about returning to work
  – types of support (commonly) required by those with additional disadvantages
  – intensity of support (commonly) required by those with additional disadvantages (e.g. ‘light touch’ support or specialist, more intensive support)

9. Perceived impact of IWS

*For all respondents:*

• Overall views on impact of IWS they deliver
  – on customers willingness to return to work
  – on customers retention in work

• Customers / types of customers that IWS has had impact on (with reference to concrete examples)
  *For example:*
  – those with mental health issues
  – those with substance misuse problems

• Customers / types of customers that IWS hasn’t had impact on (with reference to concrete examples)
  *For example:*
  – those reluctant to return to work
  – lone-parents

• Customers who don’t sustain employment
  – reasons; main problems/barriers experienced by customers with regard to sustaining employment
  – what happens to customers who don’t sustain employment (e.g. given other support, referred back to JC+ or Job Brokers)

• Perceived impact of IWS in comparison to other factors (e.g. customer motivation, financial benefits of work, other Pathways provision or other employment service support, support from employer)

• Aspects of IWS they deliver having most/least impact

10. Reflections on IWS provision

• Views about value / importance of IWS they provide
• Any gaps in IWS provision, with reference to concrete examples
  – for particular groups / types of customers
  – suggestions for filling gaps
• Suggested changes / improvements to current provision
• Any additional comments respondent wants to make

Thank respondent and reassure again about confidentiality.