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Pathways to Work from incapacity benefits: A study of referral practices and liaison between Jobcentre Plus advisers and service providers

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Summary

Introduction

This report presents findings from a qualitative research project carried out as part of a wider evaluation of Jobcentre Plus-led Pathways to Work. The study was conducted in 2007 and 2008 to explore referral practices and liaison amongst Jobcentre Plus staff and service providers involved in helping incapacity benefits recipients move towards and into paid employment. The study was commissioned by the Department for Work and Pensions (DWP) and led by the Social Policy Research Unit at the University of York in collaboration with the Policy Studies Institute and the National Centre for Social Research. The research was designed to fill gaps in knowledge and understanding about how and why Jobcentre Plus staff make decisions to refer claimants to external (and internal) service providers and practitioners, and the ways in which these key actors work together. As a consequence it was hoped that the findings would aid understanding of how to improve the appropriateness of referrals.

The main stage of the research design comprised qualitative interviews with Incapacity Benefit Personal Advisers (IBPAs) and Disability Employment Advisers (DEAs) who work in Jobcentre Plus offices, and frontline staff working in organisations providing employment services to incapacity benefits recipients. A preliminary review of related research informed development of research instruments.

The study focused on the key areas of:

- IBPAs' and DEAs' knowledge of external (and internal) services;
- influences on advisers' referral decisions and practices;
- differences and overlaps in the roles of IBPAs and DEAs;
- working relationships between Jobcentre Plus staff and external providers;
- the understanding and practice of the 'case management' of Pathways to Work clients.

Knowledge and use of service provision

The findings suggest that there are many different kinds of service provision to which Jobcentre Plus advisers might refer or signpost their clients, and multiple providers who may or may not be contracted with Jobcentre Plus. IBPAs demonstrated a good awareness of the **content** of much contracted and non-contracted provision, but felt their knowledge of the **quality** of services was sometimes lacking. Unsurprisingly, DEAs were far more knowledgeable about specialist disability programmes delivered under contract to Jobcentre Plus than newer support offered within Pathways and local non-contracted provision. The volume of provision proved to be overwhelming for some advisers where they felt it was impossible to become familiar with all provision at any one time. On the other hand, having such a broad range of provision meant that advisers felt able to source the most appropriate support for their clients in a timely fashion. One suggestion for change was to deliver more interventions in-house at Jobcentre Plus so that advisers could gain greater control and flexibility over their clients' pathways through support.

In analysing the influences on the development of advisers' **knowledge** and their **use** of provision it became apparent that what advisers knew about services and their experiences of using them were significant and were co-dependent. Thus, advisers felt that one of the best ways of getting to know more about interventions and provider organisations was to refer clients to them and monitor the outcomes. In turn, there was a tendency for advisers to use services more confidently and frequently where they felt they knew what help would be delivered, how effective it might be and where they were familiar with provider staff.

Aside from the knowledge gained from **using** provision, a number of influences were explained as helping to boost or to hinder advisers' knowledge development. Important ways in which advisers felt they could enhance their own understanding were:

- conducting searches for information when needed;
- sharing knowledge amongst Jobcentre Plus colleagues;
- drawing on their own experiences of being an adviser and liaising with external partners.

They also depended on receiving adequate training and managerial guidance, learning directly from providers about the interventions on offer, and obtaining information from clients and other sources such as local newspapers.

Hindrances to improving knowledge included:

- insufficient time to be proactive about developing knowledge;
- not receiving enough official instruction about local provision from training or managers;
- a lack of formal mechanisms for sharing information within Jobcentre Plus;

- providers not readily providing information;
- the fluidity of provision, such that it was hard to stay up to date with currently available services.

Other than advisers' **knowledge** of provision, decisions about which kind of service to refer to and which provider organisation to choose were largely influenced by the client, by factors relating to the provider, or by directives from management. Many advisers stressed that it was most important to match provision to the needs of individual clients and that the client alone decided whether or not to take up any offers of support. Advisers explained that many clients were unwilling to travel far to services, so providers' geographical locations were important in advisers' decisions to offer certain provision, and clients' decisions to take up suggested interventions and their choice of provider. The scope of provision offered by provider organisations and their capacity to take on new clients were also considerations. In addition, some advisers talked about managerial directives to use contracted provision in preference to non-contracted services and to limit referrals to more expensive services such as WORKSTEP and Residential Training. These directives were perceived as restrictions on their flexibility although some advisers said that they were prepared to overlook them where they felt it was in the best interests of the client.

Referrals and relationships between key actors

The DEA role within Pathways was perceived to be distinct from that of the IBPA because DEAs were thought to have more time to work with individuals and greater expertise in helping people with more complex problems and needs. However, there was also recognition of some overlap in the roles regarding the client group served and the range of services that could be referred to, and arguments suggesting that continuity of adviser support was more important than maintaining strict role boundaries. In general, working relationships between IBPAs and DEAs were positive and were evident in informal and responsive contact regarding clients and the sharing of information and advice. These close relationships were thought to be aided by being grouped within the same team and located in close proximity within Jobcentre Plus offices.

Differences in relationships between providers and Jobcentre Plus were reflected in the variety of referral processes and perceptions about the extent and quality of working relationships. Broadly speaking, a distinction could be noted between referral processes for contracted providers, involving more formalised client introductions, information sharing and paperwork, and non-contracted providers, where informal (verbal) referral or 'signposting' approaches were more common. However, there was some evidence that holding a Jobcentre Plus contract did not necessarily mean that referrals were more numerous. Overall, there was no strong sense of dissatisfaction with the various referral processes currently in place and most providers seemed content with the background information conveyed with a client referral from Jobcentre Plus.

Clear and frequent communication, both about general service provision and specific clients, supported through opportunities to meet face-to-face and build personal connections, emerged as central to positive working relationships between Jobcentre Plus advisers and external providers. These factors also helped in ensuring referrals were appropriate and could allow for informal discussion of client circumstances around the time of referral. A number of providers said they would like the opportunity to strengthen their relationship with Jobcentre Plus in order to more effectively meet the needs of incapacity benefits recipients. Staff turnover and a lack of time to meet in person were noted as barriers to developing and maintaining good working relationships.

Provider staff who took part in research interviews described having links with a wide range of other organisations external to Jobcentre Plus, to whom they might direct clients. Again, referral methods varied, including more formalised processes and informal signposting. Where a client had come to a provider via Jobcentre Plus, it was uncommon for the client to be directed back through their IBPA in order to access an additional form of provision. The main exception to this, in some cases, was the Condition Management Programme (CMP).

Among IBPAs, there were few accounts of strongly established working relationships with healthcare providers and practitioners and some felt that stronger links with General Practitioners (GPs) would be particularly useful. However, liaison was more common between health practitioners and DEAs, and between health practitioners and providers whose services had a health-related focus. These contacts appeared to be guided according to client need and were generally spoken about positively.

Case management

The design of Pathways to Work was built around Jobcentre Plus advisers acting as key contacts and co-ordinators of support for their clients. Analysis of the study data shows that, in large part, the idea of case management was understood by Jobcentre Plus advisers and provider staff in the same way as policy makers – as responsibility for sourcing appropriate interventions, providing ongoing encouragement, monitoring people's progress and coordinating pathways of support all the way into work. Some providers described their role a little differently, performing the role of what might be called a *'short-term case worker'*, rather than an *'overarching case manager'*. The key distinction was that a case worker did not perceive themselves as possessing overall responsibility for a client's trajectory towards and into work, whilst an overarching case manager **did** undertake this co-ordinator role.

The evidence also demonstrates that case management has not always been put into practice as originally envisaged for two main reasons: Firstly, Jobcentre Plus advisers were sometimes hindered in their attempts to act as comprehensive case managers. A frequently made argument, from both Jobcentre Plus advisers and

provider staff, was that advisers do not currently have enough time. Many advisers expressed a desire to spend time keeping in **frequent** contact with clients and providers in order to build trust, find out about progress and collaborate about steps forward. But they also felt that this was hard to do whilst they were required to concentrate on meeting performance targets (such as the number of Work Focused Interviews (WFIs) completed per day). In addition, the extent to which advisers felt they were involved in conducting case management was not uniform and depended on clients' circumstances and needs, the kind of provision referred to, the level and quality of feedback from providers, and advisers' own practices and preferences regarding case management. Some advisers were concerned that the progress of some clients might be hampered if they did not keep in touch frequently enough to keep their motivation buoyed and their attention focused on the next steps towards work.

Secondly, providers did not always share the vision of Jobcentre Plus advisers acting as central co-ordinators. Some providers did not understand the role of Jobcentre Plus advisers or felt that they did little to demonstrate a sense of co-ordination for incapacity benefits recipients. There were also ways of working that suggested that providers were acting as case managers instead of Jobcentre Plus advisers, such as where the transfer of responsibility for case management had been agreed by an adviser with a provider. Even where providers perceived Jobcentre Plus advisers as overarching case managers, some explained that they performed a similar, parallel role for the same clients. Having said this, there were some providers who felt that Jobcentre Plus advisers were performing the overarching case management role and that their own task was to act as a short-term case worker, providing one part only of the support needed to help people into work.

Looking to the future, there was unanimous agreement amongst providers and advisers about the necessity of case management for most incapacity benefits recipients. Although there was strong support for Jobcentre Plus advisers in the role of overall case managers, other ideas were to share this role with health practitioners, or relinquish the role to someone independent of Jobcentre Plus such as staff working in provider organisations. Case management was thought to work best where case managers have sufficient knowledge, expertise, time and flexibility to engage in the tasks of building trusting relationships, identifying appropriate and timely support, monitoring client progress, collaborating with key actors and recording and sharing client information. Advisers felt that, although they had **sufficient** expertise at present, they would be able to improve their knowledge further if they had more time and flexibility.

Conclusions and discussion

This study investigated referral practices and working relationships between Jobcentre Plus advisers and service providers with regard to people taking part in Pathways to Work. Although the study included the views of a number of IBPAs, DEAs and frontline staff from provider organisations, the views of **service users**

were not canvassed. Therefore, the findings provide insights into structural and procedural matters and professional relationships, rather than experiences and views of having been a subject of the referral and case management processes.

The findings demonstrate a wide variation in:

- the kinds of provision available;
- influences on advisers' knowledge and use of provision;
- referral processes;
- relationships between Jobcentre Plus advisers and service provider staff;
- perceptions of responsibility for case management.

However, there was more uniformity in views about best practice relating to establishing close working relationships, the need for case management and what case management should ideally entail. There was also agreement about how advisers' lack of time and organisational pressures hindered the development of knowledge of available provision, the nurturing of relationships with providers and the effective management of cases.

Implications for policy drawn from a discussion of the main themes in the study findings are:

- that as a minimum, the scope of provision needs to be wide enough to meet the diverse range of needs of the client group; the quality of provision needs to be sufficiently high or for there to be competition between providers to drive up performance; and the volume of provision needs to be large enough so that service capacity meets demand;
- Jobcentre Plus advisers do not have time to develop awareness and in-depth understanding of all available service provision and would therefore benefit from help to compile this information. Possible ways of doing so are to ask each adviser to take responsibility for collating and then sharing information on particular providers, or to allocate responsibility to managerial staff for producing and circulating up-to-date overviews of all available provision;
- policy makers should be aware of the likely dysfunctional impacts on the delivery of Pathways and client progress by the imposition of performance targets on IBPAs (for example, targets requiring a certain number of interviews to be conducted per day, and encouraging the use of contracted provision);
- Jobcentre Plus advisers' knowledge and use of provision and working relationships with service providers are closely interlinked; and strong relationships are more achievable where providers are encouraged to take the initiative in establishing and maintaining contact with Jobcentre Plus staff (examples of good practice in building close relationships are in Chapters 3 and 5);

- Jobcentre Plus advisers' work with Pathways clients can benefit from close relationships with non-contracted providers as well as contracted providers (where such providers deliver quality services or provide support not otherwise available), and from closer ties with health practitioners;
- formal allocation of the case manager role would ensure that someone assumes responsibility for case management and that it is not duplicated;
- more time devoted to contacting providers and clients and monitoring progress, aside from the time available during formal WFIs, would enable Jobcentre Plus advisers to carry out case management more effectively;
- the findings suggest a lack of clarity about the DEA role within Pathways and policy makers could usefully reflect on how the current roles of IBPAs and DEAs within Pathways could be carried out in the future. For example, it might be appropriate to find ways in which the two roles can work side by side to complement each other, or to merge the responsibilities of the two roles. It should be recognised that the expertise of DEAs will still be required by client groups outside Pathways.

1 Introduction

This report presents findings from a qualitative research project carried out as part of a wider evaluation of Jobcentre Plus-led Pathways to Work. The study was conducted in 2007 and 2008 to explore referral practices and liaison amongst Jobcentre Plus staff and service providers involved in helping incapacity benefits recipients move towards and into paid employment. The study was commissioned by the Department for Work and Pensions (DWP) and led by the Social Policy Research Unit at the University of York in collaboration with the Policy Studies Institute and the National Centre for Social Research. The research was designed to fill gaps in knowledge and understanding about how and why Jobcentre Plus staff make decisions to refer claimants to external (and internal) service providers and practitioners, and the ways in which these key actors work together. As a consequence it was hoped that the findings would aid understanding of how to improve the appropriateness of referrals.

The Pathways to Work programme aims to help incapacity benefits recipients move towards and into paid work and began as a pilot in seven Jobcentre Plus districts in the United Kingdom (UK) in 2003. The programme was expanded to a further 14 districts in 2006 before national implementation in 2007/08. This project was specifically linked to the expansion of coverage in 2006 and fieldwork was therefore based in four of these districts. In the initial and expansion phases of Pathways to Work, Jobcentre Plus staff acted as the first point of contact with recipients of incapacity benefits, carrying out Work Focused Interviews (WFIs), providing advice and making referrals to external (and internal) services. In contrast, under the national implementation of Pathways since 2007 this role is being carried out in some areas by organisations in the private and voluntary sectors. The principal sources of data for this study were therefore Incapacity Benefit Personal Advisers (IBPAs) and Disability Employment Advisers (DEAs) working in Jobcentre Plus offices (who make referrals) and frontline staff working in service provider organisations (who receive referrals).

In this chapter we begin by setting out the policy background to the study (Section 1.1). Section 1.2 summarises the principal research questions explored in the study. Section 1.3 then summarises the research design and methods adopted. Finally, Section 1.4 outlines the structure of the rest of the report.

1.1 Policy context

The Pathways to Work programme is based on the following core elements:

- a requirement placed on new (and repeat) claimants of incapacity benefits to attend a series of WFIs;
- the establishment of new, specialist teams of IBPAs to advise and support claimants, alongside DEAs;
- a range of services and financial measures provided by Jobcentre Plus and by external provider organisations (called collectively the 'Choices' package) available to claimants to encourage and support their progress towards a return to work. Included in the Choices package are new measures introduced as part of Pathways to Work – the **Condition Management Programme (CMP)**, **In-Work Support** and **Return to Work Credit** – alongside existing disability employment programmes and financial support. These include, for example, the **New Deal for Disabled People (NDDP)**, **WORKSTEP**, **Access to Work** and **Residential Training Colleges**.

The role of IBPAs and DEAs within Pathways is essentially to motivate and encourage benefit recipients to make progress towards paid work, and where appropriate to refer or signpost people to relevant services. The process of referral is therefore of key importance. As will be shown in Chapter 2, the variety of services available and the number of organisations providing them is large, and becoming larger. There is a burden of responsibility, therefore, on Jobcentre Plus to make 'good' referrals that allow people to make progress.

Pathways to Work has been subject to a large evaluation programme since its introduction in 2003. The evaluation has included a number of studies exploring the experiences of the key stakeholders in the delivery of the programme, including incapacity benefits recipients, Jobcentre Plus staff and staff of external provider organisations. Qualitative research studies involving IBPAs and incapacity benefits recipients, a study of CMP providers and research involving in-work support providers have all provided insights into how referrals are made and received, and how working partnerships are developed between Jobcentre Plus and external (and internal) service providers and practitioners. However, the study reported here is the first to focus solely on referral practices and liaison. It aims to build on earlier research findings by exploring, in more depth, decisions to refer clients and the relationships between advisers and providers.

Reference will be made in this report to 'contracted' and 'non-contracted' providers of external services. Some employment programmes, such as WORKSTEP, are provided and delivered by external organisations that hold contracts with Jobcentre Plus specifying various aspects of the service to be provided and rates of payment. Contract Managers within Jobcentre Plus and DWP, therefore, have an ongoing relationship with contracted providers and a responsibility, among other things to monitor performance and quality. Other organisations may also provide

services that might help incapacity benefits claimants but are funded from other sources. For example, some small charitable organisations are funded by local authorities and/or other sources such as the European Social Fund. Jobcentre Plus, therefore, has no contractual arrangements with these organisations that would allow systematic monitoring of provision.

Distinctions are also drawn in the report between 'referring' and 'signposting' and between 'formal referrals' and 'informal referrals'. **Referrals** were generally described by Jobcentre Plus advisers and service providers as occurring where advisers made contact with providers to let them know that a client was interested in their provision and maybe to make a first appointment. A **formal** referral involved the passing of completed paperwork from adviser to provider; an **informal** referral was made verbally in person or on the phone and was not accompanied by any paperwork. **Signposting** occurred where advisers encouraged clients to approach service providers for help and gave them the necessary contact information to do so. Thus, unlike referrals, signposting did not involve any contact between Jobcentre Plus advisers and service providers.

1.2 The aims and objectives of the study

The overall aim of the study was to increase understanding of the referral practices used by staff of Jobcentre Plus and external provider organisations in order to improve the appropriateness of those referrals.

The study was, therefore, focused on the key areas of:

- IBPAs' and DEAs' knowledge of external (and internal) services;
- influences on advisers' referral decisions and practices;
- differences and overlaps in the roles of IBPAs and DEAs;
- working relationships between Jobcentre Plus staff and external providers;
- the understanding and practice of the 'case management' of Pathways to Work clients.

To meet these objectives and address the emerging concerns of DWP, the following more detailed research questions were addressed:

- How knowledgeable are advisers about service provision and how confident are they in explaining provision to clients?
- What factors affect advisers' decisions to make referrals and what are IBPAs, DEAs' and service providers' views about the appropriateness of referrals made?
- What is the role of the DEA within Pathways and how is it distinct in concept and in practice from the IBPA role?

- How are working relationships between advisers, DEAs and service providers established, developed and maintained? What are enablers and barriers in developing good working relationships?
- How do service providers and practitioners liaise with other services and organisations?
- How is client and other information recorded and shared between advisers and service providers?
- How is client progress and contact with services monitored and reviewed, and who is involved? Does anyone take on a case management role and how is this role assigned?
- Are there any gaps in service provision and how can existing provision be improved?
- What are advisers' and providers' views on the ideal model for providing seamless support, to meet a range of needs?

The next section describes the design and methods chosen to address the research questions.

1.3 Research design and methods

The research design adopted for this study comprised qualitative interviews with IBPAs, DEAs and staff of external provider organisations as qualitative research techniques are most suited to the in-depth exploration of understanding, behaviour and experiences. As mentioned previously there have already been a number of studies on aspects of Pathways to Work (and other employment programmes) so a preliminary review of this research was also carried out in order to inform the development of topic guides to be used in the interviews (Nice, 2009).

The main fieldwork was carried out in two phases:

- Phase 1 – interviews with IBPAs and DEAs.
- Phase 2 – interviews with external providers.

The rationale for this approach was to collect information in Phase 1 from Jobcentre Plus staff about the providers in their local areas. This would allow the research team to make an informed selection of providers to approach to take part in Phase 2 of the study.

A decision was also taken to conduct group interviews with IBPAs in order to maximise the number who could take part in the study and, therefore, contribute their knowledge of providers operating in their area. Group interviews were also expected to provide a forum for:

- building on what was learned in the preliminary research review about the role of IBPAs;
- understanding their knowledge and awareness of services;
- exploring preferences for particular services or support routes;
- learning about the influences on developing good working relationships with providers.

One-to-one interviews were used for DEAs and provider staff in order to explore in depth individual preferences and practices.

The fieldwork took place in four of the Pathways to Work Jobcentre Plus 'expansion' areas, chosen to reflect a mix of city, urban, rural and mixed locations.

The achieved interviews comprised:

- four focus groups, one in each of the fieldwork sites, involving a total of 20 IBPAs;
- eight individual interviews with DEAs, two from each fieldwork site;
- 20 individual interviews with frontline staff from 20 provider organisations, five in each fieldwork site. In the achieved sample there was a mix of contracted and non-contracted providers from the public, private and voluntary sectors.

Appendix A sets out in full the research methods used in this study and includes a breakdown of the characteristics of the provider organisations that took part. Appendix B contains the main research instruments used in the study, including the consent form and interview topic guides.

Interviews were recorded and transcribed professionally for analysis. The data were analysed systematically using the **Framework** method originally developed by the National Centre for Social Research (Ritchie and Spencer, 1994). A thematic framework was developed for classification and summary of the data from interviews according to the themes emerging. This approach meant that the analysis was grounded in respondents' own accounts, at the same time enabling analysis to address key policy interests and issues. The building of the charts enabled data interrogation and comparison both between cases, and within each case, and the researchers used the data to build descriptions and search for explanations.

1.4 Structure of the report

Chapter 2 presents findings about IBPAs' and DEAs' knowledge and use of available service provision drawing principally on interview data from IBPAs and DEAs. The chapter explores the influences on advisers' decisions about referrals, including the role played by their knowledge and understanding of the range of external providers.

Chapter 3 concentrates on the working relationships and practices between the key actors in Pathways provision, including between Jobcentre Plus advisers and providers, between providers and other providers, and between advisers and health practitioners. Discussion focuses on both working **practices** regarding the referral of clients to various services and on the **quality** of working relationships between these key actors.

Chapter 4 focuses on the concept of 'case management' and its place within Pathways to Work. It compares policy intentions for case management with how case management is perceived and practised by Jobcentre Plus advisers and providers. The reflections from both groups are presented on whether case management is necessary, what case management would ideally look like, and who might be best placed to do it.

Chapter 5 firstly summarises the main findings from the study before discussing some of the main policy implications that emerge from these.

2 Knowledge and use of service provision

This chapter looks in detail at Incapacity Benefit Personal Advisers' (IBPAs) and Disability Employment Advisers' (DEAs) knowledge and use of available service provision. Although the chapter mainly presents findings from the interviews and focus groups with advisers, some provider data is also discussed where it enables extra insights into the themes being explored. The first part of the chapter (Section 2.1) explores the extent of advisers' awareness and knowledge of services and the factors influencing knowledge development. Advisers' use of provision is then discussed in Section 2.2. Consideration is given first to advisers' perceptions of the influences affecting choice of service and choice of particular providers of services, and then providers' views on advisers' use of their services are presented. Reflections on the volume and scope of service provision are discussed in Section 2.3 and the chapter ends in Section 2.4 with a brief discussion of the key findings.

2.1 Advisers' awareness of services and levels of knowledge

2.1.1 Extent of awareness and knowledge

Prior to the introduction of the Pathways to Work programme, DEAs were charged with helping people with health problems and disabilities (who sought help voluntarily) to take steps to engage with work. A number of specialist disability employment programmes were established to provide tailored support. These included WORKSTEP, Work Preparation, Residential Training, work assessments from Work Psychologists, Access to Work and the Job Introduction Scheme. When Pathways began, DEAs retained their role as the specialist adviser responsible for referring clients to these programmes or schemes, while IBPAs were tasked with meeting with **all** new and repeat incapacity benefits recipients and making referrals as appropriate to new and established support (for example, the Condition Management Programme (CMP) and New Deal for Disabled People (NDDP) Job Brokers). Thus, when IBPAs had clients who needed specialist support they referred first to the DEA who then helped the

client access appropriate provision. To some extent this split has remained, such that there is DEA provision and Pathways provision (accessed by IBPAs). However, some districts have decided to train staff in both roles, such that all IBPAs are also DEAs and can directly access all available provision.

The extent of advisers' knowledge of service provision largely reflected this split between DEA and Pathways provision. In the main, the DEAs who took part in this study were confident in their knowledge of specialist disability services. Each DEA named and talked in detail about several programmes, with WORKSTEP, Work Preparation and Residential Training the most frequently cited. Some DEAs also expressed a good awareness of other Jobcentre Plus programmes, such as NDDP Job Brokers, the CMP and In Work Support, as well as a small number of local or national external service providers such as disability charities, training providers and volunteering services. Although there were DEAs who talked about such services confidently and used them often, in most cases DEAs' knowledge of these services was less developed than their knowledge of the specialist services to which they had sole responsibility for referring people. Those possessing a dual role as a DEA and an IBPA exhibited good knowledge of the whole range of DEA, Pathways and external provision.

It was also evident that IBPAs' knowledge of DEA provision was markedly less developed than what they knew about Pathways contracted provision and some external provision. Although they were aware of the specialist provision accessible through a DEA they did not always feel confident explaining this provision to clients and suggesting which service would be most appropriate. They were, however, happy to consult with DEAs about potential referrals and trust the DEAs' judgement about meeting needs appropriately.

The first research exercise conducted with each group of IBPAs involved compiling a list of contracted and non-contracted providers to which referrals or signpostings could be made. Two of the groups spent time building a list of more than 50 named providers and felt there were more that could have been identified with more time. In the other two districts, 20 to 30 providers were named. The discrepancy in these numbers between districts may not necessarily reflect actual differences in available provision or different levels of awareness, as this was not a systematic exercise and the smaller numbers may be underestimates[1]. What is important to note is the general impression given of many providers in each area offering a range of services for incapacity benefits recipients, and advisers having the complex task of becoming familiar with each provider and the support offered.

When discussing their levels of knowledge about services, the IBPAs were generally confident about knowing the content of provision offered, and feeling able to describe, at the very least, the basic elements of the service to clients. One view expressed was that having well-rounded knowledge of available provision, so that

[1] There are several possible explanations for the differences in numbers of providers recorded and these are explained fully in Appendix A.

all questions asked by clients could be answered, was an important part of the IBPA role. Indeed, one IBPA was frustrated by her lack of knowledge and felt that this impaired her effectiveness and efficiency as an adviser. However, IBPAs from a number of districts said that knowing about the **content** of what was offered by service providers did not always mean they knew about the **quality** of provision. As shown in Section 2.2, perceptions of the quality and effectiveness of service provision were highly important in decisions to use providers. Knowing about the quality of provision was felt to be more significant if the provider was not a charitable organisation. This is because charitable organisations were expected to share the same caring ethos and determination to help people without focusing on the cost, but this was not the expectation regarding for-profit organisations.

2.1.2 Influences on levels of knowledge

This section looks at what helped and hindered the development of advisers' knowledge of available provision. Analysis drawing on data from IBPA group discussions and interviews with DEAs shows that a number of factors were influential in building knowledge about service provision. The following were found and are discussed below in more detail:

- using services;
- training and managerial guidance;
- capacity to search actively for information and develop knowledge;
- sharing information within Jobcentre Plus;
- providers' efforts to boost understanding;
- information from clients and other sources;
- number of services and providers;
- stability and fluidity of provision and provider staff;
- adviser experience.

Using services

A number of IBPAs and DEAs felt that useful knowledge of service provision was primarily gained by using it. After making a referral and obtaining client and provider feedback, it was possible to learn more about the content of provision and build some idea of the service's quality and effectiveness. Continued knowledge-gathering was then more likely with those services perceived as more effective as these services were easier to 'sell' to clients. One view was that knowledge of service provision would develop over time according to client need, as advisers continued to seek out the most appropriate help for their clients.

Training and managerial guidance

Formal written guidance about contracted provision, and information about new providers passed on by district and office managers during meetings was described by some IBPAs as helpful for learning about services. However, there were also Jobcentre Plus advisers who considered that training and guidance had given insufficient focus to equipping advisers with knowledge about available service provision, especially when compared to the 'very good' instruction on interviewing skills. A decline in training standards was perceived by one DEA who thought the more experienced DEAs had received better training about dealing with people with disabilities. Some DEAs felt that they should have been trained in the basics of Pathways provision and the IBPA role, with one DEA reasoning that they would then have been able to answer adequately any queries put to them by clients. However, one DEA said she had been told by a manager that learning about Pathways provision was not relevant. Looking to the future, one DEA expected to receive more instruction about where to refer people with drug and alcohol problems as Jobcentre Plus staff were currently liaising with local providers to define referral routes and procedures.

Capacity to search actively for information and develop knowledge

Without formal provision of information, many advisers explained that they felt it was their responsibility to find out what was available locally in order to do their best to help their clients. Information gathering methods included:

- searching on the internet to generate ideas or to be reminded of what was available;
- phoning providers for more information;
- visiting providers to see for themselves services being delivered and to establish relationships with provider staff;
- attending local events where it was possible to network with provider organisations who had also attended.

Advisers' initiative in searching for information was recognised by some provider staff who explained that they sometimes received queries from IBPAs regarding services and were asked for their opinion about its appropriateness for particular clients, without necessarily leading to a formal referral.

There were, however, limitations on advisers' capacity to be proactive in developing knowledge. One of the most cited was not having enough time because of the need to be in the Jobcentre Plus office conducting interviews and better-off calculations. However, it was explained that improving knowledge was encouraged in some offices and some advisers showed how it was possible to negotiate successfully with managers to dedicate time to this activity. It was recognised that doing so depended on advisers' and, crucially, managers' belief that learning about available support improved people's chances of progressing towards work; and on

their willingness to risk not meeting immediate targets (such as number of Work Focused Interviews (WFIs) completed) to achieve the long-term employment goal. DEAs explained that they had fewer or lower targets to concentrate on, compared with IBPAs, but that they still did not always have a useful amount of time left each week to devote to knowledge-building and networking with providers. Time for networking and compiling lists of named contacts was missed by DEAs who had valued it in the past, but it was not clear whether its absence had impaired their ability to match provision appropriately to client needs.

Sharing information within Jobcentre Plus

An influential factor in raising awareness and knowledge was sharing information amongst Jobcentre Plus office and district colleagues. Again, a number of ways of doing so were described, including:

- consulting office colleagues informally when needs for advice arose, or during case conferences;
- swapping information about new services with CMP colleagues;
- circulating emails containing information about service provision around the district;
- receiving help from an experienced colleague to become initially acquainted with service provision when starting out as an adviser;
- keeping written information about providers, including advisers' opinions of the support delivered, in paper folders or on computer databases and making it accessible to all advisers.

However, there were also advisers who explained that a hindrance to learning more about provision was the current lack of systematic mechanisms for keeping and circulating information. There was evidence in the study to support the perception, held by some advisers, that other advisers in each district might be learning about services but not necessarily sharing this knowledge more widely. Time was again mentioned as a barrier to sharing information and to using any paper or computer resources that had been compiled to help advisers locate information about services. In one area, information-sharing across the district was felt to be unnecessary and irrelevant because much of the provision was 'unique' to neighbourhoods.

In thinking about what already worked well or might work well in the future, IBPAs in one area described a particularly effective and efficient way of keeping all advisers informed. Here, each IBPA was responsible for keeping up to date with certain providers' news (such as service developments and staff changes) and advisers' experiences of referring to and liaising with provider staff, and logging this information in a shared document. Spreading responsibility for information-building in this systematic way meant that advisers did not need to spend time searching actively for information whenever it was required. Spreadsheets listing

all available provision and what it entails were also thought to be potentially useful if circulated around all the Jobcentre Plus offices in the district and added to by advisers where they had new information to offer.

Providers' efforts to boost understanding

IBPAs and, to a lesser extent, DEAs also talked about how knowledge of some provision was better than that of others depending on the efforts made by providers to boost advisers' understanding. It was explained that better knowledge of services and better relationships with provider staff developed from providers making visits to Jobcentre Plus offices to introduce themselves and their services to managers, give presentations, or to use the premises to meet clients and chat informally to advisers. It was especially beneficial if providers were invited, singularly or with other providers, to give talks or updates to Jobcentre Plus staff on a regular basis. It was also noted that regular meetings helped providers because advisers were more likely to make appropriate referrals if they had greater information. Providers contracted to deliver Jobcentre Plus services were more likely to pay visits to Jobcentre Plus in these ways and this was felt to be a significant reason why this provision and these providers were better known by advisers. Another way providers informed advisers was by inviting advisers to open days and by producing information leaflets.

Many of these ways of promoting services to Jobcentre Plus were also described by some provider staff. In addition, these providers said that they had attempted to raise advisers' awareness of their provision by establishing a link worker to liaise directly with Jobcentre Plus, inviting advisers to spend time 'shadowing' provider staff, sitting in on WFIs and participating in case conferences with Jobcentre Plus staff. A number of these networking and promotional methods were felt by providers to have been effective in increasing numbers of referrals from Jobcentre Plus advisers.

A lack of space in some Jobcentre Plus offices meant some providers who would have used the premises to meet clients and liaise with staff were unable to do so, and some advisers felt this had affected their ability to develop knowledge of the provision they offered. A barrier to improving IBPAs' knowledge of specialist DEA provision was that feedback about client progress was sent to the referring DEA rather than the IBPA who originally met the client. Advisers also said that some providers did not always do enough to provide information. This was the case where they thought that providers:

- did not visit Jobcentre Plus regularly enough (which tended to be local organisations with no Jobcentre Plus contract);
- gave insufficient information about the services offered;
- failed to keep them informed of changes to service provision content;
- did not respond to requests for information.

Information from clients and other sources

Advisers found that clients were often their best source of information in building their knowledge about local, non-contracted provision. In some areas, people had come across employment support when using community services, such as swimming pools and leisure centres. People were also able to inform advisers of services they had been referred to by other professionals, such as Community Psychiatric Nurses (CPNs).

Other opportunities to broaden knowledge came from reading about new provision in local newspapers and through discussions with various local stakeholders at special interest group meetings (such as a forum for discussing childcare strategy).

Number of services and providers

In three of the research areas, advisers talked about feeling confused or overwhelmed by the number of non-contracted providers in the local area offering relevant support to their clients. It was hard to create a clear impression of what was available and in which neighbourhoods when there were many providers offering similar support. The resulting bewilderment often left advisers feeling that they were not able to get to know each provider and their provision, but some felt assured that they would be able to find out more as and when they needed to locate and access particular provision for their clients.

Stability and fluidity of provision and provider staff

For some DEAs, working with the same specialist disability service providers, and mostly the same personnel, for many years was beneficial in building knowledge and experience, and maintaining information flows between providers and Jobcentre Plus. However, most IBPAs explained that similar stable working patterns were not always possible with Pathways contracted, and non-contracted, providers. Limited contract durations with funders meant provision was not assured over the long term and thus, that advisers were uncertain how long provision would be available. This fluidity in the market meant providers came and went and advisers had to try and keep track of changes. Some advisers also explained that it was unhelpful when provider organisations repeatedly reorganised staff, thereby disrupting working relationships with Jobcentre Plus. In addition, there was evidence from some providers in the study group that changes to their funding meant that alterations would be made to the structure of their provision and to their referral processes.

Adviser experience

Some DEAs pointed to their many years' service as a significant contribution to their well-developed knowledge. They noted how their confidence had grown with improved knowledge and that they were now more accomplished in explaining support options to their clients.

2.2 Advisers' use of services and particular provider organisations

This section examines advisers' use of services and providers in two parts: Firstly, in Section 2.2.1 advisers' perceptions of the influences on their use of services and particular provider organisations are explored. It is pertinent to note at this stage that when advisers explained their motivations for referring to provision, or not, they spoke of provision to which they had access. As explained in Section 3.1.3, there were differences of opinion about whether or not DEAs could access Pathways provision for their clients without first handing clients back to IBPAs, and whether or not IBPAs could access DEA specialist provision directly. Thus, the (in) accessibility of provision is not discussed here as a factor in decisions about using provision. Secondly, Section 2.2.2 looks at providers' views, where provider staff commented in the research interviews on the extent to which advisers' had used their provision and their perceptions of the reasons for doing so or not.

2.2.1 Advisers' perceptions of the influences on their use of services and particular providers

Identified within the data were a number of influences on advisers' decisions to use, or not to use, particular provision, and on the choice between particular provider organisations to deliver these services. These influences were noted as follows:

- knowledge of provision and provider staff;
- client need;
- client take-up of offers of support;
- managerial directives;
- scope of provision offered and its fit with other provision;
- provider capacity;
- provider location.

Some advisers talked about how choosing a provider was, ultimately, not their choice to make but their client's choice. On a few occasions, clients had actually requested a particular provider because they knew someone else who had received help from them, or one of the staff members. However, in the majority of cases advisers felt that clients could not make a choice without guidance about staff expertise and the quality of provision, and providers' locations.

Knowledge of provision and provider staff

Knowledge played an important role in advisers' use of service provision and in determining which provider to approach. Where advisers felt they had a good understanding of service provision and were able to identify levels of quality and effectiveness, this knowledge was significant in deciding to use high quality

provision, or to avoid poor quality provision. The better known services and personnel, such as provider staff who made frequent visits to Jobcentre Plus, remained uppermost in advisers' minds and were, therefore, first choice services and providers. DEAs mostly used specialist disability provision for people on their caseloads because, compared with Pathways and voluntary sector support, they knew this provision best and often had many years' experience of working with the same provider organisations and even provider staff. IBPAs also explained that where their knowledge of provision or the provider was limited it was easier to forget its availability, or that services would not be used unless advisers were first satisfied that they knew enough about what their client might receive.

Client need

The most cited explanation for referring to services was that the provision suited the client's needs. Those services thought to be offering help commensurate to the nature and degree of individuals' problems and needs, and delivering such help effectively, were popular with advisers and used whenever appropriate. Examples of such services referred to by IBPAs were:

- the CMP, which was described as flexible, suitable for a range of different health conditions, and a 'positive programme' for many people;
- certain Job Brokers for people who became job ready;
- other contracted provision to boost confidence and work skills; and
- local volunteering services for people who had not worked for a long time and needed to boost their confidence.

DEAs often referred people to Work Preparation as it met a common need to try new kinds of work, and improve confidence, without losing benefits; people with learning difficulties would be referred to a Work Psychologist for assessment; and some DEAs used WORKSTEP where they had clients with severe health problems or disabilities and they needed extra support from employers. It was also assumed by one DEA that people referred by IBPAs needed more specialised support than that offered through Pathways, so the range of Pathways provision was not ordinarily considered as an option. Some IBPAs and DEAs said that they often used voluntary sector organisations delivering what might be considered 'intermediate support' to improve confidence and well-being, to help some clients progress to a stage where they were ready to think about work. The importance of finding provision to meet individual demand was highlighted by some advisers who said they were prepared to use services about which they only knew basic details because they met specific client needs directly (for example, health management clinic for a specific health condition), or because there was high client demand for the services on offer.

Client need was also a deciding factor in not referring or signposting to some services very often, and could mean that advisers made little use of services about which they were confident. In general, these were services offering specific, rather

than generic, forms of support. For example, services aimed at travellers, ethnic minority groups, people with specific health conditions, or people looking to become self-employed were only occasionally used in some areas because few people displayed a need or desire for such help. One DEA explained how few referrals were made to Pathways provision because it was perceived as for people who were job ready and people on a DEA caseload usually took a long time to get to this stage.

There were DEAs and IBPAs who emphasised that client needs often dictated the **choice between providers**. A number of DEAs explained how it was important to match client needs with the particular support offered by individual providers, or with the personality and expertise of provider staff. For example, where people sought work trials or supported employment it could be particularly advantageous to refer to a provider which had developed links with a broad range of employers.

Client take-up

Although most Pathways clients are required to attend WFIs in order to continue receiving benefits, taking part in any programmes or service provision is voluntary. Some advisers talked about how clients could not be compelled to take up any offers of support if they did not want to, and that it was important that clients did not feel pressured by the referrals process.

Clients' decisions to go ahead with suggested referrals or not were perceived to be affected by a number of factors: Firstly, people had to be willing to commit themselves to engaging with the provision offered. One comment, by a DEA, was that referrals to Work Preparation were numerous because people were prepared to give it a try, knowing that there was no risk of losing their entitlement to benefits. Regarding decisions to refer to Residential Training, one DEA explained that clients first needed to demonstrate commitment to attendance and to, ultimately, returning to work in order to be offered a place at a college. Secondly, the location of service provision was also perceived by IBPAs and DEAs as a major factor in people's decisions to take up support and is discussed more fully below. Thirdly, the costs to clients of getting involved with service provision could sometimes seem too great, and not only in meeting journey costs. For example, a consequence of enrolling in a Residential Training course was thought to be the loss of entitlement to benefits such as Housing Benefit (HB).

Managerial directives

IBPAs and DEAs talked about receiving direct encouragement or discouragement from Jobcentre Plus managerial staff about using certain service provision. Some of the advisers said that these directives affected their decisions about using provision, such that they might refer more to services they would otherwise choose not to, or use less frequently services they would have liked to have accessed more often. IBPAs explained how they were currently under pressure to use **contracted**

provision, which for some meant having to refer to NDDP Job Brokers who they perceived as offering a poor quality service, not working closely and proactively with clients, and not communicating enough with Jobcentre Plus. In contrast, IBPAs in one area had been instructed not to use NDDP Job Brokers where they themselves could provide clients with the help they required, as engaging Job Brokers would be more costly. Managerial concerns about the expense of some service provision, such as WORKSTEP and Residential Training, also acted to limit DEAs' referral decisions. Those determined to refer to WORKSTEP had to show that they had considered all other provision first. However, unlike IBPAs, the DEAs in the study group explained that they were not under pressure to use certain services in order to meet targets.

In two districts, IBPAs referred to future changes in the way they worked that would have a further impact on their referral behaviour. Both sets of IBPAs talked about pressure to encourage clients to do more work-related activities, and that this pressure was to be applied by the introduction of performance targets to achieve a certain number of referrals to contracted provision. In practice, advisers in both areas would have to think more carefully about, and perhaps limit the number of, referrals to non-contracted provision irrespective of the appropriateness of provision for clients' needs. In many cases this would mean overlooking the more intermediate kinds of help that do not directly relate to getting back into employment, but which advisers felt were instrumental in helping people improve well-being and confidence, and thus prepare for work in the long-term.

There were IBPAs and DEAs who were prepared to act against the message in managerial directives. These advisers were fully aware of what was, or was not, encouraged by management but felt that 'doing what is best for the client' was more important and could not be ignored or overridden. Thus, they were resolute about not using services *'for the sake of it'*, if they would not help the individual; and about continuing to use services they had been told to use sparingly, wherever they felt it was appropriate. Managerial responses to such practices were not discussed.

Scope of provision offered and fit with other provision

To a small extent, the scope of provision offered and how it might fit with other services were considerations for some DEAs when making referral decisions. For example, one DEA had got into the habit of using the Personal Development Programme as a 'natural starter' before moving on to access Work Preparation; another DEA tended to refer to Work Preparation only after people had spent some time doing voluntary work, so that they had had an opportunity to work in a more supported environment first. Another comment from a DEA was that referrals to the Personal Development Programme had declined as most of the people who would have been suited to it were now being referred to the CMP by their IBPA. One view was that it was advantageous for job ready clients to be referred to Job Brokers because they would receive a financial incentive with support to find a job.

Provider capacity

Some kinds of service provision were offered by a small number of providers and in some areas there was no, or very limited, choice of providers for all kinds of provision. This meant that providers' capacity to take on new clients sometimes became a consideration when making referrals. For example, providers were unable to take on new clients when they neared the end of their funding period. Advisers also had to bear in mind that some operational services frequently reached capacity, leaving clients to wait or opt to do something else. Services which became full easily were those which restricted places to a small number of clients (for example, WORKSTEP), those which had staff on long-term sick leave, and those which were particularly successful with clients and were, therefore, popular (for example, some Job Brokers). In some circumstances, advisers were prepared to suggest to their clients that they wait (up to six weeks) until places became available, but there were also occasions when they felt they had to locate alternative providers. With a narrower field of providers remaining, advisers sometimes had to use providers which they knew less about, which were based further away, or which they did not rate highly. Making such referrals was not always unsatisfactory however, as one DEA felt all local providers delivered equally effective services and that she had good relationships with all.

Provider location

Providers' proximity to where clients lived was often an important influence in clients' decisions to take up offers of support and their choice of provider. Advisers commonly found that people were unwilling to travel outside their own neighbourhoods to service provision. To some extent, this unwillingness stemmed from having health conditions which made travelling hard, or from having to bear the cost of using transport. Advisers helped some people to access distant providers by offering to pay fares or to organise a taxi, but not all people were persuaded by such offers. The offer of Residential Training was often turned down because people did not want to live away from home. Advisers also believed that people were more likely to attend more often if the provider was nearby, helping people to progress more quickly. In contrast, there was a view that some people seeking to attend the CMP preferred to attend group sessions outside their own neighbourhood, to avoid meeting people they knew. The provider's and client's location was also important in determining whether the client had access to some provision, as funding conditions sometimes meant that services were restricted to people living in nearby postcodes.

2.2.2 Provider perceptions of the use of their services by Jobcentre Plus advisers

From provider staff perspectives, the numbers of jobcentres and individual advisers making referrals to their provision varied widely. In part, this was attributed to the size of Jobcentre Plus offices, clients' proximity to provider premises, client characteristics in the catchment area, or the level of any extra expense involved.

However, there were also felt to be differences in the number of referrals made by individual advisers. In part, this was attributed to the quality of relationships established between provider staff and individual advisers (see further in Chapter 3), but also to advisers' knowledge of provision and the time available to introduce clients to a wide range of options.

Some providers said that there had been more referrals from IBPAs and DEAs than they had anticipated, while others had received fewer than expected. While some providers said they would like to see more incapacity benefits recipients referred, because they felt this group could benefit from their provision, there were others who explained that they were currently at or near capacity and so would struggle to accommodate any additional clients.

2.3 Reflections on the volume and scope of service provision

During the focus groups with IBPAs and interviews with DEAs and service provider staff, some participants reflected on the current number and range of services available and what they thought would work well regarding the volume, access to, and scope of, provision.

One argument made by some Jobcentre Plus advisers was that there was currently too much provision. A number of IBPAs said they would prefer to have fewer service or provider options and to be certain that what was provided was appropriate and beneficial to clients. Another group of IBPAs thought that a one-stop-shop where clients could access all kinds of support would be ideal, though one adviser suggested that this arrangement would not be feasible. On the other hand, some advisers made positive comments about the large number of services and the range of support they encompassed, saying that they drew assurances from knowing that they would always be able to offer help to people, whatever their needs. Another point made was that having a number of providers for each kind of service allowed choice between providers and, therefore, the pursuit of the most effective and suitable provision for each client.

IBPAs in one area strongly advocated giving advisers greater control and flexibility in sourcing support for their clients. They would like to see more services provided in-house by Jobcentre Plus to reduce the number of parties involved in helping people. Further advantages would be that advisers would have a better idea about what would happen during service delivery, would be more accomplished at 'selling' provision to clients and would have more of a say in ensuring that support is tailored to individuals. They also thought that referring benefits recipients directly to in-house provision would meet people's expectations about *'getting support at the Jobcentre'*, rather than being sent elsewhere. In particular, they felt they should have access to funding for training, so that they could take a lead in sourcing appropriate training courses, rather than refer to a separate provider to perform this role.

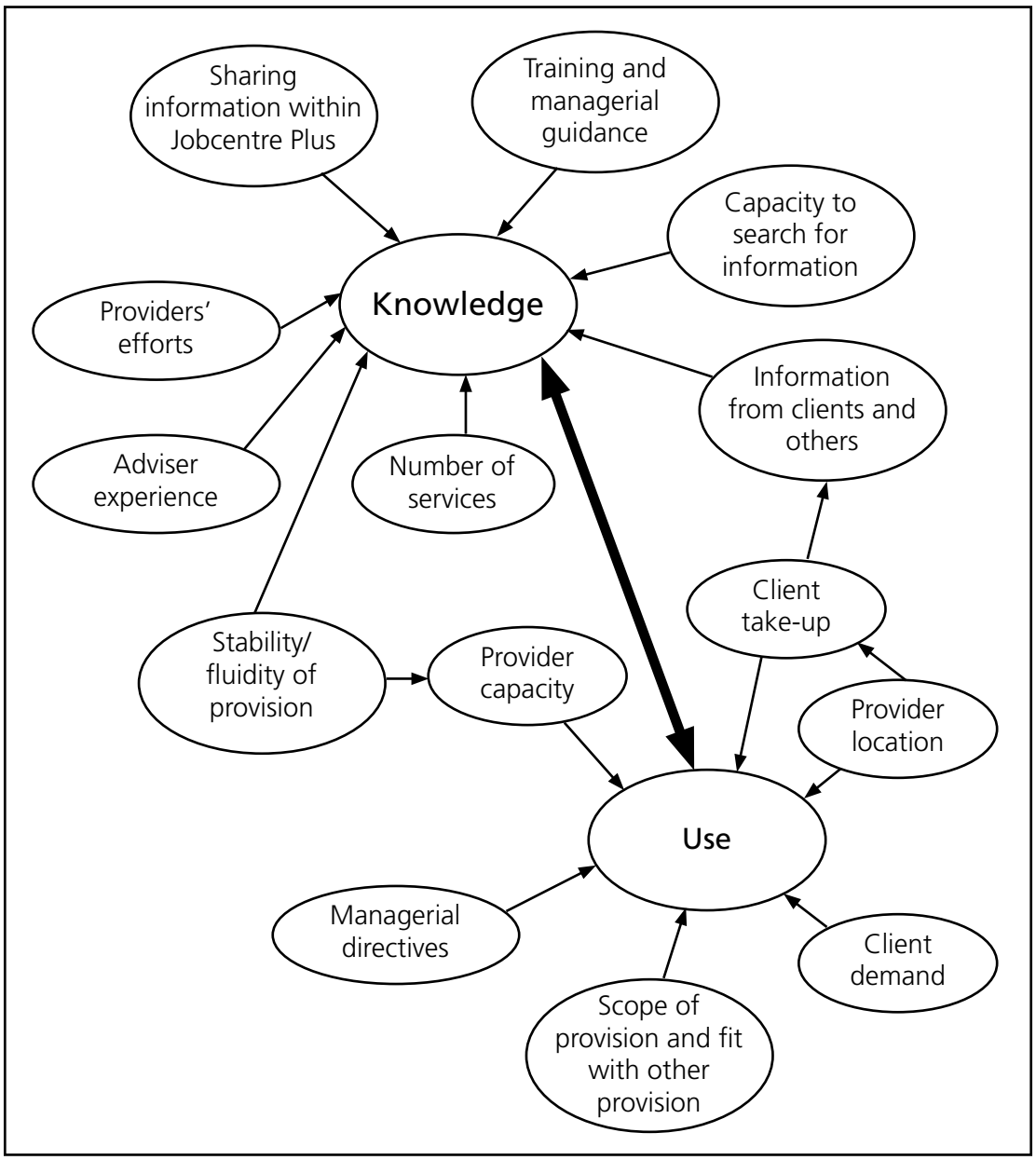
A number of gaps or insufficiencies in provision were noted by IBPAs, DEAs and provider staff. Several comments were made about inadequacies in training provision, in particular the lack of courses for people who prefer not to be in a college environment and would like 'hands-on' experience; a need for training that builds in support to improve job interviewing and basic work skills; and the current discrepancy between the high demand and actual number of places for certain courses, such as plastering. Needs for more specialist support for people with particular health problems and disabilities were identified, such as greater and swifter help for people with severe mental health conditions awaiting National Health Service (NHS) treatment, and more support for people with alcohol problems. Also, there was perceived to be a lack of services for people with alcohol problems and services providing bereavement support. Some suggestions were to develop tailor-made support to help specific client groups focus on work, such as providing employment-focused support alongside medical help for ex-drug users, and designing interventions specifically for people with learning disabilities.

2.4 Summary

This chapter has considered IBPAs' and DEAs' knowledge and use of service provision. It was apparent that advisers were faced with navigating routes for their clients through many different kinds of provision and multiple providers. The volume of provision proved to be overwhelming for some, such that they could not maintain up to date information about **all** the services they were aware of at any one time. However, an advantage from having such a broad range of provision was that it enhanced advisers' capacity to source the most appropriate support in a timely fashion. A number of improvements or additions to the range of available provision and how it is provided were suggested, one being to deliver more interventions in-house at Jobcentre Plus so that advisers gained greater control and flexibility over their clients' pathways through support.

In analysing the influences on the development of advisers' knowledge and their use of provision, it became apparent that what advisers knew about services and their experiences of using them were significant and co-dependent. Thus, advisers felt that one of the best ways of getting to know more about interventions and provider organisations was to refer clients to them and monitor the outcomes. In turn, there was a tendency for advisers to use services more confidently and frequently where they felt they knew what help would be delivered, how effective it might be and where they were familiar with provider staff. Figure 2.1 shows how influences on knowledge and use were interlinked.

Figure 2.1 Influences on knowledge and use of service provision



In developing requisite knowledge about provision, a number of factors within advisers' control were important, such as searching actively for information when needed, sharing knowledge amongst Jobcentre Plus colleagues, and their own experience of advising and networking or liaising with external partners. They also depended on receiving adequate training and managerial guidance, learning directly from providers about the interventions on offer, and information from clients and other sources such as local newspapers. A number of hindrances to deepening their understanding about provision were identified and included insufficient time to be proactive about developing knowledge; not receiving enough official instruction about local provision from training or managers; a lack of formal mechanisms for sharing information within Jobcentre Plus; providers not

readily providing information; and the fluidity of provision such that it was hard to stay up to date with what services were currently available.

Other than advisers' knowledge of provision, decisions about which services to refer to and which provider organisation to choose were largely influenced by the client, by factors relating to the provider, or by directives from management. Many advisers stressed that it was most important to match provision to the needs of individual clients and that the client alone decided whether or not to take up any offers of support. The location of service delivery was felt to be important in clients' decisions about whether to take up suggested interventions. The provider's location was also influential in whether advisers offered certain kinds of provision at all, as was the scope of provision offered by provider organisations and their capacity to take on new clients. In addition, some advisers talked about managerial directives to use contracted provision in preference to non-contracted services and to limit referrals to more expensive services such as WORKSTEP and Residential Training. These directives were perceived as restrictions on their flexibility, although some advisers said that they were prepared to overlook them where they felt it was in the best interests of the client.

3 Referrals and relationships between key actors

This chapter presents findings about the working relationships between Incapacity Benefit Personal Advisers (IBPAs), Disability Employment Advisers (DEAs) and provider organisations. Discussion focuses on both working **practices** regarding the referral of clients to various services and on the **quality** of working relationships between these key actors. Section 3.1 concentrates on working relationships between the two types of Jobcentre Plus adviser (IBPAs and DEAs). Section 3.2 looks at working relationships between Jobcentre Plus advisers and external providers, both contracted and non-contracted. In Section 3.3, consideration is given to working relationships between different external providers and Section 3.4 describes the relationships that each of the three above groups had developed with healthcare providers and practitioners. The chapter ends in Section 3.5 with a short discussion of main findings.

3.1 Working relationships between Jobcentre Plus advisers

This section considers working relationships between IBPAs and DEAs. It draws predominantly on data from DEAs because more time was available during their individual interviews for discussion about this topic compared with the group discussions with IBPAs. The five subsections below present findings on: understandings of the distinction between IBPA and DEA roles; sharing general information and advice; referral processes between IBPAs and DEAs; liaison between IBPAs and DEAs at the time of referral and afterwards; and the quality of working relationships between IBPAs and DEAs.

3.1.1 Distinguishing the IBPA and DEA roles

Section 2.1.1 briefly described the history of the DEA and IBPA roles, explaining that there now exist two 'tiers' of support within Jobcentre Plus for clients with health problems and disabilities. DEAs were asked what they perceived to be the distinction between their own role and that of IBPAs. One explanation was

that DEAs were intended to support clients with more severe health conditions or disabilities who faced greater challenges in achieving their work aspirations. Another perceived distinction was that the DEA role was focused on 'problem solving' while the IBPA role was about 'motivating' clients. One DEA felt that the relative absence of targets in their work, compared with IBPAs, meant that DEAs had more time to spend with clients in focusing on finding *'the right job'*, while another commented that DEAs went into more detail in exploring clients' health problems, barriers and ways to address these. It was also noted that clients came to the DEA voluntarily, in contrast to the mandatory nature of Work Focused Interviews (WFIs) with the IBPA, and so DEAs had less work to do in establishing client commitment. Some DEAs perceived their role as being 'broader' than that of IBPAs. One distinct difference was that DEAs could work with individuals in a range of circumstances, including people in work, people receiving various kinds of benefit and people receiving no benefits at all. However, it was also noted that DEAs' remit did not involve working with clients with drug or alcohol problems, client groups which **would** fall within IBPAs' caseloads[2].

In describing the distinct elements of their role, DEAs also noted that, in principle at least, there were certain provisions or services that could only be accessed or referred to by DEAs. However, in practice, there was some evidence that this particular distinction had become somewhat blurred since the introduction of the IBPA role. This is discussed further in Section 3.1.3.

3.1.2 Sharing general information and advice

A number of DEAs explained that they sat within the same team as IBPAs and that within Jobcentre Plus offices the two types of adviser were located in close proximity. This meant that there could be informal conversation about clients' circumstances, particular health conditions or treatments, or general DEA provision, which was not necessarily linked to a specific referral. Reflecting this more informal advice giving, one DEA felt that the main way she was used by IBPAs was *'on a consultancy basis'*. In return, some DEAs said that IBPAs would give them advice on areas where they themselves were less expert, for example, completing Return to Work Credit applications. From DEAs' descriptions, it seemed that these consultations were generally one-to-one, as and when required. There were no reports from DEAs in the study group of more formal presentations to IBPAs about their services or expertise, although one DEA had plans to do so in the near future in order to raise IBPAs' awareness of their services.

One DEA described how people in her role had not been included in Pathways to Work training and felt that it would be helpful if DEAs could be given some basic training on the elements of the Pathways programme so as to be more informed

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[2] The remit of the DEA is to work with people with disabilities and health problems who have the most complex problems regarding moving into, or remaining in, work. People with drug or alcohol problems are not necessarily considered to be covered by this definition.

if they were the first point of contact in Jobcentre Plus for an individual with health problems.

3.1.3 Referral processes between IBPAs and DEAs

This report focuses on incapacity benefits recipients on the Pathways to Work programme. However, it is worth recalling that DEAs supported a wider client group than solely incapacity benefits recipients. Alongside IBPAs, sources of referrals to DEAs included General Practitioners (GPs), mental health professionals, occupational health practitioners, social workers, occupational therapists, training providers, employment support providers, employers and also self-referrals by clients. For a number of DEAs in the study group, referrals coming via IBPAs formed a minority of their overall caseload. Thus, some DEAs had relatively limited experience of receiving referrals from IBPAs.

Although standardised paperwork accompanied a referral from an IBPA to a DEA (which some participants called an ES18), most DEAs perceived the referral process between Jobcentre Plus advisers as informal. Working in close proximity meant that IBPAs and DEAs could discuss a client's circumstances prior to a formal referral being made. This was seen as helpful in ensuring that referrals were appropriate. Where the client was present at the time, they too could have a preliminary informal conversation with the DEA. From DEAs' comments, this process seemed generally acceptable.

As noted earlier, DEAs perceived their role as being to assist clients who wanted to enter work but faced significant health or disability-related barriers. Circumstances in which DEAs felt a referral from an IBPA would be inappropriate included if:

- a client had no interest in, or intention to return to, work;
- health/disability was not the factor presenting barriers to the individual entering work;
- DEAs could not offer anything additional to that which could be provided or accessed by the IBPA.

One DEA felt that IBPAs had a tendency to 'pick and choose' and were referring the clients who they did not like so much and did not want to work with, while keeping the 'nice and pleasant' clients. While it was accepted that DEAs were there to help clients with more challenging needs and who IBPAs did not have the expertise to support, handing over clients on the basis of personal preference was seen as inappropriate.

Rather than concerns about inappropriate referrals, some DEAs felt that a problem was IBPAs not referring to them and instead *'holding on to'* clients who could perhaps be better supported by a DEA. One suggested reason for this was lack of knowledge of the DEA role and (as noted already) in one Jobcentre Plus office there were plans to provide some awareness training. There were also general observations from some DEAs that the number of incapacity benefits recipients

coming to them had reduced since the introduction of Pathways, given that IBPAs were now dealing with part of this client group.

DEAs were also asked in the research interviews about what happened when they felt it appropriate for their client to access Pathways provision. Some DEAs said that where a client had originally been referred by an IBPA they would refer back to this adviser to enable the client to access this provision. One DEA explained that the decision of whether or not to refer a client back to their IBPA would be influenced by how much contact the individual had had with each adviser. It was also noted by another DEA that technicalities of funding arrangements meant that a client might need to access certain provisions via a Pathways IBPA in order to trigger the provider's payment.

There were also situations where DEAs referred directly to Pathways provision. As noted in Chapter 2, some districts had trained individuals to fulfil both the DEA and IBPA role; this was the experience of three DEAs in the study group. In some circumstances, therefore, an adviser might be making a referral *'to themselves'*. One view among DEAs was that it was important to maintain a clear distinction between client groups for the two roles. As such, one adviser who held a dual role described an approach of formally converting the status of a meeting with a client depending on what service she was providing. This adviser explained her feeling that it was important to maintain this formal distinction so as not to 'undermine' the role of the DEA, but at the same time she did not perceive that it made any difference to the client's experience and did not think it was necessary to explain this technicality to the client. In contrast, another individual who held both roles did not feel it was necessary to make such a formal change of client status. Among DEAs who also held an IBPA role, there was a feeling that it was preferable to keep the client on their caseload if drawing on Pathways provision, rather than 'chop and change' between different advisers.

There were also DEAs who were not trained as IBPAs who felt able to access Pathways provision, such as the Condition Management Programme (CMP) or Job Brokers, whenever this became suitable for their clients. Again, one felt that this practice was consistent with the aim to offer people continuity of support through to finding a job. Another DEA explained that where she met Jobseeker's Allowance claimants or clients who had been referred to her from outside Jobcentre Plus, rather than from an IBPA, she was happy to refer directly to Pathways provision as necessary. One DEA perceived that 'strictly speaking' advisers in her role were not supposed to refer clients to Pathways provision but that a new manager had recently agreed that it would be acceptable for her to make referrals directly to Pathways provision.

As noted earlier, there were some experiences of IBPAs referring directly to provisions that were traditionally the domain of DEAs. Some DEAs did not think that this was appropriate but others (particularly individuals who held dual IBPA and DEA roles) did not see this as problematic, feeling that as long as IBPAs were 'confident' there was little reason why they could not provide the same type of

service and access the same range of provision as DEAs. Elsewhere, there also was recognition that the point at which a client should be referred from an IBPA to a DEA was sometimes something of a 'grey area'.

3.1.4 Liaison between IBPAs and DEAs about clients at the time of referral and after

DEAs explained that incapacity benefits recipients' personal details and Action Plans were accessible to them via the Jobcentre Plus computer system and that these held information gathered in preceding meetings with IBPAs. Additionally, being based together within Jobcentre Plus offices, DEAs and IBPAs were able to share information verbally around the time of a referral. Some DEAs explained that, while this verbal and written information from IBPAs was helpful as background, they would always conduct their own initial interview with clients, where they would often gather different or more detailed information than was provided by IBPAs.

As with the initial referral process, ongoing contact regarding referred clients was generally described by DEAs as fairly informal, mainly taking place through verbal communications within day-to-day office contacts with IBPAs. Commonly, DEAs said that they would keep the referring IBPA updated with client progress.

3.1.5 Quality of working relationships

Most DEAs described positive working relationships with IBPAs. Once again, this was felt to be aided by being based close together in the same office, which facilitated easy communication, referral and feedback and the development of knowledge of each others' roles over time. Few problems were noted at an interpersonal level, although one DEA described feeling somewhat 'isolated' from the IBPAs in her office, despite being officially part of the same team. In contrast, however, another DEA felt that working relationships with advisers had improved since becoming part of the same team under Pathways, with greater opportunities to learn from each other.

Some tensions were noted at a broader level, relating to role distinctions and the impact that the introduction of the IBPA role had had on the pre-existing DEA role (see also Section 3.1.3). One DEA noted that since IBPAs were now dealing with clients with lower-level needs, who would previously have joined her own caseload, this had led to something of a reduction in job satisfaction, because with a caseload now comprised more exclusively of harder to help clients, job entry 'successes' were less frequent. Another perspective was that DEAs had been 'ignored' when Pathways to Work had been introduced, for example, not being included in the training events. For some DEAs, a clear understanding of each other's role and shared views on who was most appropriately placed to help a client seemed influential on the quality of working relationships with IBPAs.

3.2 Working relationships between Jobcentre Plus advisers and service providers

This section draws on data from IBPAs, DEAs and providers to consider the referral processes and relationships between Jobcentre Plus advisers and provider staff. Consideration is given to: the referral processes from Jobcentre Plus advisers to other providers, including referral mechanisms and people's views on how well these operated; the client information that is shared between Jobcentre Plus advisers and providers at the time of initial referral; and participants' views on the working relationships between Jobcentre Plus advisers and service providers and the factors influencing their quality.

It is relevant here to note the diversity of service providers that were involved in this study and the differing nature of their relationships with Jobcentre Plus (see Appendix A). As well as the contractual status of the provider, there was also variation in numbers of referrals received, amount of contact with Jobcentre Plus advisers and the formality of referral processes. While in one sense contracted providers might be perceived as having closer relationships with Jobcentre Plus, it was not always the case that contracted providers had large numbers of referrals of incapacity benefits recipients and some non-contracted providers described much more frequent referrals and liaison with Jobcentre Plus advisers[3]. There were also non-contracted providers who perceived a very minimal relationship with Jobcentre Plus and rarely (if ever) received referrals from IBPAs or DEAs.

3.2.1 Referral processes from Jobcentre Plus advisers to service providers

IBPAs, DEAs and service providers gave largely similar accounts of the referral processes to **contracted provision**. A typical procedure was for the Jobcentre Plus adviser to make a phone call to the provider, while the client was present, to arrange a first appointment and then to follow this up with formal paperwork, sometimes referred to as an 'SL2'. It was noted that, when a provider was present at the Jobcentre Plus office, the preliminary telephone discussion could be replaced with a face-to-face conversation. However, the importance of paperwork to contracted providers was mentioned, in that payments depended on the receipt of specific forms. Client referrals were also recorded on the Jobcentre Plus computer system. Some IBPAs described making referrals via a computer system, but also backed up with paper referral forms. Some differences in the referral process were evident for more specialist provision, for example, Residential Training, where medical reports, a 'business case' and/or third party approval might be required in addition to the adviser's referral.

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[3] Although it was not a theme explored in depth in the research interviews, it is notable that some providers who received referrals from a range of sources (including self-referrals) would sometimes refer people into Pathways to Work if this was appropriate.

Different providers were described as taking different approaches regarding whether an initial appointment was scheduled by the Jobcentre Plus adviser or whether the provider themselves got in touch with the client to arrange the first meeting. Written confirmation of their referral and first appointment was provided to the client, either by the IBPA or directly from the provider and clients were sometimes given additional information, for example, a map of the provider's location.

For non-contracted provision, a less formal referral process was commonly described by IBPAs and service providers[4], often via telephone calls or introductions to clients 'in person' with no accompanying paperwork from Jobcentre Plus advisers. Where providers were based in the same office or in very close proximity to Jobcentre Plus, referrals could sometimes be made 'on the spot'. These processes seemed to be acceptable to the providers concerned. A small number of non-contracted providers did have their own standard referral forms which they required Jobcentre Plus advisers to use. These were providers whose services focused on mental health or substance use.

In some cases, IBPAs explained that they took on more of a 'signposting' role with non-contracted provision, leaving the client to initiate contact with the service provider. One IBPA perceived that part of the rationale for this was to encourage 'ownership [and] responsibility' among clients in taking steps forward, and thought that IBPAs were being asked to move more towards this signposting approach. Here, there would be no direct communication between advisers and providers. However, it was noted that where clients were directed to 'self-refer' in this way, they did not always follow up their IBPA's suggestion. There were also reports that where clients had been referred to provision and had expected the service provider to be in touch, they had not heard anything more from the provider.

In one IBPA group discussion, it was noted that, where there were good working relationships with providers and/or providers came into Jobcentre Plus offices to deliver their service, it was sometimes possible to introduce clients to the provider informally prior to their first scheduled appointment. This could be especially helpful where clients were low in confidence. Likewise, one DEA described how he would sometimes arrange for a client to meet a provider informally before making a referral, for example, if the client appeared 'sceptical' about the provision.

Service providers were asked about the appropriateness of the referrals they received from Jobcentre Plus advisers. The main circumstances where providers perceived inappropriate referrals were if the client was either not willing or not well enough to move towards work. Some providers noted that it was not within the scope of their provision to engage with a client who was currently using drugs or alcohol, a matter that had been clarified with advisers but which still might not always come to light until after a client had been referred by Jobcentre Plus. A client with unrealistic or unformulated work goals was also noted by one provider

[4] Notably, DEAs in the study group gave very few examples of referring clients to non-contracted provision.

as an inappropriate referral, but others said that this was something they could work on with the client. One provider emphasised the importance of a verbal discussion accompanying any potential referral, in order to establish that it would be appropriate, while another said they would encourage advisers to ring them if they had any queries about the appropriateness of a referral. A few service providers mentioned how differences in clients' benefit entitlement could cause confusion for Jobcentre Plus advisers in determining eligibility for some services, and require some guidance from providers.

Despite identifying a range of potential contexts where referrals would be inappropriate, several providers felt that inappropriate referrals were rare. They attributed this to Jobcentre Plus advisers' improved understandings of the nature of their provision over time and, with experience, better ability to assess client readiness. Possible reasons for inappropriate referrals being made included Jobcentre Plus advisers misunderstanding the nature of the provision or not feeling there were any other options to offer the client.

Some study participants commented on the appropriateness of the referral processes. Although a few advisers commented that there was a lot of paperwork surrounding referrals to contracted providers, there was also some recognition that this was necessary. However, one DEA wondered whether a less formalised referral process by telephone could work, and in another area, it was noted that one provider, with whom there was a well-established working relationship, was now willing to take referrals simply by telephone or email. One contracted provider explained that referrals could only come to them as a hardcopy form and that email must not be used for data protection reasons. This individual felt that it was helpful to have just one channel for referrals because things were less likely to get lost or confused. However, one difficulty noted by contracted providers was the slowness of referral forms moving through the Jobcentre Plus internal systems, which could mean, for example, that start dates, providers' payments and clients' benefits or financial incentives could sometimes be delayed. Similarly, one non-contracted provider noted that telephone referrals were preferable because of the scope for paperwork to get lost in their own internal postal system.

Some non-contracted provider staff explained that, if a signposting approach had been taken, they may not be aware of whether an individual had been directed to them specifically by a Jobcentre Plus adviser if the client did not mention this. Some such providers said that a more formalised referral process would be beneficial because it would be useful to record and monitor the numbers of clients coming to the service via Jobcentre Plus and to *'understand the different routes that are available'*.

A point that was raised in two group discussions was that some IBPAs would prefer there to be fewer links in the chain of referral. Some IBPAs commented that referring to external providers could feel like *'handing off'* clients and that this could be unhelpful to establishing rapport. Instead, some IBPAs would have preferred more in-house provision and to be able to make direct referrals to

training providers. These views point to implications for continuity of support and case management approaches, themes which are considered further in Chapter 4.

3.2.2 Client information shared at the time of referral

In all IBPA group discussions and some DEA interviews, it was noted that personal details were only passed to providers with clients' permission. Advisers and service providers gave similar accounts of the amount and type of information shared at the point of initial referral. A common description was that usually fairly brief information was passed to providers at the point of initial referral, for example, the client's name, contact details and National Insurance (NI) number. Where relevant to the specific provision, additional information might be provided. For example, information about health conditions would be passed to CMP providers, clients' employment background and work aspirations would be shared with providers whose programmes were more closely involved with work activity, and there were other providers who would need to know about criminal convictions or substance use. One IBPA commented that if a client had anger management problems, this would be conveyed to a service provider.

Some IBPAs and provider staff noted that, where good working relationships were established, there could sometimes be informal sharing of brief client details and contextual background prior to an initial client meeting. This might happen by telephone or face-to-face, for example, when service providers came into Jobcentre Plus offices. In one area, IBPAs explained that clients were asked to take their Action Plan with them to meetings with providers and it was noted that CMP practitioners would be given a copy of a client's Action Plan alongside their referral form.

A number of service providers explained that when a client joined them, they would conduct their own initial interview or registration process where personal information, relevant background details and plans or aspirations would be collected. Thus, some providers felt that the basic information provided by Jobcentre Plus advisers was sufficient, given that a more in-depth discussion with the client would subsequently take place. Moreover, it was noted that a fuller picture of clients' circumstances could build up over time, as clients became more comfortable sharing information with provider staff.

From providers' comments overall, there was not a strong sense that information from Jobcentre Plus advisers was lacking at the point of referral. One provider commented that IBPAs were working under pressured timescales and so could understand and accept why they did not always provide extensive information on referral forms. However, another provider said that more background information from Jobcentre Plus advisers would be helpful in ensuring that what they were doing with clients was appropriate. One provider, who received clients' Action Plans, commented that the additional contextual notes made by Jobcentre Plus advisers were of variable quality, with some giving more comprehensive details than

others. She noted that more extensive background information, for example, about family or personal interests, was helpful in identifying a way in to conversations with clients who may be reluctant or hesitant in talking to provider staff.

There was also some evidence that where providers required detailed medical information or 'risk assessment' (in the case of a mental health service provider), IBPAs were not equipped to complete this aspect of the process. In one case, the provider felt that it would be useful for IBPAs to have the skills to complete health questionnaires in advance of the client's first meeting with the provider, but in other instances providers accepted that detailed risk assessments or medical histories were not within the scope of the IBPA role. Here, information was sought from a client's health practitioner or gathered by the provider themselves.

In addition to information about clients, there were comments from some service providers that it would be helpful to know more about the range of Jobcentre Plus provision, details of benefit rules and entitlements, and the various elements of Pathways to Work; this would enable them to provide more accurate and relevant advice to their clients.

3.2.3 Quality of working relationships

From Jobcentre Plus advisers' comments, a positive working relationship with a provider seemed to be built upon a range of components including:

- knowledge of the provider's service;
- confidence that the stated offer of provision was delivered to clients in practice;
- a reliable and good quality provision;
- approval of/agreement with the approach taken by the service provider;
- regular communication regarding referred clients; and
- knowing provider staff personally.

Providers echoed many of these points, for example, noting how regular contact about referred clients, communication of any changes to each other's provision and a sense of working to a shared goal were all important factors.

Opportunities for face-to-face contact emerged as the most effective facilitator of positive working relationships from advisers' (particularly IBPAs') and service providers' perspectives. Better relationships were developed, for example, where providers came to Jobcentre Plus offices to deliver their services, where Jobcentre Plus had 'outreach' advisers working in providers' premises or where providers visited Jobcentre Plus specifically to promote their service. The value of putting faces to names was highlighted and where a specific individual from within the provider had been appointed as a 'link worker' for Jobcentre Plus, this was seen as effective in developing relationships with advisers. Attending one another's business meetings, case conferencing, providers holding open days, inviting

advisers to attend their courses or to visit their premises were also ways that advisers and service providers said relationships and rapport were developed.

It was recognised by advisers and providers that positive working relationships developed over time; through greater use of services and more frequent contacts between advisers and providers (such as to share feedback or seek out advice), partnership working became more efficient and effective and 'confidence' and 'trust' increased. Regular communication between advisers and provider staff was highlighted as particularly important in maintaining good working relationships, for example, to ensure problems or misunderstandings were addressed quickly. There were comments from both advisers and providers that stronger relationships developed with particular staff members who they referred to or received referrals from more regularly. There was evidence that greater use of services engendered stronger relationships and vice versa (see also Chapter 2).

A main challenge to establishing positive working relationships, noted by advisers and providers, was a lack of time for each to meet and get to know the other and their services in the ways described above. Frequent turnover of Jobcentre Plus advisers was a challenge for providers in developing rapport and maintaining IBPAs' knowledge of their provision (although some providers did note that Jobcentre Plus made efforts to introduce them to new staff members). Likewise, there were comments from Jobcentre Plus advisers that turnover of provider staff made it difficult to establish and maintain working relationships.

Jobcentre Plus advisers noted some more specific tensions in certain relationships, for example, where it was felt that Job Brokers were not providing the stated level of service or were 'taking credit' for foundational work done with clients by IBPAs. In one area, staff absence within a service provider had not been communicated clearly to Jobcentre Plus advisers and this had led to problems when clients were left unsupported for long periods. Elsewhere, there was a perception that one contracted provider who delivered two programmes was not placing clients on the programme that advisers had intended. However, Jobcentre Plus advisers in the study group said that these latter two matters had been resolved through communication with the service provider. Other individual perceptions were of a particular provider seeming unwilling to engage with Jobcentre Plus, and of some providers positioning Jobcentre Plus advisers as 'the enemy' (in contrast to the provider as the client's 'friend') in order to stress their independence from Jobcentre Plus.

Several service providers said that they had generally good relationships with the Jobcentre Plus advisers with whom they were in contact. In describing poorer relationships with Jobcentre Plus advisers, provider staff generally referred to the limited extent of contact they had, rather than any specific tensions or disagreements. There were examples of contracted and non-contracted provider staff who felt that they did not really know any IBPAs or said that there were few occasions where they came into contact through their work. Where relationships were currently minimal, providers said they would be open to discussion with

Jobcentre Plus about the potential for closer working and negotiation of what support they could usefully offer to clients and advisers. One provider noted that opening up a clearer and more formal channel for referrals **in both directions** between Jobcentre Plus and the provider could be beneficial to their client groups. Some provider staff explained that they had contact with Jobcentre Plus advisers or managers at local strategic level meetings or network events. However, it was noted that this was not really a context in which strong working relationships around client referrals could be developed.

3.3 Working relationships between service providers

This section draws on data from service providers to explore their referral practices and relationships with **other** providers external to Jobcentre Plus.

As described in Chapter 1 (see also Appendix A), provider staff who took part in research interviews represented a wide range of organisations. As such, there was much variety in the range of other service providers with whom they described having contacts, depending on the focus of their own provision. Organisations mentioned covered the statutory, voluntary, community and private sectors and included colleges and training providers, organisations offering employment preparation and support, healthcare practitioners, drug and alcohol services, welfare and advice organisations, and also employers.

Referral processes varied both between the different service providers interviewed and also within services, depending on what type of organisation they were referring clients to; a mixture of formal referral processes, informal verbal referrals and client signposting was described[5]. For some providers, referring clients onwards to other organisations was an integral part of their service, for example, when training or work placements were facilitated. In other cases, providers said that they might signpost or informally refer to other organisations that emerged as relevant to a client's circumstances, where they could not meet these needs via their own provision. For a minority of providers, referring clients on to other organisations was not a common occurrence.

Once working with a client, it appeared that providers rarely referred the individual back via a Jobcentre Plus adviser if they decided that a referral on to another organisation would be appropriate (see further in Chapter 4). An exception to this was referrals to the CMP, as some contracted and non-contracted providers explained that when they had had clients for whom the CMP was appropriate it

[5] It should be noted that many of the providers involved in this study received referrals from a range of sources, not only Jobcentre Plus advisers, and as well as supporting incapacity benefits recipients, many providers also offered their services to people in receipt of other (or no) benefits. In describing their referral practices to other organisations, some study participants spoke generally about their client group, rather than specifically incapacity benefits recipients.

had been necessary to arrange this referral via a Jobcentre Plus adviser. However, it seems that not all providers adopted this practice, as some with and without Jobcentre Plus contracts suggested that they were able to refer directly.

Comments about what made for better working relationships among service providers echoed those relating to working with Jobcentre Plus advisers, for example, understanding of provision, clarity of roles, working in close proximity and having opportunities for face-to-face contact, for example, through joint meetings, networking events or sharing an office base. Regular communication and feedback regarding referred clients were highlighted as helpful to working relationships. Where people mentioned tensions in working relationships, this sometimes related to lack of clarity or agreement about role boundaries. Another comment was that where there were lots of local organisations working with the same client group, there could be a tendency for a provider to 'hang on' to clients in order to meet their own targets, where referral to another provider might be more helpful to the client.

3.4 Working relationships with healthcare providers and practitioners

This section presents data on the extent and nature of contact that Jobcentre Plus advisers and service providers had with healthcare providers and practitioners in the context of supporting clients with health problems and disabilities.

Overall, the IBPA group discussions indicated that there were few strongly established working relationships with healthcare providers, although there were a number of individual examples where there had been more in-depth contact. Most commonly, IBPAs mentioned that Community Psychiatric Nurses (CPNs), social workers or another 'key worker' might sometimes accompany a client at a WFI. Some IBPAs had received phone calls from CPNs or social workers requesting more information about Pathways, and occasionally voicing concerns about the programme. In one IBPA group discussion, positive working relationships with IAPT[6] caseworkers were mentioned. Also, one IBPA had taken responsibility for making a presentation about Pathways to healthcare practitioners. However, little direct contact with GPs was reported by IBPAs, though there was an awareness that CMP practitioners had more involvement with clients' GPs.

In contrast, DEAs described more extensive links with healthcare providers, which seemed in part to be influenced by the number of referrals they received from GPs, occupational therapists, physiotherapists and CPNs. As with IBPAs, some DEAs said that clients would occasionally be accompanied by their CPN or support worker

6 Improving Access to Psychological Therapies: this is an initiative that has been funded by Government to increase the number of trained psychological therapists and so improve availability and speed of access to 'talking therapies' for common mental health problems (namely anxiety and depression).

at Jobcentre Plus meetings. DEAs would initiate contact with a client's doctor or therapist if they required a medical report and might enter into more detailed communication with a client's GP or mental health worker as necessary. Some DEAs talked about actively promoting their service among healthcare providers, for example, writing letters or giving presentations to GPs, and in a number of cases good working relationships had developed with certain local facilities (for example, a brain injury centre) or individual practitioners. Although DEAs described varying amounts of contact with healthcare practitioners, it seemed that this was led by client circumstances and that where requested, information and communication was usually sufficient and helpful.

As noted in Section 3.2.1, in some areas Jobcentre Plus advisers had given presentations to healthcare practitioners about the Pathways programme. One of these presentations had been to GPs and there was a feeling that this had had some positive effect on their attitudes towards Pathways, with some clients subsequently saying that their GP had recommended they take part in the CMP. Among IBPAs, there were some comments that more liaison with GPs and greater knowledge of Jobcentre Plus provision among GPs would be useful, in order to improve their perceptions of Jobcentre Plus. In one group discussion, IBPAs talked about a regional initiative where GPs had been given a target to make a certain number of referrals to Jobcentre Plus. However, it was felt that this initiative had been driven by Jobcentre Plus rather than medical practitioners and that there was some hesitance and lack of confidence in Jobcentre Plus services among GPs.

Working relationships between service providers and healthcare practitioners were not explored in depth in the research interviews. However, in describing their links with other services, some provider staff said that they had limited or no contact with medical practitioners while others (particularly those working in the area of mental health or substance use) mentioned more extensive links with health services and that they might refer clients to these as appropriate.

3.5 Summary

The first part of this chapter considered working practices and relationships between Jobcentre Plus IBPAs and DEAs. These two roles were perceived to be distinct in a number of ways. However, there was also recognition of some overlap in client group and the range of services that each adviser could refer clients to. For some people, offering continuity of adviser support to a client was more important than maintaining strict role boundaries. However, there seemed to be scope for clarification of the DEA role and where a referral from an IBPA to a DEA would be appropriate, to ensure that clients accessed more specialist expertise where necessary. The generally positive working relationships between IBPAs and DEAs – evidenced in informal and responsive contact regarding clients and the sharing of information and advice – were thought to be aided by being grouped within the same team and located in close proximity within Jobcentre plus offices.

The second part of this chapter explored relationships and referral practices between Jobcentre Plus advisers and external service providers. Differences in relationships between providers and Jobcentre Plus were reflected in the variety of referral processes and perceptions about the extent and quality of working relationships. Broadly speaking, a distinction could be noted between referral processes for contracted providers, involving more formalised client introductions, information sharing and paperwork, and non-contracted providers, where informal (verbal) referral or 'signposting' approaches were more common. However, there was some evidence that holding a Jobcentre Plus contract did not necessarily mean that referrals were more numerous. Overall, there was no strong sense of dissatisfaction with the various referral processes currently in place. Where people did offer suggestions for improvements they were not always in agreement, with some calling for less formality in making referrals and some asking for greater transparency and formality in order to know when a referral had been made. For the most part providers seemed content with the extent of background information that was conveyed with a client referral from Jobcentre Plus.

Clear and frequent communication, both about general service provision and specific clients, supported through opportunities to meet face-to-face and build personal connections, emerged as central to positive working relationships between Jobcentre Plus advisers and external providers. These factors also helped in ensuring referrals were appropriate and could allow for informal discussion of client circumstances around the time of referral. There were a number of examples where these positive working conditions were already in place but there were also providers who said they would like the opportunity to strengthen their relationship with Jobcentre Plus in order to more effectively meet the needs of benefits recipients. Staff turnover and a lack of time to meet in person were noted as barriers to developing and maintaining good working relationships.

Provider organisations in the study group described having links with a wide range of other organisations external to Jobcentre Plus, to whom they might direct clients they were working with. Again, referral methods varied, including more formalised processes and informal signposting. Where a client had come to a provider via Jobcentre Plus, it was uncommon for the client to be directed back through their IBPA in order to access an additional form of provision. The main exception to this, in some cases, was the CMP.

Among IBPAs, there were few accounts of strongly established working relationships with healthcare providers and practitioners and some felt that stronger links with GPs would be particularly useful. However, liaison was more common between health practitioners and DEAs, and between health practitioners and providers whose services had a health-related focus. These contacts appeared to be guided according to client need and were generally spoken about positively.

4 Case management

This chapter discusses the concept of 'case management' and its place within Pathways to Work. It starts by presenting policy intentions for case management at the time Pathways was created before moving on to look at how case management has been perceived, and whether and how it has been put into practice, from the perspectives of Jobcentre Plus advisers (Section 4.2) and service provider staff (Section 4.3). Section 4.4 explores participants' reflections on whether case management is necessary for incapacity benefits recipients, who might be best placed to act as case managers and what case management would ideally look like. The chapter concludes in Section 4.5 with a summary of the findings.

4.1 Policy intentions regarding case management

The 2002 Green Paper *'Pathways to Work: Helping people into employment'* (Department for Work and Pensions (DWP), 2002) set out the newly established role of Incapacity Benefit Personal Advisers (IBPAs) and explained how they and Disability Employment Advisers (DEAs) would be responsible for supporting people in receipt of incapacity benefits in the new scheme, Pathways to Work. Although this document does not use the term 'case management' to describe the role of advisers, it suggests ways in which advisers could be responsible for helping clients over time, which might be interpreted as elements of case management.

Analysis of this document suggests that there were four main ways in which policy makers designed the role of advisers to encompass case management:

- Firstly, a new team of specialist advisers – IBPAs – was to be established in each Jobcentre Plus district, equipped with a broad set of skills in order to work directly with clients, providing personal support and encouragement, and to engage with other key actors, such as local employers.
- Secondly, these advisers were to provide sustained support to individuals over a period of time through a series of Work Focused Interviews (WFIs). Such ongoing support would give people who were not initially ready for work *'greater opportunity to access help as their circumstances change'*.

- Thirdly, advisers would help clients identify ways in which progress might be made towards entering employment through developing an action plan together.
- Fourthly, *'coherent pathways of support'* were to be created for clients by advisers providing *'effective links from the initial claim onwards, through the mandatory Jobcentre Plus interviews back through to re-employment'*. This was to be done by offering clients ongoing access to a range of specialist Jobcentre Plus programmes and other available service provision, to meet their needs.

Thus, the policy aimed to establish skilled advisers providing seamless support until clients made the step into work. Section 4.2 looks at advisers' views on whether this kind of case management has been put into practice.

4.2 Jobcentre Plus adviser perceptions of case management

This section looks briefly at Jobcentre Plus advisers' ideas about what case management is, then considers in detail advisers' experiences of putting case management into practice.

4.2.1 Adviser perceptions of 'case management'

During the research focus groups and interviews, IBPAs and DEAs were asked what the term 'case management' meant to them. The spontaneous response from some was to talk about **caseload** management, describing how it was necessary to try to keep their caseload to a manageable size by using deferrals and waivers and ending 'inactive' cases (for example, those people who no longer wanted or needed help). This would then allow them to devote more time to people likely to make progress towards work.

'Case management', rather than 'caseload management', was also discussed by some advisers. General descriptions of the case manager role were acting as a 'co-ordinator' and being the 'central point of continuing contact for clients'. Essentially, case management involved keeping in contact with clients and providers with whom clients were engaged (and possibly other key actors such as health professionals), for three main purposes:

- to ensure clients received appropriate and timely support;
- to learn about any progress made by clients;
- to encourage people to make further progress.

Advisers' responsibility for case management was perceived to end when people stopped receiving benefits and moved into paid employment. Even where 'case management' was an unfamiliar term, all advisers were familiar with the core elements listed above and discussed their role in maintaining regular contact with clients and providers and monitoring and recording client progress.

4.2.2 Adviser perceptions of case management in practice

Both IBPAs and DEAs perceived that they were the case managers for the incapacity benefits recipients on their caseload. They were responsible for helping their clients move as close to work as possible. This responsibility for being their client's main point of contact extended to times when people were working with providers. Although a small number of advisers indicated that providers **temporarily** became responsible for managing clients' progress after referral, none suggested that there were occasions when providers took over the case manager role from them on a more permanent basis. Jobcentre Plus advisers were thought to be best placed to carry out the case manager role because they could offer continuity of support and thus earn their client's trust, provide a 'hands-on service' and act as the client's advocate as needs be, for example with providers.

As noted in Section 3.1.3, there was some blurring of the IBPA and DEA roles when clients were passed between them, which meant it was not always clear-cut who the client's case manager was. A referral from an IBPA to a DEA was largely perceived as a 'handing over' of the client, but there were differences of opinion about whether this was a temporary transfer of responsibility or a final hand-off. Whether or not the client was returned to the referring IBPA sometimes depended on who the client had spent more time with, or the DEA's confidence in referring to Pathways provision and completing the necessary paperwork. In both temporary and final hand-overs DEAs took the lead in working with the client and might supply the referring IBPA with general updates, but would not feed back every detail of their activities.

As discussed above, communication and liaison with clients and providers was perceived by advisers to be crucial to performing effective case management. The remainder of this section examines more closely the purposes for such contact and how it contributed to case management in practice.

Ensuring clients receive appropriate and timely support

An important part of advisers' role in first meeting clients was to make an Action Plan, setting out personal goals and possible steps to achieve them. At this point any information offered or sought from other interested parties, such as support workers or health professionals, was useful in understanding the client's health and personal circumstances. In cases where people were willing to consider taking part in work-related activities, advisers made referrals to Jobcentre Plus programmes or external sources of provision as appropriate. This referral role, acting as a gateway to provision, was significant as some advisers stressed that they did not offer specific support themselves but instead structured support for individuals using their knowledge of available interventions.

Where referrals were made but clients did not attend their appointments with providers, advisers saw it as their responsibility to find out from the client why they failed to attend and to either take action to encourage attendance or to identify an alternative appropriate form of support. There were a number of ways in

which advisers hoped to utilise their advisory skills to encourage client attendance, including accompanying clients to provider premises for the first appointment, asking providers to meet clients first at the Jobcentre Plus office, and inviting previous clients to share their experiences of provision with new clients. Advisers stressed that because taking up support from providers was voluntary their role was only to **encourage** participation and not to put pressure on people.

When clients attended provision, an important part of case management was to check with clients and providers that the referral was appropriate and ensure that support was being delivered as expected. Jobcentre Plus advisers explained that they might do so by contacting clients soon after the referral, and/or by keeping in regular contact with clients and providers throughout the client's involvement with the provider. Often these contacts were informally made using the telephone. Keeping in touch with clients like this after referral was also thought to demonstrate to clients that advisers remained interested in them and that they were offering ongoing support.

During contact with clients to find out what the provider had been doing with them, clients sometimes gave feedback about the quality and content of provision. Advisers reported that there was no systematic process for recording this information (except where questionnaires were sent to people who underwent a work assessment with a Work Psychologist or DEA) and that it was at the discretion of individual advisers to decide how this information should be used. Some advisers had taken the initiative in co-ordinating such feedback so that it could inform advisers' decisions about using provision in the future. If deemed appropriate, negative feedback was passed on to providers and/or Jobcentre Plus managers, and exceptionally complaints were made to the Contract Team.

Learning about any progress made by clients

Advisers felt that a large part of their case manager role was to monitor client progress towards achieving their goals. Contact which deepened advisers' understanding of their client's progress took place between advisers and clients, and advisers and providers, and could occur at regular intervals, on a more ad hoc basis and/or at the end of provision. Some saw the regular WFIs as the forum for obtaining this information from clients. Clients who had built a good rapport with their adviser and who were proactive and motivated were considered more likely to want to talk about their personal progress.

Whether advisers felt that they had responsibility for obtaining provider feedback or that it was providers' responsibility to share it, regular feedback tended to be more reliable from contracted providers and those who used Jobcentre Plus premises for their own work. Regular and informative feedback helped advisers to understand what clients had done, their readiness for work and further barriers to remove. This feedback could also be compared with client's interpretation of their experiences and progress, to build a more informed impression of the case. Provider feedback might also include new personal information about clients, such as changes in health.

Jobcentre Plus advisers recorded and updated information from clients and providers in computerised Action Plans or their own paper-based caseload filing system, so that they could return to these notes at a later stage. A number of reasons were made for keeping these records:

- to comply with the requirement to maintain a formal record of client attendance at provision and the duration of provision;
- to remind advisers of client history, support taken up and achievements so far to trace client progress and to inform future discussions with clients and their overall management of the case;
- to remind clients of what was previously discussed with their adviser and what they had agreed to do;
- to monitor provider performance, where records showed how the provider had made an impact on client progress;
- to enable other advisers to take on another adviser's case if necessary, such as during sick leave.

Encouraging people to make further progress

Not only did Jobcentre Plus advisers feel that they were charged with monitoring client progress, but also encouraging further progress in a structured way to achieve work goals. In practice this meant liaising with providers who had worked with clients about appropriate next steps. Examples were given of meetings, informal face-to-face conversations and phone calls between advisers and providers during which views about appropriate further support for clients were discussed. There were also occasions when partnership working brought together the necessary funding and access to provision enabling clients to follow their aspirations. Formal final reports from some contracted providers also made helpful contributions to deliberations about next steps.

The task of encouraging client progress also meant meeting with clients at the end of provision to discuss their options and make plans for next steps. Sometimes advisers used the feedback provided by service providers to help guide discussions. Having monitored clients throughout their engagement with provision so far, advisers felt that they were in a good position to understand the client's readiness for work and any remaining barriers, and to help them build on any confidence and skills gained. Most advisers explained that their role in helping people to continue making progress finished when people ended their receipt of benefits and returned to paid employment. At this point, if people were supported at all this was expected to be done by service providers, such as In-Work Support providers or Job Brokers. In contrast, one DEA explained that they would send letters to people who signed off benefits to give people an opportunity to get in touch to seek more support if they wished. However, most people who responded to this letter said that they had found a job and did not require any further help.

Some DEAs spoke of how they might consult health professionals who had initially referred people, or who were also providing support, for their opinion on suitable further interventions for people.

Level of involvement in case management

Jobcentre Plus advisers suggested that their level of involvement in managing cases varied according to clients' circumstances and needs, the kind of provision referred to, the level and quality of feedback from providers, advisers' own practices and preferences regarding case management, and the amount of time available.

Clients' own motivation and progress could influence the level of contact advisers kept with them. More frequent contact (through WFIs or informal contacts between interviews) might be maintained with clients when they were not currently working with a provider, where clients were considered to be more vulnerable because of multiple and complex needs, and where advisers were concerned that clients' confidence and motivation might drop without sustained encouragement. On the other hand, some advisers explained how there would be less frequent contact with people who were perceived as personally motivated and needing less adviser support. An example given here was of a person who was job-ready and happy to work with a New Deal for Disabled People (NDDP) Job Broker.

The intensity of the case management undertaken by Jobcentre Plus advisers whilst clients were being helped by provider organisations also varied according to the kind of provision people were referred to. IBPAs from different districts explained that they would normally keep in touch with individuals after referring them to provision. An exception to this, however, was referrals to the Condition Management Programme (CMP) when they would wait until the interventions had been fully delivered before re-contacting clients. One reason for doing so was that this was what the guidance stated. Another argument was that advisers did not have enough medical expertise to get involved with health concerns and thus it was better to wait until the client was focused on work before re-engaging them in discussions about steps towards employment. In one district, IBPAs attended the final session of the CMP in order to re-engage with their clients and offer further support to build on any progress made. In contrast, some IBPAs had been told by their managers to maintain contact with clients throughout the CMP in order to ensure a timely response to any needs that arose. There were also advisers who said that their practice regarding keeping in touch with clients differed depending on whether the client was referred to contracted provision or non-contracted provision. In general, advisers felt they knew more about services delivered by contracted providers, including when provision was expected to end and when to re-contact clients to offer further support. On the other hand, the nature and duration of some non-contracted provision was relatively unknown and, in these cases, advisers were keen to contact clients more often to ensure the provision was appropriate and to be aware of when provision ended. In addition some DEAs expected that clients who were referred to Residential Training, WORKSTEP and NDDP providers would no longer need adviser support and so did not maintain

contact. In part this was because these clients were expected to move into work soon, but also because these providers were perceived as being able to provide any further specialist support to individuals as required.

The nature and level of feedback from providers had an influence on Jobcentre Plus advisers' ability to case manage their clients. Advisers reported many different levels of contact with providers about referred clients and how this affected the management of their clients' cases. As discussed above, regular and sufficiently detailed provider feedback throughout the client's engagement with the provider and at the hand-off back to Jobcentre Plus, helped advisers to keep up to date with client progress and to be better informed about what support to offer next. This kind of feedback was more likely to come from providers with whom they had well-established and trusted relationships. However, without quality feedback from providers, advisers were either left to rely on client feedback, which did not always include the same level of detail expected from providers, or to make efforts to chase providers for information. Yet, it was hard to find time to contact providers as often as they felt they needed feedback because of the demands of their caseload and the need to meet performance targets.

There were also differences of opinion amongst advisers about the way they should approach case management. Some advisers argued that it was important to keep in regular informal contact with clients as well as conduct the series of WFIs in order to build trust and rapport and to provide sufficient support all the way into work. Another view was that 'hand-holding' through this frequent and informal contact meant that people came to rely on their adviser and tended not to think and act for themselves.

Finally, the time available for monitoring client progress and liaising with clients and providers was also significant in determining the extent to which Jobcentre Plus advisers got involved with what was happening with their clients. Some DEAs explained that they had time set aside for administrative duties which enabled them to make enquiries to clients and providers about client progress. However, a lack of time was more keenly felt by many advisers. For example, it was harder to maintain an intensive regime of contact with clients and providers when advisers worked part-time or had heavy schedules of WFIs. A lack of time also meant that some advisers felt they could not keep up to date with providers' views of client progress, where providers did not share this without request. Some IBPAs explained how they wanted to continue working with clients after the mandatory WFIs were complete, but that a lack of time restricted their ability to do so. Their priority was to see mandatory, rather than voluntary, clients which meant that people who continued to seek help from advisers needed to initiate any further contact themselves.

4.3 Provider perceptions of case management

As with Jobcentre Plus advisers, the following subsections explore provider staff perceptions of 'case management' and how they experienced this in practice regarding incapacity benefits recipients.

As shown above, Jobcentre Plus advisers thought that, ultimately, they were their clients' main co-ordinator of the journey towards work, even though time and resource pressures sometimes meant they could not perform this role as they wished. Having taken ownership of this overarching case management role, as intended by policy makers, it might be assumed that providers would also recognise Jobcentre Plus advisers in this role. Analysis of provider data showed that there were some providers who did perceive Jobcentre Plus advisers as overarching case managers, and some who did not.

4.3.1 Provider perceptions of 'case management'

When provider staff were asked what they understood by the term 'case management' and whether and how case management had a place within Pathways to Work, two distinct forms of case management emerged from analysis of their responses: (1) what might be called 'short-term case working'; and (2) 'overarching case management'. Both short-term case working and overarching case management were described as involving many of the same tasks highlighted by Jobcentre Plus advisers in their work with clients and providers: meeting with clients to determine a best course of action, making attempts to engage people who fail to attend, liaising with various interested parties, monitoring client progress through regular contact and record keeping, referring clients to suitable further provision, and handling client feedback about provision. However, a key difference between case working and case management was the location of overall responsibility for co-ordinating client support and progress. Thus, a short-term case worker did not perceive themselves as having overall responsibility for helping an incapacity benefits recipient all the way into work. But, an overarching case manager **did** accept this responsibility and felt that they were the client's key co-ordinator.

There was variation in how providers positioned themselves as either case workers or case managers, and in whether they perceived Jobcentre Plus advisers as overarching case managers or not. Thus, the following scenarios were found:

- providers who saw themselves as short-term case workers and Jobcentre Plus advisers as overarching case managers;
- providers who saw themselves as overarching case managers and Jobcentre Plus advisers also as overarching case managers;
- providers who saw themselves as the client's sole overarching case manager;
- providers who saw themselves as short-term case workers and no one as overarching case manager.

These different perceptions of responsibilities for case managers are examined in more detail in the following subsections, looking first at providers who recognised Jobcentre Plus advisers as overarching case managers, then at those who did not perceive Jobcentre Plus advisers in this role.

4.3.2 Case management in practice: recognising Jobcentre Plus advisers as overarching case managers

Those providers who agreed with the assumption that Jobcentre Plus advisers acted as overarching case managers for Pathways clients positioned themselves either as short-term case workers or as parallel overarching case managers to the client alongside the Jobcentre Plus adviser.

Providers as short-term case workers and Jobcentre Plus advisers as overarching case managers

Roughly half of the provider staff who took part in the study described themselves in a case worker role and Jobcentre Plus advisers as case managers for Pathways clients. These providers were either delivering Jobcentre Plus contracted provision or services with a narrow remit (such as training courses or health support, rather than a broader agenda to do what was necessary to help the client move into work). The majority had agreed formal or informal referral procedures with Jobcentre Plus, so that they always knew when incapacity benefits recipients had been referred to them. It should be noted that for at least one service provider, the scenario of being case workers where Jobcentre Plus advisers were case managers was more hypothetical than actual, because the provider had received few referrals from Jobcentre Plus advisers (though incapacity benefits recipients had been signposted).

Providers who saw their role as limited to being a short-term case worker saw themselves as being responsible for Pathways clients for a defined period of time. During this time their role was to provide a specific form of support, which was conceptualised as being one part only of the client's overall Action Plan agreed with their Jobcentre Plus adviser. Thus, they could provide help to improve health or the way clients managed their conditions, to access training, or to access support for alcohol misuse, but thought other providers were better placed to provide clients with help to meet other needs. Their contact with clients was also likely to be reasonably short in duration, such as for only four to six weeks. This then meant that when they had finished providing support the client was handed back to Jobcentre Plus. As part of the handing back of responsibility most providers gave a final report of the client's activities and progress and sometimes discussed with Jobcentre Plus advisers their views on appropriate next steps. Some providers went as far as asking after particular former clients at a later date, when meeting Jobcentre Plus advisers for other reasons. Where there was no personal contact with advisers at the point of the hand-off, provider staff felt this lack of liaison was detrimental to helping people.

At the same time as handing clients back to Jobcentre Plus, these providers sometimes referred or signposted clients to other provision. Although these providers clearly saw that they needed to hand clients back to Jobcentre Plus at the end of their provision, they also felt they had a role in helping clients sustain any confidence and motivation gained and to continue making progress. Such referrals or signpostings were part of what one provider called the 'exit strategy', and were made on the understanding that clients would not come back to them at a later stage. Jobcentre Plus advisers were also notified of any referrals or signpostings so that they could continue to monitor their clients. The one-off nature of these referrals marked these providers out as short-term case workers. In contrast, overarching case managers were responsible for tracking people after referrals, taking clients back and referring on to other provision, as many times as necessary. Thus, short-term case workers saw a clear line between being the provider of one particular kind of service and being the client's overall employment adviser, helping them through various steps back to work.

These providers who positioned themselves as **case workers** rather than **case managers**, also perceived Jobcentre Plus advisers as the client's key co-ordinator – their overarching case manager. In part the responsibility of this role was seen as bestowed on Jobcentre Plus advisers because clients accessed Pathways to Work and met with their adviser first, before being referred to providers. At this point, Jobcentre Plus advisers might make several referrals or have plans to help clients access various support over time, so they needed to take charge in monitoring their clients. In effect, Jobcentre Plus advisers were seen as being responsible for seeing through the Action Plan they agreed with their clients. Similarly, some providers explained that they acted as **case managers** to any clients who accessed their provision first, rather than Pathways, as they would then see themselves responsible for making comprehensive action plans and helping clients put them into practice.

One explanation for the perception of Jobcentre Plus advisers as case managers was that advisers were thought to be best placed to map out a way forward for clients and to help clients gain access to various support, owing to the knowledge they possessed about service provision. In addition, to access some provision referrals had to be made by Jobcentre Plus advisers, so providers were required to hand clients back to Jobcentre Plus, thus ending their contact with the client.

Some provider staff also perceived Jobcentre Plus advisers as being responsible for maintaining contact with clients over time. Providers' perceptions of the amount of such contact varied, such that it might occur whilst the client was also working with the provider, or might be held off until the provision had ended. To some extent, the level of contact between Jobcentre Plus adviser and client was thought to depend on whether the client chose to keep in touch or not. One provider explained that because Jobcentre Plus advisers kept in touch with their clients there was no need to make a formal hand-off back to the adviser at the end of provision. The contact between Jobcentre Plus advisers and clients was

mostly thought to make a positive contribution to clients' progress, with advisers providing important personal support.

Another reason why Jobcentre Plus advisers were perceived by providers as overarching case managers was because feedback about client progress was passed from providers to advisers. Some providers saw the provision of written feedback at defined points as a contractual obligation. There were also providers who seemed keen to keep Jobcentre Plus advisers informed of client progress because they wanted to show how effective their provision was and thus to encourage advisers to use it more often. Those who initiated contact to share feedback with advisers supplied regular updates by sending reports or speaking to advisers after review meetings with clients. They might also get in touch to notify the adviser of a significant step, such as when clients took up volunteer placements, training courses or moved into paid employment. Providing feedback was also something providers did whenever they visited Jobcentre Plus offices and were able to speak informally with referring advisers. Some providers who were proactive in giving feedback also spoke of occasions when Jobcentre Plus advisers might initiate contact with them, such as soon after the referral to check that the client was attending, or later on to see how the client was progressing. There were also providers who thought it was the Jobcentre Plus adviser's responsibility to seek feedback and only provided it in response to a request. This meant that some providers never gave feedback whilst clients were with the provider because advisers did not approach them for it, though they might provide a final report when handing clients back at the end of provision. These providers explained that they needed to keep client information confidential and could only share certain information with Jobcentre Plus advisers upon request, or only share more information with clients' consent.

There was also a provider who thought that Jobcentre Plus advisers **should** be adopting an overarching case manager role, but that they did not seem to be doing so at present. This provider expected Jobcentre Plus advisers to have been more proactive in liaising with clients and provider staff and in helping clients obtain further appropriate support from elsewhere. However, there was a feeling that clients had been 'left to their own devices' and their progress had not been monitored, as Jobcentre Plus advisers had not approached the provider for information.

Both providers and Jobcentre Plus advisers as overarching case managers

A number of providers perceived themselves as being responsible for the progress of their clients, including those who might be involved in Pathways to Work, **and** recognised circumstances when Jobcentre Plus advisers were also acting in a similar co-ordinating role. All of these providers were either seeking to provide comprehensive support to meet all needs in helping clients reach their job goals, or were providing the last step in helping people on their trajectories into work, such as in-work support or support to establish a business. Most of those who did the former were non-contracted providers and most of those who did the latter delivered Jobcentre Plus contracted provision. It is important to note that many of

these providers had clients who were not incapacity benefits recipients and had never been involved in Pathways to Work.

These providers perceived themselves as holding a key co-ordinator position for their clients because of the kind of provision they provided and the duration of their support. As providers delivering comprehensive support or the final step into work and beyond, these provider staff felt they were responsible for helping people do what was necessary to achieve their aims. Typically, this provision commenced by agreeing with the client a formal or informal Action Plan, to ensure all client needs were met at the appropriate time. To put the plan into practice, all explained that they provided support in-house, or referred to other providers, to access provision or raise funds. They were responsible for monitoring client progress in-house and externally and for discussing with the client and others the best way forward. Thus, they kept in frequent contact with clients, meeting face-to-face at least weekly or fortnightly in most cases, and the duration of each contact was determined by client needs. Close liaison with other providers or professionals who were also helping the client was felt to be important in ensuring they all worked to the same goals. Some provider staff explained that their organisation held in-house case conferences where they could discuss individual cases and ways of resolving any problems.

These providers saw their responsibility stretching out over a number of months or years, depending on whether clients moved into work or education, or stopped making progress. Unlike providers who can best be described as 'case workers', these providers did not usually hand over clients to Jobcentre Plus advisers when provision ended. If they could do no more for their clients then they looked to refer to other organisations that might be able to help, which might include Jobcentre Plus. They felt that they were always available for clients and some explained how clients returned after provision had formally ended to make enquiries about further help. Thus, the impression these providers gave was that they were their clients' key supporter in organising help to move towards employment.

Most of the providers who could be seen to be acting as overarching case managers also felt that Jobcentre Plus advisers were undertaking a similar role. Jobcentre Plus advisers were seen to be acting as case managers, or assumed to be, largely because they were known to be working with clients. Some provider staff expressed awareness of regular contact between Jobcentre Plus advisers and clients, and of the need for clients to attend WFIs. This awareness was informed by clients who talked about their meetings with Jobcentre Plus advisers, by advisers using provider premises to meet clients, or was an assumption based on general knowledge about the way Jobcentre Plus operates.

Provider contact with Jobcentre Plus advisers was also influential in perceiving advisers as overarching case managers. Where providers knew that clients were also in touch with their IBPA or DEA, or had been referred from a Jobcentre Plus adviser in the first place, some felt it necessary to ask advisers for more information about clients' circumstances, or to inform advisers of their work with clients and any progress made. The main reason for doing the latter was to ensure that the

provider and Jobcentre Plus adviser were not duplicating or contradicting each other in the support they provided for individuals. They were also keen to report back to the Jobcentre Plus adviser any outcomes achieved, where the adviser had initially referred the client. Some providers felt it was important to establish a close working relationship with Jobcentre Plus advisers, where both parties felt able to liaise with each other about the best ways of helping people and both recognised that the other had different expertise to offer. It was thought beneficial for clients to have Jobcentre Plus advisers and providers acting as case managers at the same time where they could each provide essential support to create helpful combinations, such as taking part in the CMP through the adviser at the same time as obtaining career guidance from the provider. There were occasions when provider and Jobcentre Plus adviser attended 'three-way meetings' with the client to understand the client's needs and develop an appropriate plan for support. Not all of the 'case manager' providers had as much contact with Jobcentre Plus advisers as they would have liked, with one provider believing that their current practice of providing informal feedback over the phone was insufficient. The lack of dialogue between them was attributed by one provider to their own and Jobcentre Plus advisers' busy workloads.

4.3.3 Case management in practice – not recognising Jobcentre Plus advisers as overarching case managers

When discussing the idea of 'case management' for Pathways clients there were also provider staff who did not perceive Jobcentre Plus advisers in an overarching case management role, as the client's main co-ordinator of advice and support. Some of these providers saw themselves performing this role; others appeared to have adopted a short-term case working approach and did not identify anyone in the role of case manager.

Provider as the sole overarching case manager

A couple of providers who saw themselves as case managers to Pathways clients gave the impression that some of their clients were also case managed by the Jobcentre Plus adviser, but this did not mean that all Pathways clients were. One provider spoke of occasions when they had become the sole case manager by agreement with the Jobcentre Plus adviser. This had happened when the provider had accompanied clients to WFIs a number of times, had discussed with the client and Jobcentre Plus adviser the next steps to take and had agreed with the adviser that they were best placed to continue helping the client from then on. The provider felt the adviser was happy to transfer responsibility for the client because by then the provider knew the client well and had become familiar with the adviser's plans and work with the client. Another member of provider staff felt that some Jobcentre Plus advisers who were known to her were keeping in contact with clients and helping people access appropriate support, but that overall there seemed to be no sense of co-ordination for people on incapacity benefits.

Providers as short-term case workers and no one as overarching case managers

As with other providers who seemed to be working more as case workers than case managers, these providers were delivering specific kinds of provision and not a menu of services designed to meet many needs in preparing for work. However, what marked these providers as different was that they had no formal referral arrangements with Jobcentre Plus and they were unsure about the role of Jobcentre Plus advisers working with Pathways clients. From their point of view it did not seem that Jobcentre Plus advisers were co-ordinating help for people and they were not in a position to offer this comprehensive support themselves.

Their uncertainty about the role of Jobcentre Plus advisers stemmed largely from their inexperience in working with Jobcentre Plus altogether, or from only working with clients on a one-off basis and having no reason to be involved in their plans to move towards work. The main reason for one of these providers contacting a Jobcentre Plus adviser was not to discuss movements towards work but to resolve problems regarding entitlement to benefits. Therefore, this provider had no contact with clients without benefit problems and who may have been adequately supported by their Jobcentre Plus adviser. Of the incapacity benefits recipients they did come into contact with however, few wanted to keep in touch with their Jobcentre Plus adviser because they felt 'intimidated' and thought they would be put under pressure to return to work before being ready. With no formal referral process there was perceived to be no need to provide feedback to Jobcentre Plus advisers either.

Another provider was very new to providing services to people on incapacity benefits, and their services and their link to Jobcentre Plus were rather under-developed. This meant that the provider was confused about the division of responsibility, such that they felt they had to provide help to clients over and above what they initially expected and thought should come from a Jobcentre Plus adviser. In most cases they thought clients were initiating contact with their Jobcentre Plus adviser and not the other way around, and any feedback from the provider to advisers was ad hoc.

4.4 Reflections on case management

Jobcentre Plus advisers and provider staff were asked what they thought would be ideal in handling cases and helping people to make effective progress towards work. This encompassed questions about whether case management was necessary for people on incapacity benefits, who should be responsible for performing case management and what it should entail.

4.4.1 Whether case management is necessary or not

There was almost unanimous agreement amongst Jobcentre Plus advisers and service provider staff that case management was necessary for most incapacity benefits recipients. Four main arguments were expounded to explain why:

- A case manager helps people to take initial steps and to set out an appropriate path to follow: A point made a number of times was that people who are doubtful about their capabilities and employment prospects, especially those who have been out of work and on benefits for many years, need 'initial support' and 'hand-holding' to start thinking about their options. It was argued that a case manager helps people to assess possible routes and to choose one tailored to their individual needs and aspirations. Even people who are motivated to return to work were expected to need guidance about how to reach their goals.
- Case managers can provide ongoing encouragement, essential to maintaining progress towards work: Without support from a case manager, advisers and providers expected that people would not maintain their motivation and confidence and would stop making progress towards work. They believed that continued interaction with a case manager helps people to sustain any interest and momentum built previously and to keep striving to make progress. One view was that incapacity benefits recipients are not always proactive and even where they are they might easily lose momentum without support from a case manager.
- A case manager is in a position to co-ordinate people's paths towards employment: Some providers explained that it was impossible for one organisation to meet all client needs. In order to access appropriate support in a timely way from the most suitable providers, incapacity benefits recipients need someone to co-ordinate routes through provision, overseeing the whole process and monitoring progress.
- Having a case manager gives clients a known contact to return to for help and advice: Both advisers and providers were among those who stressed that it was important for incapacity benefits recipients to have one trusted person whom they could approach for help and advice as necessary. Continuity of contact with the same person was perceived as crucial to building trust and rapport and for clients feeling able to talk about personal matters. Such consistency was also perceived as a comfort to people during a time when many life changes were occurring. Having one person providing support all the way through to getting a job was thought to be much more preferable than being passed around a number of organisations in an uncoordinated fashion. The latter was felt to overwhelm and confuse clients.

In discussing situations when case management was necessary, some Jobcentre Plus advisers and providers also identified people who would not need such assistance. People who were strongly motivated, confident and/or job-ready were less likely to need someone closely monitoring their case, or initiating or encouraging participation in activities, as they were perceived as capable of managing their own progress. One view was that those incapacity benefits recipients resistant to the idea of work did not want a case manager as they did not feel capable of making progress. Another argument was that in-depth case management created

a heavy burden for just one individual with a large caseload, and that it would be satisfactory to reduce the monitoring role of case managers so long as clients continued to make progress.

4.4.2 Allocation of responsibility for case management

Having largely agreed that case management is a necessary component to helping people on incapacity benefits towards paid employment, Jobcentre Plus advisers and providers were also asked who they thought should be responsible for conducting case management.

Many advisers and some providers supported the idea that Jobcentre Plus advisers should be the main case manager for incapacity benefits recipients. They argued that advisers were best suited to this role because:

- they have received training about health issues and good practice in working with the client group;
- advisers work 'hands-on' with clients, meeting them personally and getting to know them well;
- this way of working provides a mechanism for clients to report feedback about their experiences of provision, and so encourages people to talk openly about any negative experiences;
- advisers are dedicated to following clients all the way through to finding work, whereas providers are just 'stepping stones' on the way;
- case management should be undertaken by the primary organisation helping an individual and because most people on incapacity benefits access Pathways to Work first, advisers should have responsibility for co-ordinating access to support and tracking progress.

As reported in Chapter 3, some DEAs spoke of how they felt they should become responsible for helping clients furthest from the labour market and how some IBPAs were keeping hold of such clients when they should be referring on.

A number of providers envisaged that the case manager role could equally be held by providers as Jobcentre Plus advisers. A decision about whether the adviser or provider took control could be made in each case based on which organisation or member of staff was best placed to continue offering the necessary support. Another suggestion was that the case manager role could be held by more than one person, such that a health practitioner or health service provider could case manage whilst the client concentrated on improving or managing their health problems and a Jobcentre Plus adviser could take over when they were ready to focus on improving employability and preparing for work.

However, some participants did not agree that Jobcentre Plus advisers should be involved in case managing clients. The main concern was that advisers do not have enough time to dedicate to monitoring cases closely because they have so many

people to deal with. Instead, there was some support for case management to be undertaken by someone independent of Jobcentre Plus such as staff working in provider organisations. One view made by a provider who felt they were already case managing clients was that providers should become case managers whilst clients are working with them. One adviser made the point that providers who work with clients for a long time providing emotional and practical support would be in a good position to case manage clients. Another view was that any organisation could manage clients' route through various forms of support so long as they were accessible to clients without appointment, had time to listen, could provide the necessary help (directly or through referral) to encourage progress and were prepared to act as the individual's advocate when interacting with other interested parties.

Finally, one provider suggested that the role of case manager should be allocated according to the individual client's choice. If a number of organisations worked together in a 'consortium' arrangement this would afford clients greater choice.

4.4.3 Shaping future case management

A large part of the discussion with Jobcentre Plus advisers and providers about case management centred on what case management should ideally involve. Most advisers and providers assumed the continuation of the current, dominant model intended by policy makers, whereby one organisation takes responsibility for case management, bringing in other organisations to provide specialist support where appropriate, but maintaining overall responsibility for helping clients make progress towards their goals. Thus, most comments fit this model and suggest the ideal conditions to make this model work most effectively. However, one suggestion, made independently by a number of providers, alluded to a different way of working. Their idea was to establish consortia of interested organisations representing a variety of specialisms, who would decide together which organisation was best placed to take responsibility for each new client. The consortium would come together to discuss challenging cases and ideas for suitable help. It would also be possible to refer clients between them in order to access the most appropriate support at the right time. The following discussion assumes the current 'one case manager' model.

Analysis of adviser and provider data suggests that having sufficient knowledge, expertise, time and flexibility are crucial to effective case management. In particular, having these characteristics would allow a case manager to achieve what were considered the key components of case management:

- building trusting relationships;
- identifying appropriate and timely support;
- monitoring client progress;
- collaborating with key actors;
- recording and sharing client information.

Building trusting relationships

The need for trust amongst Jobcentre Plus advisers, clients and providers was mentioned by some advisers and providers. They felt that clients need to trust their case manager in order to talk openly about their problems and needs and to know that appropriate support will be provided. It was argued that clients are more likely to trust personnel who are approachable and personable, do not put people under pressure, demonstrate care for the client and have enough time to work with them. Trust between advisers and providers was also seen as important in developing positive working partnerships. In particular there would be advantages for all concerned if they each trusted that the other was working in the client's best interests, providing what was promised at the right time, and that their opinion was worth seeking.

Identifying appropriate and timely support

Many advisers and providers felt that ensuring incapacity benefits recipients received appropriate and timely support was central to case management. To do so, some advisers felt it was necessary for a case manager to possess sufficient discretionary power to determine which clients to spend most time and resources on. Together with sufficient time this would enable case managers to work with those who they believed would some day rejoin the labour market, no matter how long it took. In order to provide support appropriate to individuals' needs and at a suitable time, case managers were thought to need good knowledge of available provision and its delivery, to be well informed about health conditions and their impact on capacity for work, to understand benefits and their interaction with returning to employment, and to have a good feel for the right time to provide, or refer to, appropriate sources of support. Being able to tailor support to individual needs and avoid a 'one size fits all' service was also desirable. One suggestion was to hold initial sessions with clients over a number of days exploring their current needs and lifestyle, and possible options for change and ways of achieving any goals.

Monitoring client progress

In order to get the right support to clients when they needed it, case managers were perceived as needing sufficient time and flexibility to take action to monitor client progress. Contact between case manager and client, and case manager and others working with the client, were considered essential components of effective monitoring. Ideally, case managers would have time to be proactive – to initiate contact with clients and service providers whenever they wanted an update on the client's progress or they felt clients needed help to think about their current situation and the possible routes forward. Opinions from some providers and advisers suggested that the ideal frequency of contact between case manager and client would reflect the client's needs and preferences, such that those who felt more confident to make progress on their own would receive less attention and those who needed encouragement and guidance would have more support. Another suggestion was that frequent contact with all clients, such as every month, was advisable.

Regarding interaction with providers to monitor client progress, a view shared by some Jobcentre Plus advisers was that the responsibility for sharing feedback about clients should be held jointly by case managers who sought it and providers who could give it, to ensure free-flowing information back and forth. Other comments about the ideal content of provider feedback and ideal ways of conveying it were that it should be regularly made available, of sufficient detail about what the client had done and what they still hoped to do, and preferably made in person or failing that by phone or email. Some advisers advocated the use of email because (unlike standard paper forms) there were no restrictions on space. Conducting monitoring visits to provider premises whilst clients were known to be attending were thought to be useful by one adviser.

Collaborating with key actors

Strong partnership working was perceived by many advisers and providers as essential to delivering complementary and seamless support to incapacity benefits recipients. Frequent collaboration between organisations, drawing on each others' expertise, was felt to be of most benefit to clients in designing and delivering appropriate pathways of support. Dialogue between case managers and service providers would also ensure that everyone worked to the same goals and provision would not be duplicated or contradicted. As discussed in Chapter 3, the study findings indicated that collaborative relationships tend to develop best where personnel from different organisations are based on the same premises, or have named contacts with whom they can liaise. Seamless support – enabling people to move from one intervention to another without waiting and without losing momentum – was felt to be more achievable where organisations worked closely together. In particular, a popular idea was to hold three-way hand-over meetings between the client, case manager and service provider during which all three parties could agree aims not yet achieved and ways of meeting them. One IBPA felt there was a place for more dialogue with General Practitioners (GPs) to understand client circumstances and health problems, but that this willingness to work together may not be shared by GPs.

Recording and sharing client information

Some advisers and providers felt that it was important to keep records of decisions and updates on client progress to help case managers track progress over time. Comments made by some advisers about the Action Plan suggested that this was an easy and effective tool, although it would be helpful to have more space for notes. Sharing such records would also help all those organisations and personnel working with clients at the same time. A shared computerised system displaying client action plans and assessments would allow all authorised personnel to build an understanding of what clients had done in the past, their current situation and their future hopes. It would also enable service providers to trace outcomes after clients have left their provision.

4.5 Summary

This chapter has considered the concept of 'case management'. The design of Pathways to Work was built around Jobcentre Plus advisers acting as key contacts and co-ordinators of support for their clients. Analysis of the study data shows that, in large part, the idea of case management was understood by Jobcentre Plus advisers and provider staff in the same way as policy makers – as responsibility for sourcing appropriate interventions, providing ongoing encouragement, monitoring people's progress and coordinating pathways of support all the way into work. Some providers described their role a little differently, performing the role of what might be called a 'short-term case worker', rather than an 'overarching case manager'. The key difference between these two roles was that a case worker did not perceive themselves as possessing overall responsibility for a client's trajectory towards, and into, work, and provided support for a defined period of time and to meet one part only of the client's Action Plan. In contrast, overarching case managers undertook to help clients all the way into work by being the main co-ordinator of support.

However, the evidence also demonstrates that case management has not always been put into practice as originally envisaged for two main reasons: Firstly, Jobcentre Plus advisers have been hindered in their attempts to act as comprehensive case managers. A frequently and commonly made argument, from both Jobcentre Plus advisers and provider staff, was that advisers do not currently have enough time to dedicate to intensive case management. Many advisers expressed a desire to spend time keeping in **frequent** contact with clients and providers in order to build trust, find out about progress and collaborate about steps forward. But they also felt that this was hard to do whilst they were required to concentrate on meeting performance targets (such as the number of WFIs completed per day). Meeting only at formal WFIs did not seem to be enough contact to support all clients. Advisers wanted to be able to carve out time aside from interviews to contact clients more regularly by telephone, where this was deemed necessary. There were providers who perceived some advisers as failing to keep in regular contact with clients and to request feedback from provider staff, suggesting further that advisers' time for monitoring and managing cases was limited. In addition, the extent to which advisers felt they were involved in conducting case management depended on clients' circumstances and needs, the kind of provision referred to, the level and quality of feedback from providers, and advisers' own practices and preferences regarding case management. Some advisers were concerned that client progress might be hampered if they did not keep in touch frequently enough to keep their motivation buoyed and attention focused on the next steps towards work.

Secondly, providers' perspectives on case management regarding Pathways clients showed that the vision of Jobcentre Plus advisers acting as central co-ordinators was not always shared by providers. Some providers did not understand the role of Jobcentre Plus advisers or felt that they did little to demonstrate a sense of co-ordination for incapacity benefits recipients. There were also ways of working

that suggested that providers were acting as case managers instead of Jobcentre Plus advisers, such as where the transfer of responsibility for case management had been agreed by an adviser with a provider. Even where providers perceived Jobcentre Plus advisers as overarching case managers, some explained that they performed a similar, parallel role for the same clients. Having said this, there were some providers who felt that Jobcentre Plus advisers were performing the overarching case management role and that their own task was to act as a short-term case worker, providing one part only of the support needed to help people into work.

Looking to the future, there was unanimous agreement amongst providers and Jobcentre Plus advisers that case management is necessary for most incapacity benefits recipients. Although there was strong support for Jobcentre Plus advisers in the role of overall case managers, other ideas were to share this role with health practitioners, or relinquish the role to someone independent of Jobcentre Plus such as staff working in provider organisations. Case management was thought to work best where case managers have sufficient knowledge, expertise, time and flexibility to engage in the tasks of building trusting relationships, identifying appropriate and timely support, monitoring client progress, collaborating with key actors and recording and sharing client information. Advisers felt that, at present, although they had sufficient expertise they would be able to improve their knowledge further if they had more time and flexibility.

5 Conclusions and discussion

This chapter sets out the main study findings against the original research questions (Section 5.1) and discusses some key implications for policy (Section 5.2).

5.1 Study findings

5.1.1 Advisers' knowledge about service provision

In general, Incapacity Benefit Personal Advisers (IBPAs) assessed their knowledge as sufficient to inform their clients about the basic details of services and to answer clients' questions. Some felt that, ideally, their knowledge of the quality and effectiveness of some provision could be improved. On the whole, contracted provision was better known than most non-contracted provision, and IBPAs' understanding of specialist disability provision (generally accessible by referral to a Disability Employment Adviser (DEA)) was not well-developed. DEAs felt that they mostly had an excellent understanding of specialist disability programmes, and although most also knew about newer Pathways provision and some non-contracted services, their knowledge of this provision was not so extensive.

IBPAs and DEAs referred to a number of important influences on their knowledge levels, including:

- using provision to achieve a better impression of its content and impact;
- their capacity to search for information when required;
- sharing information within Jobcentre Plus;
- providers making efforts to boost advisers' understanding;
- receiving information from clients and other sources;
- the number of services available and the likelihood of getting to grips with each one;

- the stability or fluidity of provision given the nature of funding arrangements;
- advisers' own experience in their current job.

Insufficient time was commonly discussed as a hindrance to improving knowledge of service provision.

5.1.2 Influences on referral practice and the appropriateness of referrals

The study identified a number of factors affecting decisions to make referrals, and the choice of service provider. Advisers' knowledge of provision was at times a motivator to use what they felt to be effective services, or a deterrent to use provision perceived as poor in quality. Clients' circumstances and needs, and their willingness to take up offers of support, were also felt by advisers to be significant in determining which services were suggested and which were used. Provider location was a particular consideration for clients in deciding whether to accept their adviser's offer, and a factor in advisers' deliberations about what to suggest. In addition, provider capacity, the scope of provision, and the message within managerial directives to use more contracted provision and avoid expensive interventions where possible, were also influential in decisions to access particular services and provider organisations.

Among service providers and Jobcentre Plus advisers referrals were largely described as appropriate, having been aided by opportunities to develop advisers' knowledge of provision over time and by preliminary discussions between advisers and providers regarding clients' circumstances. It was notable that the tendency for advisers and providers to share information and collaborate in this way was linked to having an established and close working relationship. Some DEAs felt that IBPAs were not always referring to them when it was appropriate to do so. In such cases, they perceived that IBPAs were choosing to 'hold on' to clients, owing to their lack of knowledge about specialist disability provision and the influence of performance targets.

5.1.3 Understanding the roles of DEAs and IBPAs within Pathways

The DEAs who took part in the study perceived a number of distinctions between their role and that of the IBPA. Although they recognised that the roles overlapped in serving Pathways clients, DEAs were seen as offering support to a broader range of client groups compared to IBPAs who only worked with claimants of incapacity benefits. DEAs met clients on a voluntary basis, in contrast to the mandatory nature of Work Focused Interviews (WFIs) with IBPAs. They also felt that they had more time to devote to clients who wanted to focus on returning to work, partially because they did not work under the same demanding performance targets as IBPAs. However, the distinction was more blurred where IBPAs were also trained as DEAs, and where IBPAs had been granted permission to refer directly to specialist disability programmes which had traditionally been DEAs' responsibility.

5.1.4 Working relationships between IBPAs, DEAs and service providers

Analysis of the data strongly suggests that the development of good working relationships between IBPAs, DEAs and service providers was heavily dependent on having opportunities for face-to-face contact, for working in close physical proximity, and for collaboration on individual cases. Clear and frequent communication aided understanding of each others' roles and the best ways of working together. It was notable that relationships developed and strengthened over time and as advisers used provision more. A particularly effective model for liaison between Jobcentre Plus and provider organisations was for providers to appoint a 'link worker' to act as the first point of contact for information and referrals, and to update advisers about changes to provision and staffing. Barriers to establishing and maintaining strong working relationships were identified as a lack of time to meet or network with each other, staff turnover, and advisers feeling that there were too many providers to nurture effective relationships with each one.

5.1.5 Service providers' liaison with other services and organisations

Findings suggest that providers develop relationships with other services and practitioners in similar ways to the relationships they share with Jobcentre Plus advisers. Many providers who took part in the study had formed links with organisations providing similar or complementary services. Their relationships had developed over time where they worked in close proximity, communicated regularly, established link workers, and where they referred or signposted clients and collaborated about appropriate next steps.

5.1.6 Managing information between advisers and service providers

Jobcentre Plus advisers recorded and updated information about clients obtained during their own meetings with clients and from providers' feedback. This information was stored in computerised Action Plans or their own paper-based caseload filing systems. Although advisers were required to keep formal records of client activities, they also found this information useful for monitoring client progress and reminding themselves and clients of what was discussed previously.

Referrals to contracted providers tended to be more formalised, such that advisers needed to supply certain client information using standard paperwork. In contrast, referrals to most non-contracted providers were more informal and any information about clients was passed on verbally. Information was not shared between advisers and providers where clients were **signposted** to services. Where information was shared at the time of referral, it was primarily composed of basic details such as name, address and any work goals discussed. More extensive contextual information was shared verbally where advisers and providers worked in close relationships with one another. Although advisers and providers were mindful of the need to obtain client consent to share information, there were few occasions when this had been problematic.

5.1.7 Responding to gaps in service provision

Jobcentre Plus advisers, particularly IBPAs, gave the impression that there was a broad range of provision available to their clients and that they generally felt confident that they could source appropriate support to meet most needs. Even so, some advisers and provider staff identified gaps or insufficiencies in current provision. Inadequacies were identified in training provision and in specialist support for people with particular health conditions and disabilities (such as severe mental health conditions or learning disabilities), bereaved people and people with alcohol problems. Some suggestions were to develop tailor-made support to help specific client groups focus on work, such as providing employment-focused support alongside medical help for ex-drug users.

Another way that some IBPAs felt that provision could improve was to deliver more services in-house by, or under contract to, Jobcentre Plus. This way of working was perceived as meeting some clients' expectations about 'getting help at Jobcentre Plus' and as giving advisers greater control and flexibility over the support provided to their clients.

5.1.8 Case management

Jobcentre Plus advisers' views on current practice regarding case management reflected, to some extent, the policy design for Pathways to Work. Advisers saw themselves acting as their clients' main coordinator of support and key contact for information and guidance – a role which extended until people finished their compulsory WFIs and did not return, or until they moved into paid work. To fulfil this role, advisers felt that they needed to sustain contact with clients and any relevant service providers in order to ensure clients received appropriate and timely support, to learn about any progress made by clients, and to encourage people to make further progress. In practice, the level of contact and thus advisers' involvement in case management varied, and was determined by clients' circumstances and needs, the kind of provision referred to, the level and quality of feedback from providers, advisers' own practices and preferences regarding case management, and the amount of time available for case management.

Providers' perceptions of what case management entailed were largely similar to advisers', but their accounts drew a distinction between 'short-term case working' and 'overarching case management'. The key difference was that case workers did not perceive themselves as possessing overall responsibility for clients' pathways towards, and into, work, whereas case managers did. In addition, there was much variation amongst providers' views about who were acting as case managers. Although many knew or assumed that Jobcentre Plus advisers were Pathways clients' overarching case managers, some providers felt that they also adopted this role in parallel. In these situations where advisers were perceived as case managers, providers felt it was important to feed back to them information about client progress and, sometimes, to engage in discussions about how best to provide further help. However, there were also providers who did not recognise that

advisers were coordinating routes back to work for incapacity benefits recipients. These providers either perceived that they were managing cases instead, or that they did not have the resources or remit to perform this role and that no one else seemed to be assuming the role either. It was clear therefore that the policy intention to have advisers at the centre orchestrating seamless pathways of support with the help of service providers was not always well understood by providers.

5.1.9 Providing seamless support to incapacity benefits recipients

Jobcentre Plus advisers and service provider staff were in agreement about the need to have case managers for people receiving support to return to the labour market whilst on incapacity benefits. In doing so, most participants supported the current model of an overarching case manager taking responsibility for sourcing, co-ordinating and monitoring appropriate support to enable clients to make progress into employment. The core components of the case manager's job were perceived as developing trusting relationships with clients and any service providers; identifying appropriate and timely support; monitoring client progress; collaborating with key actors; and recording and sharing client information. In order to effectively implement these essential tasks case managers were thought to need:

- sufficient knowledge of available provision;
- expertise in working with people who have multiple and complex barriers to work;
- time to devote to building awareness of provision and maintaining an intensive regime of contact with clients, service providers and others helping individuals (for example health practitioners);
- flexibility to tailor support to individual client needs and circumstances.

Advisers and some providers felt that Jobcentre Plus advisers were best placed to perform this role because of their knowledge and training; their ability to get to know clients throughout the series of mandatory interviews; and their position in tracking progress from claiming benefits, through a series of different interventions, to moving into work. Some providers expressed a view that provider organisations were also capable of adopting the overarching case manager role, or that it might be more appropriate for the role to be shared between providers or health practitioners and Jobcentre Plus advisers, depending on the client's needs and proximity to entering the labour market. Another idea was to let clients decide who they would like to act as their main supporter and coordinator.

5.2 Implications for policy

This study included the views of a number of IBPAs, DEAs and frontline staff from provider organisations delivering services to incapacity benefits recipients. It is worth noting from the outset of this discussion that the views of service

users were not canvassed and are not included in the analysis. Thus, the findings provide insights into the processes, systems and relationships in place to garner support for individuals, rather than any experiences and views of having been a subject of the referral and case management processes.

The implications for policy generated from the analysis of the study findings are discussed in the following themes:

- navigation through a complex array of service provision;
- tensions between adviser discretion and organisational pressures;
- importance of close working relationships;
- inconsistency and ambiguity in case management;
- the role of DEAs in Pathways to Work.

5.2.1 Navigation through a complex array of service provision

An array of public, private and voluntary sector organisations have, in recent years, established themselves within markets to support and develop a number of Government strategies, including Welfare to Work. Together they represent a diverse and complex map of provision that might be suitable for people in receipt of incapacity benefits. In part, complexity comes from the way that provision is structured, with some organisations offering people support to meet specific needs and others delivering a broader range of services, or a gateway to multiple forms of support, to help people achieve their personal aims. Also, different funding arrangements and organisational structures and rationales (for example, not-for-profit or for-profit) create different eligibility criteria and referral processes.

Jobcentre Plus advisers who took part in this study felt responsible for navigating through this available provision to obtain the most appropriate and effective support for their clients. But the evidence also shows that they found it hard to comprehend detailed information about all available providers at any one time. IBPAs and DEAs suggested that they tended to use familiar and trusted provision to meet the most common condition management, training and employment-related needs. Only where clients had less common needs, or where advisers were unhappy with the service of other providers, did they spend time sourcing appropriate help from relatively unknown or unused providers. This suggests that there are limits to the number of provider organisations that can realistically expect to have a referral relationship with Jobcentre Plus. Although some providers expressed a desire to be more closely affiliated with Jobcentre Plus, there may not be room for them where they do not naturally come to mind first, where they do not offer anything new or more effective, or where they offer a service that seems suitable only to a minority of incapacity benefits recipients.

However, there was also evidence that the current welfare to work market did not meet all needs. It is possible that advisers' perceptions of gaps or insufficiencies in available provision were partly due to limits on advisers' awareness of available

services. Given the volume of services and providers it is unsurprising that advisers' awareness and knowledge was incomplete. However, if it is the case that provision is not of a high enough standard, or that access is hard to gain, or that no providers are offering the help needed, then people may be losing out on quality provision or missing out altogether.

Drawing together all the evidence from this study about the volume and scope of provision and advisers' attempts to use it, it seems that the scope of provision needs to be wide enough to meet the diverse range of client needs; the quality of provision needs to be sufficiently high or for there to be competition between providers to drive up performance; and the volume of provision needs to be large enough so that service capacity meets demand. Findings also suggest that advisers need help to become aware of provision and to draw together useful information because their time for these tasks is limited. Giving each adviser responsibility for compiling up to date information about particular providers and adding this to a common resource is one example of good practice that could be taken up more widely. Alternatively, there is perhaps a role for Jobcentre Plus managers to relieve advisers of this burden by taking a more active role in facilitating knowledge development. One way of doing so would be to prepare, revise and share overviews of current provision. It may also be useful to review the content of adviser training, to ensure sufficient coverage of information about contracted and local non-contracted service provision.

5.2.2 Tensions between adviser discretion and organisational pressures

Jobcentre Plus advisers stressed the importance of matching interventions to clients' needs, but they also indicated how they were hindered in doing so by organisational pressures. Current and anticipated performance targets applied to IBPAs[7] had the impact of reducing their time for seeking and building knowledge about appropriate provision, and encouraging the use of contracted provision that may not necessarily be the best form of support to all individuals. Directives about limiting the use of some provision due to the expense involved also curbed their discretion. Some advisers said they were prepared to override or ignore what they had been told to do in favour of doing what they considered best for the client. This demonstrates that there currently exists a mismatch between the official focus (shown in performance targets) on statistically demonstrating efficiency and cost-effectiveness, and what advisers believe to be in the best interests of their clients. Depending on the strength of resolve amongst advisers to do what they believe is right, this may result in inconsistent levels of support for clients with less common needs. For example, some clients may receive a more customised service because their adviser had more time to understand their needs and track down suitable provision or to build a case for using more expensive services. On the other hand, some clients may be offered support that does not fully reflect their

[7] Performance targets to conduct a certain number of WFIs per day, and to achieve a certain number of referrals to contracted provision.

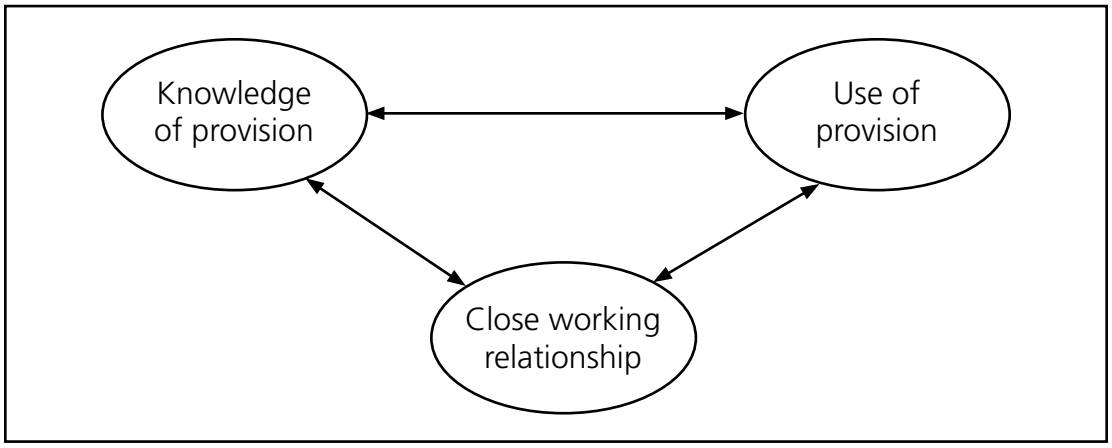
circumstances, needs and goals because their adviser did not have time to pursue a more tailored approach.

This finding does not lend itself easily to the task of developing policy recommendations. However, the Department for Work and Pensions (DWP) should be aware of the indications from this research that imposing performance targets on IBPAs can have dysfunctional effects on the way Pathways is delivered to incapacity benefits recipients and, therefore, on client progress towards paid employment.

5.2.3 The importance of close working relationships

The findings show that advisers' knowledge of provision, their use of provision, and their working relationships with service providers are co-dependent. Chapter 2 showed that knowledge of provision sometimes depended on having used it, and that using provision was often dependent on what advisers knew about its content, delivery and quality. Working relationships form a third factor in this equation. Therefore, knowing about a service and using it could lead to the formation of closer working ties, and vice versa, that having established a working relationship with providers, advisers were more knowledgeable about their provision and more likely to choose to refer to them (see Figure 5.1).

Figure 5.1 Links between Jobcentre Plus advisers' knowledge of provision, use of provision and their relationships with service providers



Having a close working relationship with a provider through regular communication was not only significant in advisers feeling confident about its content and quality, and in using services appropriately, but also in facilitating partnerships which aimed to combine expertise and provide the best support for clients.

Thus, the findings suggest that close working ties are beneficial to clients and, therefore, to be encouraged. They also indicate that such relationships are more achievable where **providers** are encouraged to take the initiative in establishing and maintaining contact with Jobcentre Plus staff. Providers have a vested interest in promoting their services to Jobcentre Plus advisers and building ongoing links in

order to amass enough business to make their social or private enterprise viable. Although Jobcentre Plus advisers might be motivated to link up with providers to generate the best support for their clients, the findings demonstrate that they do not always have sufficient time to become aware of providers, to visit them and to maintain contact over time. The following good practice identified in the study suggests ways in which providers might be encouraged to establish and maintain regular communication with Jobcentre Plus:

- Jobcentre Plus managers inviting providers to give presentations and speak informally to advisers about their services.
- Appointing a link worker (from the provider organisation) to act as the first point of contact with Jobcentre Plus and to provide a channel of communication about changes or problems.
- Making provision for provider staff to visit or work from Jobcentre Plus premises to meet with clients and liaise with advisers directly.

Case conferences attended by Jobcentre Plus advisers, provider staff and perhaps clients appear to be a particularly effective way of ensuring all parties understand the client's objectives, share informed views on how best to help the client, discuss any procedural problems and agree future steps.

It is important to note that not all of the providers with whom Jobcentre Plus advisers described having close working relationships were contracted providers. Non-contracted providers who were seen to be making a useful contribution to helping incapacity benefits recipients and were proactive in developing links with Jobcentre Plus were also well known and well used. Also, some contracted providers were not favoured by advisers, where they did not seem to provide value for money and communication was inadequate. Therefore, it cannot be assumed that those with contracts are those who advisers will prefer to refer to and develop the best relationships with. A policy consideration is whether and how advisers are supported in their use of non-contracted provision and how these non-contracted providers are encouraged to nurture their relationships with Jobcentre Plus.

It might also be advantageous for incapacity benefits recipients if closer ties were developed between Jobcentre Plus staff, providers and health practitioners. The research evidence from this study shows that consulting with health professionals can improve advisers' or providers' understanding of their client's needs and capabilities and inform their decisions about appropriate forms of support. Evidence from the evaluation of the Pathways Advisory Service (Sainsbury *et al.*, 2008) also demonstrated that constructive relationships between Jobcentre Plus and General Practitioners (GPs) can be mutually beneficial to Jobcentre Plus staff and GPs, and also help to focus sick and disabled people on their prospects for work.

5.2.4 Inconsistency and ambiguity in case management

The findings relating to case management within Pathways demonstrate that there was agreement about what case management entails, but that there was **inconsistency** in the way case management was practised and **ambiguity** about who was ultimately responsible for it. In part, **inconsistency** in case management was attributable to Jobcentre Plus advisers adjusting the level of intensity of their input according to the client's circumstances and wishes. In other words, this inconsistency came about through the appropriate use of adviser discretion. However, inconsistency due to time pressures or adviser styles (for example, preferring to 'empower' clients to think and do for themselves, rather than 'hand hold' the client) was also apparent. In these cases, it could be inferred that individuals did not always receive the level of help and encouragement that they needed as a result. If IBPAs are to perform an effective case management role then thought needs to be given to ways in which time could be released for this task. Advisers emphasised the importance of keeping up to date with clients not only through formal WFIs but also informal telephone or face-to-face contacts between interviews. The findings suggest that a reduction in the target to complete a certain number of WFIs per day would free up more time for more frequent informal contact to monitor client progress. It would also allow more time for sourcing appropriate support and collaborating with key actors. In addition, a clearer definition of case management, and perhaps guidance on the appropriate amount of time to dedicate to it, may help to limit the inconsistency arising from different adviser styles.

It can be assumed from the design of Pathways (as set out in the 2002 Green Paper (DWP, 2002)) that Jobcentre Plus advisers were intended to act as case managers for incapacity benefits recipients over time, as they attended a series of WFIs, moved seamlessly through a series of interventions and progressed steadily nearer to the labour market. However, the role of 'case manager' was not explicitly defined or assigned and the evidence from this study suggests that there is ambiguity amongst providers about who retains overall responsibility for clients once they are referred to provision. The distinction between 'short-term case working' and 'overarching case management', which emerged from analysis of the provider interviews, shows how some providers perceived responsibility for co-ordinating support differently. Some providers were concerned that no one was taking overall responsibility for case managing incapacity benefits recipients. There were also providers who perceived that they were their client's overarching case manager, even where they knew or assumed that Jobcentre Plus advisers were also adopting this role. These findings show that there may be situations when people in need of motivation and guidance are not being adequately supported because no one is assuming an overarching case management role. There may also be occasions when people are being helped by multiple case managers who may be offering contradictory advice and/or duplicating support and perhaps confusing the individual at the centre.

There is, therefore, an argument for the role of case manager to be allocated formally, so that all parties are aware of who is overseeing the client's trajectory towards and into work. In doing so, it may also be advisable to set out clearly expectations for the regularity and content of feedback from other parties working with the client, to enable the case manager to monitor the case effectively. The allocation of the case manager role does not need to be prescribed but could be negotiated on a case-by-case basis between advisers and providers taking into account the client's preferences, the client's needs, the adviser's and provider's familiarity with the client's case, and the provider's capacity to meet the client's needs until they move into work. Transfer of responsibility from advisers to providers could be temporary where advisers trust that providers will deliver appropriate support in the interim; where both parties are easily able to access and share client case notes to stay informed of progress; and where there is clear agreement about when the adviser is to retain responsibility. It is important to note that providers in the study group who felt that they were acting as case managers to Pathways clients were doing so with confidence. It may be more practical and beneficial to clients to transfer responsibility for case management formally and permanently to providers where they have the capacity to provide or source all the necessary support to help the client into employment, and where they can devote as much time as needed to clients and for as long as required. The evaluation of Provider Led Pathways should provide useful evidence about the viability of provider organisations replacing Jobcentre Plus advisers as overarching case managers for people in receipt of incapacity benefits.

5.2.5 The role of DEAs in Pathways to Work

The study findings regarding the role of DEAs in Pathways and whether and how it is distinct from the IBPA role were contradictory. There were DEAs who argued for a distinct role in working with incapacity benefits recipients. They thought that they had more expertise in helping sick and disabled people who want to work, and more time to do so, and thus should be working with Pathways clients who have more complex needs. On the other hand, there were advisers who were both DEAs and IBPAs, and IBPAs who could access the same specialist disability provision as DEAs, demonstrating that there are ways in which the two roles can and already have been merged. Other findings that are relevant to this discussion were that some IBPAs were perceived by DEAs as 'holding on' to clients who could be helped best by DEAs; that DEAs received few incapacity benefits referrals; and that advisers who were both DEAs and IBPAs seemed to possess the most comprehensive knowledge of the full range of available provision. The competing perspectives about the role of DEAs, together with these findings, suggest a possible need to re-evaluate the DEA role in relation to incapacity benefits recipients.

DEAs work with a range of benefit recipients, people not on benefits and people in work. Thus, regardless of how DEAs continue to be incorporated into Pathways, or not, their expertise will still be required by other client groups. The evidence suggests that policy makers could usefully reflect on the need for a separate DEA

role within Pathways and how the current roles of IBPAs and DEAs could be carried out in the future. One possibility is to identify ways in which the two roles can work side by side to complement each other best, and to clearly explain how each role relates to the other within Pathways. IBPAs may need extra training or guidance on making appropriate referrals to DEAs and on the content of programmes accessible via the DEA; DEAs may need instruction on the principles and main components of the Pathways programme. Another option, already taken by some Jobcentre Plus districts, is to merge the responsibilities of the two roles within Pathways only.

5.3 Summary

This study has investigated referral practices and working relationships between Jobcentre Plus advisers and service providers with regard to people taking part in Pathways to Work. The findings demonstrate a wide variation in the kinds of provision available, influences on advisers' knowledge and use of provision, referral practices, relationships between Jobcentre Plus advisers and service provider staff, and perceptions of responsibility for case management. However, there was more uniformity in views about best practice relating to establishing close working relationships, the need for case management and what case management should ideally entail. There was also agreement about how advisers' lack of time and organisational pressures hindered the development of knowledge of available provision, the nurturing of relationships with providers and the effective management of cases.

Appendix A
Study of referral practices and liaison with service providers: research methods

A.1 Review of research

As a preliminary stage in the study, a desk-based review of previous research was conducted in order to draw together and synthesise what was previously known about the process of referring incapacity benefits recipients to specialist service provision. This knowledge was then used to inform the main objectives of the study and the design of research instruments.

This review of selected research drew on a number of qualitative studies completed earlier in the evaluation of Pathways to Work, such as those focusing on the role of Incapacity Benefit Personal Advisers (IBPAs), the Condition Management Programme (CMP) and service users' experiences and views of Pathways. These findings provided useful context on referral practices and liaison at different stages in the implementation and development of the Pathways pilot. Also included in the review was discussion of some findings from qualitative research commissioned to evaluate disability employment programmes which pre-dated Pathways, such as the New Deal for Disabled People (NDDP), the WORKSTEP programme and Residential Training provision. Together, the reviewed studies provided perspectives from service users, service providers and Jobcentre Plus adviser staff on making or receiving referrals and/or working together. Although the main study did not explore service users' experiences and views of being referred for an intervention, it was useful to review the evidence of how some clients remember the referral process, of having contact with advisers and service providers and whether and how the support received felt appropriate and timely.

A.2 Empirical research: recruiting participants

The research included empirical work with key actors currently involved in making and receiving referrals within Pathways to Work. Jobcentre Plus advisers, both IBPAs and Disability Employment Advisers (DEAs), are responsible for issuing referrals to service providers after agreeing an appropriate course of action with their client. Therefore, arrangements were made to include IBPAs, DEAs and frontline staff from a range of service providers.

The research was conducted in four Jobcentre Plus districts which had started delivering Pathways to Work in the expansion phase of the pilot. Three of these areas were the same as those selected for the study of CMP participants (led by the National Centre for Social Research and due to be published in 2009), in order to maximise potential for findings to contribute to both studies. The four sites represent different geographical regions; a range of city centre, urban and rural locations; different Pathways implementation stages (the Pathways programme was 'expanded' over three phases: October 2005, April 2006 and October 2006); and various CMP models.

A.2.1 Jobcentre Plus advisers

Earlier research showed that IBPAs play a crucial role in the referral process, often acting as the key contact at Jobcentre Plus for clients and service providers and being responsible for referring people to services and tracing individual outcomes. The group discussions with IBPAs were designed to be a forum for building on this existing knowledge about their role, for understanding their knowledge and awareness of services, for exploring IBPA preferences for particular services or support routes, and for learning about the influences on developing good working relationships with providers.

It was important to include DEAs in the empirical work as some services are only accessible to incapacity benefits recipients through discussion with them, rather than directly through an IBPA. DEAs have responsibility for referring people to more intensive disability employment support, including WORKSTEP, Residential Training Colleges, the Job Introduction Scheme and Access to Work. Prior to this study, less was known about the work of DEAs within Pathways and, therefore, individual depth interviews were considered the most appropriate method for learning about their position between IBPAs and some service providers, and their particular experiences, attitudes and views.

In each area, the aim was to recruit four to six IBPAs for one group discussion and two DEAs for individual interviews. Participants would be recruited in consultation with the management team in each district. The researchers sought to include IBPAs from different Jobcentre Plus offices within each district, in order to minimise the effect of pre-existing work relationships and hierarchies on individuals' willingness to contribute and speak freely within the group sessions.

A.2.2 Service provider staff

A range of service providers were asked to take part in the study in order to capture their perspectives of the referrals process and their experiences of, and views about, collaborating with Jobcentre Plus staff and other service providers, practitioners and organisations. It was considered likely that each provider would have different ways of working with Jobcentre Plus and others and that individual depth interviews would provide the best way of exploring these working relationships fully.

The hope was to build a list of current providers in each location through an exercise during the group discussions with IBPAs. This exercise would also be used to build an idea about IBPAs' frequency of use and familiarity with each provider and their service. One researcher would then take responsibility for using these lists of services to select a sample of 20 providers (five from each of the four areas), representing a range of service-type and expertise, and those used more and less frequently by IBPAs. The researchers aimed to include at least one contracted provider of each main service available to Pathways clients within the Choices package. Local providers not contracted to the Department for Work and Pensions (DWP), which might be offering distinct forms of support, were also sought.

Contact details for each selected provider organisation were obtained from Jobcentre Plus staff or using the internet. A letter from the DWP research manager was then sent to either a named contact (where this had been provided by Jobcentre Plus staff) or the manager at each provider. The letter introduced the purpose of the research and the research team, and explained that the researchers were looking to interview a member of frontline staff with some experience of working with incapacity benefits recipients and some level of contact with Jobcentre Plus staff. The next step was for the researchers to telephone providers and discuss who to interview and agree a convenient date and time to visit.

Three of the 20 providers selected could not be contacted or felt that they were not in a position to comment on the topics of enquiry. Those in the latter situation were providers who currently had no contact with Jobcentre Plus advisers or no/very few clients who had been referred or signposted to them from Jobcentre Plus. It was agreed with these providers that it was best not to interview a member of their staff. It should be noted that one of the providers recruited to the study also received no referrals from Jobcentre Plus, but the manager had strong views about developing a relationship with Jobcentre Plus and other providers and felt it was important to contribute these to the study. In order to replace those providers who did not take up the offer to take part in the study, three more providers were selected.

A.3 Conducting the research interviews and group discussions

Before fieldwork commenced a briefing session was held in February 2008 for fieldwork researchers to discuss the research instruments and to identify and clarify the key topics of enquiry in the interviews. All present found this to be a useful opportunity to revise the research instruments and a helpful way of preparing for the fieldwork. This section sets out the key elements of the research instruments used and describes how fieldwork was conducted.

A.3.1 Jobcentre Plus advisers

The fieldwork with IBPAs and DEAs took place from March to early May 2008. In total, 20 IBPAs representing 18 different Jobcentre Plus offices took part in four group discussions, each lasting for two hours. All group sessions took place on Jobcentre Plus premises and were facilitated by two researchers.

Eight DEA interviews of an hour's duration were also achieved. To aid convenience, most of these interviews took place on the same day and at the same venue as the IBPA group discussion. However, it was not possible to interview two DEAs in person in one district after last minute cancellations and problems finding a replacement. Instead, a second DEA was interviewed over the telephone at a later stage.

At the start of both the group discussions and the DEA interviews researchers explained the purpose of the research, the topics to be explored, and that participants could withdraw from the research at any time. The confidentiality of the research was also discussed and the group participants were asked to be mindful of the need to keep confidential the views expressed by others during the session. All participants were asked if they consented to take part and all signed in agreement (see consent form in Appendix B). People interviewed by telephone were asked to give verbal consent at the time of the interview and to sign and return consent forms sent to them in the post. Permission to audio record the group discussions and interviews was asked of all participants and all agreed.

The main areas of enquiry for both sets of Jobcentre Plus advisers were:

- their knowledge and use of available services;
- their experiences of working with service providers;
- their experiences of, and views about, case management as part of Pathways.

In addition, DEAs were asked about their role within Pathways and their relationships with IBPAs.

The group discussions with IBPAs were based around a series of exercises, designed to stimulate discussion and keep interest high. The first exercise invited IBPAs to name providers and programmes that they are aware of, and/or to which they refer or signpost clients. IBPAs were then asked to bear these providers in mind in undertaking the second exercise in which they were asked to rate their knowledge

of available provision. A third exercise involved assessing their use of providers and how this relates to their knowledge. The final part of the group session was given over to discussing the practices involved in making a referral, the concept of 'case management' and what it involves in practice, and whether incapacity benefits recipients need a case manager or not.

A topic guide was designed for the DEA interviews (also in Appendix B), which used headline questions to mark each new line of questioning. Suggested prompts in each section of the topic guide enabled researchers to move through the interview in a responsive way, tailoring questions and prompts, and time spent, to the topics most salient to individuals' circumstances.

Alterations to methods for gathering data from IBPAs

After the first group discussion had been completed, the lead researchers decided to make revisions to the research instruments. Far more time than expected had been taken in drawing up lists of service providers and this was likely to happen in the other areas too. Having learned which topics needed the most time for discussion, the researchers altered the instruments accordingly, which in practice meant simplifying a worksheet and removing some secondary probes. The research instruments found in Appendix B are the revised versions which were used for all group discussions except the first.

The way that the first group exercise (collecting names of providers) was conducted in the fourth fieldwork area differed to the other three areas. Fieldwork was delayed in the fourth area and meant that a list of local providers was required before the group of IBPAs met, in order to recruit service providers on time. This meant that the IBPAs who attended did not have to rely solely on their memory to identify local available provision. It is possible that this list was more comprehensive as a result, especially as some of the listed providers were not familiar to the IBPAs who took part and many were rarely used or contemplated.

This change in method for gathering data may partly explain the differences in numbers of providers and services recorded for each fieldwork area (see Chapter 2). A second explanation relates to the areas chosen. One of the districts stood out as a heavily populated area with high levels of deprivation, unemployment and incapacity for work, and it is likely that many organisations aiming to boost health, well-being and employment were also sited here in order to meet the population's needs. Another explanation is that the number of providers recorded in the group exercise was inflated in districts where services were replicated in different towns or neighbourhoods by a number of different providers. This is in contrast to the situation where one provider delivered the same service in a number of local sites.

A.3.2 Service provider staff

Face-to-face interviews with frontline staff representing 20 service providers took place from May to early July 2008. One of the 20 interviews was conducted with two members of staff present because the provider in question offered two distinct programmes accessible to people in receipt of incapacity benefits and each staff member had experience of only one of these programmes. The majority of the interviews were conducted on provider premises; one took place in a local café at the participant's request. The duration of each interview was approximately 60 to 90 minutes.

Again, time was taken at the beginning of the interview to explain the purpose for the research, the topics to be explored, and the voluntary and confidential nature of the interview. A consent form was signed by all and everyone gave permission for their interview to be audio recorded.

The discussion with each participant concentrated on five main topics:

- the services delivered by the provider organisation and any links with Jobcentre Plus;
- experiences of receiving referrals from Jobcentre Plus;
- contact between the provider organisation and Jobcentre Plus advisers;
- experiences of working with other service providers and organisations;
- experiences of and views about case management as part of Pathways.

As when interviewing DEAs, the topic guide contained key questions followed by suggested prompts to guide researchers and enable them to respond flexibly to what participants were saying. (The topic guide is at Appendix B.)

A.4 Data analysis

Following the interviews and group discussions, all recordings were transcribed professionally.

The data was analysed systematically and transparently, using the Framework method originally developed by the National Centre for Social Research (Ritchie and Spencer, 1994). Data were extracted after each interview and group discussion by either the researcher who facilitated the interview or group discussion, or a member of their own research unit team.

A thematic framework was developed for classification and summary of the data from interviews according to the themes emerging. This approach meant that the analysis was grounded in respondents' own accounts, at the same time enabling analysis to address key policy interests and issues. The building of the charts enabled data interrogation and comparison both between cases, and within each case, and the researchers used the data to build descriptions and search for explanations.

Group discussions provide a good opportunity to explore similarities and differences in the experiences and views of participants. Rather than extract each group participant's data separately, summaries of discussion were entered into appropriate 'cells' in the charts to show explicitly where views were in agreement, were divergent, or were expressed by one person only.

Two members of the research team took responsibility for the analysis of the data and first draft of the report.

A.5 Characteristics of participating advisers and provider organisations

A.5.1 Jobcentre Plus advisers

Amongst the IBPAs recruited to the study were advisers who had been in the IBPA role since the start of Pathways in their district (either October 2005, April 2006 or October 2006) and advisers who had taken on the job more recently. One adviser had previously worked as an IBPA in a Pathways pilot district and had, therefore, been doing the job since 2003.

Some advisers explained how they had not done the job of an IBPA continuously, or solely, since they had completed the IBPA training. There were advisers who had spent time away from their IBPA role to do adviser work with other benefit recipients, or to work on the IBPA administration team; and advisers who were currently undertaking their IBPA role alongside other responsibilities (for example, acting as a Customer Engagement Team Leader or DEA).

Some advisers described their background working for Jobcentre Plus prior to becoming an IBPA. Some had held adviser positions working with incapacity benefits recipients or different client groups, such as those who were previously DEAs or New Deal advisers, or had worked on 'Action Team for Jobs' (a programme described as a precursor to Pathways to Work). There were also advisers who had previously worked in benefit processing and taken on team leader roles, or roles in benefit appeals.

Levels of experience also varied amongst the participating DEAs. Over half had more than ten years' experience in the DEA role, with the remainder having worked as a DEA for between 18 months and six years. As with some of the IBPAs, three DEAs had dual roles and responsibilities as a DEA and IBPA, and another who had deputy managerial duties to perform in addition to DEA tasks. Previous roles held by the DEAs included advisory work with Jobseeker's Allowance (JSA) recipients and New Deal participants; and various benefit processing posts including some team leader and supervisory roles.

A.5.2 Provider organisations

In selecting provider organisations for the study, the aim was to achieve a range of service-type and expertise, and to recruit organisations contracted to provide Jobcentre Plus programmes as well as providers without a Jobcentre Plus contract. The data collected from the group sessions with IBPAs gave some indication of which providers were referred/signposted to more or less often, which also informed the selection process.

Table A.1 shows how a fairly even split of contracted and non-contracted organisations was achieved. Although not purposively sampled for, the study group of providers also included at least one public, private, and voluntary organisation. Another provider, labelled as 'other' in the table, was different to the rest of the organisations because it was funded and administered by local interested parties and was not set up as a charitable or private organisation.

Table A.1 Provider organisations recruited to the study

	Jobcentre Plus contracted provider	No contract with Jobcentre Plus	
Public organisation	2	5	7
Private organisation	1	0	1
Voluntary/charitable organisation	5	6	11
Other	1	0	1
	9	11	

There were some anomalies in the selection of providers that were hard to accommodate in the above table. One of the service providers counted in the table as being a public organisation and contracted provider was a Work Psychologist employed by Jobcentre Plus. Another organisation attributed as having a contract with Jobcentre Plus was actually a sub-contractor to the Jobcentre Plus contractor. Also of note is an organisation which had no contract with Jobcentre Plus at the time of the research interview but expected to commence a newly-won Jobcentre Plus contract in the near future.

In choosing a range of contracted and non-contracted provision it was hoped that organisations of varying size and scope would be represented in the study group. As Table A.2 shows, a mix of small, large, local and national organisations took part, with a good balance between services delivered or replicated on a national scale and those delivered to local neighbourhoods only.

Table A.2 Size and scope of provider organisations

	Number of providers
National = multiple sites managed centrally, located in more than one region in the UK	7
Local/national = locally funded and administered, but service mirrored across many sites and regions in the UK	4
Local = serves local neighbourhood(s), possibly from more than one site	5
Local, one site = serves local neighbourhood(s) from one site only	4
	20

Table A.3 demonstrates the many different kinds of services and expertise represented by the participating provider organisations. Four providers were able to offer clients two distinct services, so both have been counted in the table below.

Table A.3 Kinds of services delivered by provider organisations

	Number of providers
Health condition management, improving well-being, building confidence	4
Education and training (basic and/or higher level skills)	4
Employment support: job-searching, preparing CVs, interviewing techniques	4
Information, advice and advocacy: e.g. about benefits, debt, living with disabilities	2
Volunteering opportunities	2
Specialist employment support for ex-offenders	2
Drug and alcohol services	1
Specialist employment support for people with mental health conditions	1
Work trials	1
In-work support	1
Self-employment support	1
Assessment of work capability and needs	1
	24

Appendix B
Research instruments

NatCen National Centre for Social Research

psi Policy Studies Institute

The University of York spru Social Policy Research Unit

Study of Referral Practices and Liaison with Service Providers

Consent Form

I have received the information sheet and understand the purpose of the research and what it involves. YES/NO

I understand that the information I give to the researchers will be treated in strict confidence according to the Data Protection Act. YES/NO

I understand that the research report will include my views along with the views of other people, but I will not be identified. YES/NO

I understand that I can withdraw from the research at any time without giving a reason. YES/NO

I agree to take part in an interview with a researcher YES/NO

Name: _____

Signature: _____

Date: _____

NatCen National Centre for Social Research | psi Policy Studies Institute | The University of York spru Social Policy Research Unit

Pathways to Work pilot: Focused study on referral practices and liaison

Topic guide for depth interviews with DEAs

Interviewer's introduction

- Explain that this research is funded by the Department for Work and Pensions, and is one part of their overall evaluation of the Pathways to Work pilot.
- The research units conducting the work are all independent organisations.
- This interview is part of a focused study on referral practices and liaison with service providers. Researchers will be meeting with a number of DEAs across four different expansion districts. The study also includes group discussions with some DEAs and interviews with frontline staff representing selected service providers.
- Our discussion today will concentrate on your:
  - o role within Pathways and relationship with IBPAs;
  - o knowledge and use of available services;
  - o experiences of working with service providers;
  - o experiences of and views about case management as part of Pathways.
- The interview will take around one hour, and will be in the form of a discussion.
- Ask for permission to use recorder. Explain that recordings will be typed up professionally and seen only by the research team.
- Explain confidentiality and how material will be used – a report for DWP in which their views are included, but they will be anonymous.
- Taking part is completely voluntary.
- Check informed consent. Ask them to sign the consent form.

If asked what we mean by 'complying with the Data Protection Act' explain that we will:

- *keep all data in a secure environment;*
- *allow only members of the research team (including administrators and transcribers) access to the data;*
- *keep the data only as long as is necessary for the purposes of the research and then destroy it.*

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1. Background

- Brief detail about background in DWP: roles, prior experience of working with people with health problems and disabilities
- Brief description of current role

2. Role of the DEA within Pathways

What is your role within Pathways to Work?
- How is the DEA role distinct from the IBPA role?
- Are the roles distinct in concept and practice?

How do you work with IBPAs?
- Probe for:
  - o Receive referrals; work together on individual cases, as necessary
  - o Advisory role: informally, in case conferences
- How is client information shared between you and IBPAs?
- Views on the quality of information provided by IBPAs

What are your views on the appropriateness of referrals made to you by IBPAs?
- What would help to improve the appropriateness of referrals to you?

How satisfied are you regarding your relationship with IBPAs?
- What works well? Examples
- What could be improved and how?

3. Knowledge and use of service provision

What services can *you*, as opposed to IBPAs, refer incapacity benefits recipients to?
- General impression of knowledge about these services
- Sources of knowledge, inc opportunities for networking with providers

Which services are used most/least?
- Why?
  Probe for:
  - o Client circumstances, e.g. age, health condition, work history, aspirations.
  - o Own level of knowledge and confidence in explaining service
  - o Perceptions of the effectiveness of service/provider
  - o Quality of working relationship with providers
  - o Perceptions about service capacity (e.g. limited places)
  - o Managerial pressure to meet targets
  - o Attitudes towards the kind of service provided
  - o Confidence in knowing how to help the client
- If there is a choice of providers, how is one chosen? Who chooses?
- Do you expect your use of individual services to change in the future? Why?

Aside from the services we have already discussed, what other services are available to people on Pathways to Work?

- Prompt for services they may have missed (which are accessible through IBPAs):
  - o CMP
  - o NDDP Job Brokers
  - o In-Work support
  - o Local, non-contracted provision
- General impression of knowledge about these services

Would you refer to these services?

- For which clients? Any particular characteristics – age, health conditions, work aspirations etc.
- When? (Prior to/after use of other services; alongside use of other services)
- Which services are used most/least? Why?
  Probe for:
  - o Client circumstances
  - o Own level of knowledge and confidence in explaining service
  - o Perceptions of the effectiveness of service/provider
  - o Quality of working relationship with providers
  - o Perceptions about service capacity
  - o Managerial pressure to meet targets
  - o Attitudes towards the kind of service provided
  - o Confidence in knowing how to help the client
- Expectation of change in use of services

Are there any gaps in service provision?

4. Working with service providers

In a moment we will discuss in more detail the contact you have with service providers. Before that I wanted to talk about your *general* views regarding the quality of your relationships with providers, and the factors that help and hinder the development of these relationships.

So firstly, do you have any examples of good working relationships?

- Why do these work well?

Any relationships that are not so good?

- Why?
- How can these relationships be improved?

Before we talk in more depth about your contact with providers *about particular clients*, can you tell me if there are any opportunities for networking with service providers in the area?

5. Case management

(a) Next, I would like to look in more depth at the way you work with providers and clients after making a referral and the idea of case management.

Firstly, how do you go about making a referral?

- By phone/letter/email/telling the client to get in touch on their own behalf?
- Does the method vary? Why? Which method(s) work best?
- What information is shared with providers? Does this vary depending on the provider?
- Does the way referrals are made affect later contact with clients/providers?
- Any problems

What do you understand the term 'case management' to mean? What does it involve?

- Who, if anyone, coordinates people's involvement with Pathways?

- Explore the contact they have with service providers after making a referral
  - o Do you receive feedback about their work with clients and the outcomes?
  - o Does the level and quality of contact differ depending on the provider? Why? Seek examples
  - o What works well? What are the ideal ways of working with providers?

- Explore the contact they have with clients after referral
  - o What happens if people do not attend after being referred? What works well in encouraging attendance?
  - o Provision for recording client feedback about providers
  - o What works well? What are the ideal ways of working with clients?

- How is client progress monitored, reviewed and shared?
  - o Any records kept, and by whom?
  - o How do you use records? (e.g. is record keeping an administrative exercise, or do you make use of them in helping clients to make (further) progress?)
  - o What works well in monitoring and reviewing client progress? What are the ideal ways of working?

Does your role and level of involvement with clients (whilst they are engaged with services and between these times) differ depending on the client's:

- age?
- health condition?
- ethnicity?
- aspirations regarding work?

We have been asked to find out about the contact you may have with healthcare practitioners and services (e.g. GPs, NHS services, private healthcare services). Do you have any contact with health practitioners?

- How often?
- For what purposes: Regarding particular clients? As a networking/promotional exercise?
- Method of contact – telephone/email/letter/face-to-face
- Was this contact useful for you? For the client? How?

(b) Up until now we've given attention to how support is currently provided to individuals, and what, and who, is involved in providing case-management. I'd like to bring the session to a close now by seeking any further views you have on the idea of 'case management' and the ideal ways of providing it.

Do you think incapacity benefits recipients need someone to act as their case manager?

- Why/why not?
- What should case management involve ideally? Any examples?
- Who is best placed to provide this case management role? At what point?

Thank you very much.

Check they are happy for their views to be included in our work.

Pathways to Work pilot: Focused study on referral practices and liaison

Fieldwork instrument for group discussions with IBPAs

Introduction

- Explain that this research is funded by the Department for Work and Pensions, and is one part of their overall evaluation of the Pathways to Work pilot.
- The research units conducting the work are all independent organisations.
- This group discussion is part of a focused study on referral practices and liaison with service providers. Researchers will be meeting with a number of IBPAs across four different expansion districts. The study also includes interviews with some DEAs and frontline staff representing selected service providers.
- Our discussion today will be in two parts and concentrate on your:
  - knowledge and use of available services; and
  - experiences of and views about case management as part of Pathways.
- The session is expected to last two hours (including a 10-15 minute break) and will include a number of exercises to help the group think about their practices in making referrals and liaising with service providers.
- Ask for permission to use recorder. Explain that recordings will be typed up professionally and seen only by the research team.
- Explain confidentiality and how material will be used – a report for DWP in which their views are included, but they will be anonymous.
- Taking part is completely voluntary.
- Check informed consent. Ask them to sign consent form.

If asked what we mean by 'complying with the Data Protection Act' explain that we will:

- *keep all data in a secure environment;*
- *allow only members of the research team (including administrators and transcribers) access to the data;*
- *keep the data only as long as is necessary for the purposes of the research and then destroy it.*

Note to facilitators: It will be necessary to keep discussion fairly focused as time will be limited. The exercises are intended to aid discussion

1. Knowledge and use of service provision (60 minutes)

(a) Available service provision (25 minutes)

Explain that we are interested in services which require a referral to a provider, not applications for financial support (which the client receives directly, e.g. ADF, RTWC, JPP)

Exercise 1: List all known available services

What services, both contracted and non-contracted, are available to incapacity benefits recipients on Pathways to Work in your area?

Facilitator role: Use flip chart to collect and organise services. It may be appropriate to list them under headings, such as 'Pathways' (for new services), 'Existing' and 'Non-contracted'; or to present them in a spider diagram.

Prompt for services they may have missed, e.g. DEA; services accessed through DEA – WORKSTEP, Work Preparation, Residential Training Colleges; Work Psychologist; Programme Centres; Progress2work; training provision; any other New Deals; non-contracted local (smaller) provision.

Check that the initiative/programme they mention has personnel who the client can be referred to and whom JC+ advisers can liaise with.

(b) Knowledge of service provision (15 minutes)

Exercise 2: Assess knowledge of services using scoring system

What do you know about these services and can explain to clients?

1 = know and can describe the service in detail and answer questions about it
2 = know and can describe the basic elements
3 = have heard of the service but cannot describe what it does
4 = have not heard of the service before

Facilitator role:
Ask the group to consider their knowledge of the identified services using the scoring system above. Go through each of the four scores and seek examples of services for which this is their level of knowledge, e.g. *Would anyone give themselves a 4 for their knowledge of a particular service? Which service(s)? Why?*

Seek a general impression of the score(s) they would give themselves (e.g. is their knowledge generally good, perhaps to the extent that they would give themselves a '1' for most services?) Why?

Explore any differences between IBPAs in their ratings of their knowledge.

Explore source(s) of knowledge, e.g. official adviser guidance; visits to providers; providers' visits to JC+; other networking opportunities.

Usefulness of source(s).

(c) Interplay between knowledge and use of service provision (20 minutes)

Exercise 3: The interplay between knowledge and use of services

Facilitator role: Explain the diagram/grid showing knowledge and use as the y and x axes (File 'IBPA - Use&knowledge grid').

In turn, discuss each of the four possibilities and whether these possibilities fit with their knowledge and use of any services; which services; and why.

e.g. *Are there any services about which you feel you have good knowledge but make little use of? Which service(s)? Why?*

Explore any differences between IBPAs in their use of services.

Do you expect your use of individual services to change in the future? Why?

If not already discussed, explore why services are/are not used using the following probes:

- Client circumstances, e.g. age, health condition, work history, aspirations
- Perceptions of effectiveness of service/particular provider
- Quality of working relationship with providers
- Perceptions of service capacity (e.g. limited places)
- Effect of managerial pressure to meet targets
- Attitudes towards the kind of service provided
- Confidence in knowing how to help the client

Are people missing out because they are not accessing certain service provision? Or because they have inadequate information?

Refreshment break (10-15 minutes)

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2. Practices in making referrals and managing cases (50 minutes)

Exercise 4: General discussion on making referrals and case management:

(a) Next, I would like to look in more depth at the way you work with providers and clients after making a referral and the idea of case management.

How do you go about making a referral?
- By phone/letter/email/telling the client to get in touch on their own behalf?
- Does the method vary? Why? Which method(s) work best?
- What information is shared with providers? Does this vary depending on the provider?
- Does the way referrals are made affect later contact with clients/providers?
- Any problems

What do you understand the term 'case management' to mean? What does it involve?
- Who, if anyone, coordinates people's involvement with Pathways?

- Explore the contact they have with service providers after making a referral
  - o Do you receive feedback about their work with clients and the outcomes?
  - o Does the level and quality of contact differ depending on the provider? Why? Seek examples
  - o What works well? What are the ideal ways of working with providers?

- Explore the contact they have with clients after referral
  - o What happens if people do not attend after being referred? What works well in encouraging attendance?
  - o Provision for recording client feedback about providers
  - o What works well? What are the ideal ways of working with clients?

- How is client progress monitored, reviewed and shared?
  - o Any records kept, and by whom?
  - o How do you use records? (e.g. is record keeping an administrative exercise, or do you make use of them in helping clients to make (further) progress?)
  - o What works well in monitoring and reviewing client progress? What are the ideal ways of working?

Does your role and level of involvement with clients (whilst they are engaged with services and between these times) differ depending on the client's:
- age?
- health condition?
- ethnicity?
- aspirations regarding work?

We have been asked to find out about the contact you may have with healthcare practitioners and services (e.g. GPs, NHS services, private healthcare services). Do you have any contact with health practitioners?

- How often?
- For what purposes: Regarding particular clients? As a networking/promotional exercise?
- Method of contact – telephone/email/letter/face-to-face
- Was this contact useful for you? For the client? How?

(b) Up until now we've given attention to how support is currently provided to individuals, and what, and who, is involved in providing case-management. I'd like to bring the session to a close now by seeking any further views you have on the idea of 'case management' and the ideal ways of providing it.

Do you think incapacity benefits recipients need someone to act as their case manager?

- Why/why not?
- What should case management involve ideally? Any examples?
- Who is best placed to provide this case management role? At what point?

Thank you very much.

Check they are happy for their views to be included in our work.

Knowledge of service provision:

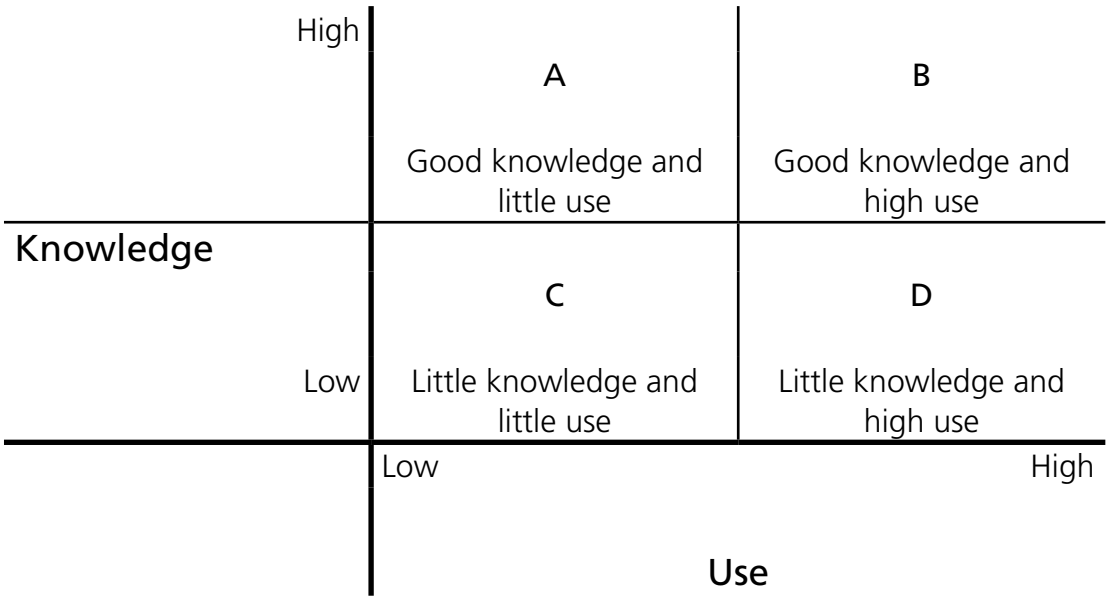
1 = know and can describe the service in detail and answer questions about it

2 = know and can describe the basic elements

3 = have heard of the service but cannot describe what it does

4 = have not heard of the service before

Knowledge and use of services



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Pathways to Work pilot: Focused study on referral practices and liaison

Topic guide for depth interviews with frontline provider staff

Interviewer's introduction

- Explain that this research is funded by the Department for Work and Pensions, and is one part of their overall evaluation of the Pathways to Work pilot.
- The research units conducting the work are all independent organisations.
- This interview is part of a focused study on Jobcentre Plus staff referral practices and liaison with external service providers. Researchers will be meeting with frontline staff from a number of different service providers in four areas of the country where Pathways to Work is delivered. The study also includes work with Jobcentre Plus advisers.
- Our discussion today will concentrate on:
  - the services provided by your organisation and your links with Jobcentre Plus
  - your experiences of receiving referrals from Jobcentre Plus;
  - the contact you have had with Jobcentre Plus advisers;
  - your experiences of working with other service providers and organisations;
  - your experiences of and views about case management as part of Pathways.
- The interview will take around one hour, and will be in the form of a discussion.
- Ask for permission to use recorder. Explain that recordings will be typed up professionally and seen only by the research team.
- Explain confidentiality and how material will be used – a report for DWP in which their views are included, but they will be anonymous.
- Taking part is completely voluntary.
- Check informed consent. Ask them to sign the consent form.

If asked what we mean by 'complying with the Data Protection Act' explain that we will:

- *keep all data in a secure environment;*
- *allow only members of the research team (including administrators and* transcribers) access to the data;
- *keep the data only as long as is necessary for the purposes of the research and then destroy it.*

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1. Background and connection with Jobcentre Plus

Brief details about:
- Personal background: previous roles, experience of working with people with health problems and disabilities
- Organisation
- Current role

Can you describe and explain the service(s) your organisation provides?
- Any particular characteristics amongst clients: age groups, health conditions, work history, ethnicity.

For what purposes do you have contact with JC+ advisers?
- Probe for:
  - o receiving referrals only
  - o working together to help a client
  - o giving information/advice to JC+ advisers
- Is there any formal agreement/contract between your organisation and JC+?
- Which personnel do you have contact with – IBPAs? DEAs?
- How many JC+ personnel are you in contact with, from how many offices?

2. Receiving referrals from Jobcentre Plus advisers

How do you receive referrals from Jobcentre Plus?
- By phone/letter/email from adviser; contact from client themselves
- Views on the processes involved in making/receiving referrals: What works well? Any problems?
- What information about the client is passed to you by JC+?
- How is this information shared?
- Views on the quality/depth of information provided by advisers

What are your views on the number of referrals you've received?
- Match with expectations
- What factors affect the number of referrals you receive?
- Variation amongst JC+ offices/advisers

What are your views on the appropriateness of referrals made to you by advisers?
- Do clients fall into any particular group? – e.g. health conditions, age group, work experience, ethnicity
- What would help to improve the appropriateness of referrals?
- Do you have your own way of assessing clients' suitability for the services you provide?
- Any examples of people not passing your assessment? What happens to these people?

In the past, some providers have told us that they have received inappropriate referrals because provision that would have been more suited to the client has not been available. Can you identify any gaps in current service provision?

3. Working with Jobcentre Plus advisers

Next, I would like to look at the way you work with advisers in a little more depth, specifically the contact you have with regard to referred clients.

What is your understanding of the role of Jobcentre Plus advisers?
- Are you aware of advisers maintaining contact with clients after referral?
- Probe for:
  - o Examples where contact with adviser was positive for client
  - o Examples of problems
  - o Views on what would work best regarding maintaining contact with adviser

In what circumstances would you be in contact with an adviser about a particular client after a referral has been made?
- Who initiates contact?
- Face-to-face contact: case conference, meeting about particular individuals, informal chat, other? Telephone/email contact
- Is contact dependent on:
  - established working relationship with adviser/past behaviour re communication?
  - client and perception of their motivation?

What happens if people do not attend after being referred?
- How/when would you find out?
- What attempts do **you** make to trace non-attendees and encourage them to attend?
- What attempts are made by **advisers** in tracing non-attendees and encouraging attendance?

What happens when people reach the end of the service you provide, or make significant progress such that they no longer need your help?

(If participant has a role in advising JC+ staff)

Another way you said you worked with Jobcentre Plus staff was in giving information and advice about the service you provide and helping individuals. What is involved in providing advice to Jobcentre Plus staff?
- Formal case conferences or other meetings; informal chats; giving training
- How often?
- Outcomes: e.g. better informed staff; more appropriate referrals; feeling integrated with JC+
- Do you feel that advisers know about you? Why?

I'd like to spend a few minutes reflecting on the quality of your relationships with Jobcentre Plus staff, and the factors that help and hinder the development of these relationships.

So firstly, do you have any examples of good working relationships with JC+ staff?

Why do these work well?

Any relationships that are not so good?

Why?

How can these relationships be improved?

4. Working with other service providers

Do you have any contact with other service providers, organisations or practitioners (inc. healthcare practitioners and services)?

- Frequency of contact
- Reason(s) for contact: Regarding particular clients? As a networking/promotional exercise?
- Was this contact useful for you? For your client(s)? How?

Where you have made links with other providers, organisations or practitioners regarding particular clients, are you able to refer people formally, or only to signpost?

- Examples of: making referrals; signposting; referring back to JC+ with recommendation
- How do you decide which service (or provider of chosen service) will be appropriate to refer/signpost to?
- What would you prefer to do – refer directly, signpost, refer back to JC+? Why?

Examples of good working relationships with other service providers/ practitioners

- Why does this work well?

Examples of not so good working relationships

- Why? How can these relationships be improved?

5. Case management

(a) Next, I would like to look in more depth at the idea of case management and its role within Pathways to Work.

What do you understand the term 'case management' to mean? What does it involve?

- Who, if anyone, coordinates people's involvement with Pathways?
  - o Do you have a role in deciding what happens next for the client?
- How is client progress monitored, reviewed and shared?
  - o Any records kept, and by whom?
  - o How do you use records? (e.g. is record keeping an administrative exercise, or do you make use of them in helping clients to make (further) progress?)
  - o What works well in monitoring and reviewing client progress? What are the ideal ways of working?
- What provision is there for feeding back client outcomes to Jobcentre Plus advisers?
  - o What works well? What are the ideal ways of giving information to/liaising with JC+?
- What provision is there for recording client feedback about the service you provide?
  - o Usefulness of feedback

(b) Up until now we've given attention to how support is currently provided to individuals, and what, and who, is involved in providing case-management. I'd like to bring the session to a close now by seeking any further views you have on the idea of 'case management' and the ideal ways of providing it.

Do you think incapacity benefits recipients need someone to act as their case manager?

- Why/why not?
- What should case management involve ideally? Any examples?
- Who is best placed to provide this case management role? At what point?

Thank you very much.

Check they are happy for their views to be included in our work.

References

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