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

By Katharine Nice, Annie Irvine and Roy Sainsbury

Introduction

This report presents findings from a qualitative research project carried out as part of a wider evaluation of Jobcentre Plus 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 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 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 of organisations providing services to incapacity benefits recipients. A preliminary review of related research informed the development of the research instruments (Nice, 2009).

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.

Summary of research

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 provision, but felt their knowledge of its **quality** 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. Some advisers felt that having such a broad range of provision made it hard to become familiar with all provision at any one time, but others thought it helped them to source the most appropriate support for their clients in a timely fashion.

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.

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Aside from the knowledge gained from **using** provision, a number of influences were explained as helping to boost or to hinder advisers' knowledge development. There were ways in which advisers felt they could enhance their own understanding, for example by conducting searches for information and drawing on their own experiences of being an adviser. They also depended on 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.

The study also explored advisers' decisions about which kind of service to refer to and which provider organisation to choose. Many advisers stressed that it was most important to match provision to the needs of individual clients. Advisers explained that many clients were unwilling to travel far to services, which influenced 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. Some advisers said that they were prepared to overlook these directives 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 that the roles overlapped in serving similar client groups and the range of services available; and there were arguments that continuity of adviser support was more important than maintaining strict role boundaries. In general working relationships between IBPAs and DEAs were positive, were evident in informal and responsive contact, and were 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 to ensure referrals were appropriate and could encourage informal discussion of client circumstances

around the time of referral. Staff turnover and a lack of time to meet in person were noted as barriers to developing and maintaining good working relationships.

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.

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. The content of case management was understood by Jobcentre Plus advisers and provider staff in the same way as policy makers – as responsibility for coordinating support, providing ongoing encouragement and monitoring progress. 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 was not always 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. Advisers did not always have enough time to keep in **frequent** contact with clients and providers in order to build trust, find out about progress and collaborate about steps forward. They felt that this level of case management 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 felt that advisers 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.

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.

Conclusions and discussion

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 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 to meet 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;
- 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;
- 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;

- Jobcentre Plus advisers' work with Pathways clients can benefit from close relationships with non-contracted providers as well as contracted providers, 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 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.

Reference

Nice, K. (2009) *Pathways to Work from incapacity benefits: A review of research findings on referral practices and liaison with service providers*, DWP Working Paper No. 57.

The full report of these research findings is published by the Department for Work and Pensions (ISBN 978 1 84712 472 2. Research Report 555. January 2009).

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