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The Pathways Advisory Service: Placing employment advisers in GP surgeries

By Roy Sainsbury, Katharine Nice, Camilla Nevill, Martin Wood, Josie Dixon and Martin Mitchell

Introduction

This report presents findings from evaluation research to explore the impact and effectiveness of a pilot project commenced in 2006 to locate employment advisers (known as Pathways Support Advisers – PSAs) from Jobcentre Plus in GPs' surgeries. The study was carried out by the Social Policy Research Unit at the University of York and the National Centre for Social Research in 2006 and 2007.

Apart from the innovative measure of physically locating advisers in surgeries, a distinctive feature of the pilot has been the adoption of a 'gateway' model of delivery, where advisers act as a link, or 'gateway', between patients at a surgery and the range of services and support available through Jobcentre Plus and other organisations.

The research project combined quantitative and qualitative research techniques. A survey of 212 people who had used the pilot service was conducted and in-depth qualitative follow up interviews were carried out with a sub-sample of the survey sample. In addition, qualitative interviews were held with the key people involved in the pilot (including advisers, GPs and other surgery staff).

Key findings

- The 'gateway' model was practicable as a means of connecting people with employment and other support services.
- GPs in the study were enthusiastic and positive about the Pathways Advisory Service. Having direct and easy access to an employment and social security expert allowed them to support their patients in newer and more constructive ways than previously.

- Physically locating PSAs in GP surgeries was highly valued and considered essential by GPs.
- There was evidence from the survey and qualitative components of the study that the intervention of the PSA was an essential catalyst for some people in moving them towards or into work.
- PSAs dealt with a wide range of people beyond the main target population of Statutory Sick Pay (SSP) and long-term Incapacity Benefit (IB) recipients, and provided help and support beyond employment advice.
- Nevertheless the principal policy aims of providing help and support to SSP and Incapacity Benefit recipients, and fostering closer links between health practitioners and Jobcentre Plus were being met.
- There is scope for increasing the numbers of people meeting a PSA by increasing GPs' awareness of what PSAs can offer, and by publicising the service more widely.

Engaging potential Pathways Support Adviser clients

Most patients learned about the Pathways Advisory Service through discussions with their GP. A minority were told by another health practitioner or practice staff member, and referrals by them appeared to be growing. The service was also publicised in a variety of ways including notices attached to sickness certificates and prescriptions, pieces in surgery newsletters and letters to people on IB.

GPs' understanding of the purpose of the Pathways Advisory Service influenced which patients they discussed it with. All were aware that the aim was to get IB recipients back to

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Content and outcome of meetings with Pathways Support Advisers

work. Within this broad aim there were many GPs who thought the PSA could provide advice on the effect of working or other activity on social security benefits, could provide a benefit check and had access to other forms of financial assistance. These aspects of the PSA role were welcomed by GPs who perceived their own lack of knowledge about benefits and employment programmes as a hindrance to helping their patients.

Some GPs noted that, over time, they had become less selective in who they referred to the PSA. They had learned from previous referrals that their perception of an individual's distance from the labour market was not necessarily an indicator of whether they could be helped by the PSA and, ultimately, the likelihood of their finding work. Their confidence and trust in the PSA had also grown over time.

For GPs, it was important that the PSAs were based on the surgery premises as this enabled easier referral procedures, which could sometimes be immediate and could avoid the need for formal, written referrals. PSAs' presence in the surgery also aided the fostering of good relationships with practice staff.

The survey data shows that a range of benefits were being received by people meeting the PSA. There is, thus, an argument that the desire for employment and other advice is not restricted to those on health-related benefits, and that the PSA could be of help to many interested people not currently in contact with Jobcentre Plus.

Survey participants cited a wide range of reasons for deciding to meet with a PSA, with non-work-related reasons as common as those concerned with work. There was evidence that some people spoke to the PSA because they felt under pressure to do so and some others felt they had not fully understood the purpose of the meeting beforehand.

In the majority of cases, GPs took responsibility for making the patient's appointment with the PSA. On the whole, seeing the PSA the same day as the GP consultation was perceived as convenient, but this practice was criticised by people who felt they did not have sufficient time to consider their participation. On the other hand, appointments at a later date and time allowed for thought and preparation in advance.

In general, most conversations with PSAs covered the client's health, family background, employment history, education and qualifications. PSAs had the impression that most people wanted to talk about either work, benefits or health, but usually a combination of these, and that the meeting had been in some way constructive. The survey data shows how PSAs covered a large volume and broad range of topics in the meeting, not all of which were about getting back to work.

Mirroring the variety and scope of the topics discussed, PSAs described a wide range of support options that they had suggested to patients. Most of their referrals were to Jobcentre Plus advisers or the Condition Management Programme, but they had extensive knowledge of other externally-provided services encompassing advice organisations, community organisations, education providers and government departments. It was rare for PSAs to make no suggestion at all.

PSAs were aware that they had seen some people who were currently in contact with the Pathways to Work programme or who had 'been through' Pathways at some point previously. Nevertheless they felt they had a role in helping such people by providing reassurance about the applicability of the Pathways scheme, or by re-engaging them with the idea of work and perhaps renewing links with Jobcentre Plus staff.

Sometimes PSAs recommended that patients claim IB because they would then become eligible for the support offered in Pathways which was felt would contribute more constructively to a gradual return to work.

There was evidence that people who did not choose to meet the PSA for a work-related reason could be engaged in discussions about work. Among those who went to the PSA wanting to discuss work nearly half had progressed to talking about applying for jobs during the meeting.

The patient survey showed high levels of satisfaction regarding the meeting with the PSA, with 91 per cent rating it as either 'very' or 'quite' helpful. People who found the meeting helpful explained that the PSA had encouraged and motivated them to think about work, had clarified employment options, had provided advice about benefits and permitted work and had informed them about help and support that might be available. People who were critical of the meeting with the PSA felt that the PSA did not offer enough support, that the suggestions made were unhelpful and that information was incomplete, inaccurate or confusing.

Further activity after the Pathways Support Adviser meeting

The study explored what happened after the meeting with the PSA using the survey of patients three months later, and through qualitative follow up interviews with a sub-sample of survey respondents.

Three months after the meeting, half of the suggestions made by PSAs had been acted upon by patients. Two-thirds of people who had been advised to see a Jobcentre Plus adviser had done so and a large proportion of those who had not planned to do so in the future. There was further evidence that the Pathways Advisory Service activated people who were not originally thinking about work, as 77 per cent of people who had a non-work-related reason for seeing the PSA followed up the suggestion to speak to an adviser at Jobcentre Plus. Within three months of speaking with a PSA some people's work status had changed and a total of seven more people were in work than were at the time of the meeting.

The qualitative follow up interviews showed that a range of services and support options had been engaged with by patients, including Jobcentre Plus advisers, the Condition Management Programme, work psychologists, Job Brokers and Work Preparation schemes, employer-provided occupational health services and a range of health management focused courses.

These referrals were usually considered to have been appropriate and helpful. In general, people gave favourable impressions of staff and

services where they felt they had been listened to, that their needs had been understood, that appropriate support had been offered and their needs had been met. Disappointments and problems were experienced when people felt that they had not been well understood such that the support offered was inappropriate, when they could not receive the help they thought would be available, and when they found that the help offered (for example, training or voluntary work) did not meet their needs.

There were people in the study group who had not returned to work but had moved closer to employment by, for example, taking up voluntary work, who also described positive benefits from meeting with advisers and undertaking work-focused activities. People who did not appear to have moved closer to work were generally positive about the help from the PSA and other services but perceived barriers to making progress including health, caring responsibilities and job market constraints.

Assessing the pilot

The effectiveness of the pilot could not be measured quantifiably, but a qualitative assessment was possible based on various interested parties' perceptions of the difference made by the pilot.

Overall, GPs were enthusiastic and positive about the pilot. They valued the access to employment and benefit advice that they could not provide themselves and felt that they could engage in a discussion about work with patients on a much more constructive basis than previously. The physical presence of the PSA in their surgeries for some part of every week was also important in making referral an easy (and sometimes immediate) process and in getting to know and trust the adviser. They also noted examples of positive impacts on patients, such as taking up employment, improvements in health and increased income.

PSAs discussed the importance of their role in linking health with employment interventions in a much more visible and collaborative way than previously. Being placed in GP surgeries was considered vital to the effectiveness of the service, as it created the opportunity to speak to people who might not otherwise have

contact with Jobcentre Plus. Referral from a GP or other health practitioner, and thus their endorsement of the service, was also important in encouraging people to engage in appropriate work-related activities. The PSAs themselves recognised that the role of the PSA demanded a certain armoury of skills in order to work with GPs, surgery staff, their colleagues at Jobcentre Plus and to act as motivators with patients.

Survey participants and those who were interviewed at a later stage were also asked for their views on the difference made by the pilot. There are findings to suggest that many patients who attended a meeting with an adviser at Jobcentre Plus did so because they had first met with a PSA. Views amongst people who were in work at the time of the follow up interview were that the PSA had been influential in their route back to work. Other ways in which the PSA was said to have made a difference were by providing more help than had been received previously in past contacts with Jobcentre Plus, and by presenting an opportunity to look at options in more depth.

The survey provides strong evidence that the one-meeting gateway model was adhered to for the large majority of people. However, there were exceptional occasions when PSAs said they would have contact with a client more than once. This might happen when they felt that the initial meeting had come at the wrong time for the patient and had suggested that they return when more ready to think about work. Further contacts might also occur if the PSA felt the patient needed encouragement or 'moral support', or where they perceived the need to intervene in a case where the patient was making little progress.

Policy implications

The research highlighted policy implications in the context of the commitment to expand the pilot and the introduction of the new Employment and Support Allowance in October 2008. Implications are that:

- Principal components of the pilot design – experienced staff as PSAs, location in surgeries, the 'gateway' model – are effective and could be promoted to attract new GP surgeries to use the Pathways Advisory Service.

- It is unlikely that targeting the service at only people receiving SSP or IB would be welcomed by many GPs.
- Advisers who take on the PSA role need to have a range of advanced knowledge and interpersonal skills.
- Possible policy responses to draw in more patients to the Pathways Advisory Service are to increase knowledge and understanding of the service among GPs and other practice staff; and to encourage patient self-referral by using and repeating multiple methods of publicising the service.
- GPs have developed 'effective practice' in talking to patients about work and this could be usefully disseminated amongst other GPs.
- Clarification is needed regarding the effects of data protection legislation on PSAs' and GPs' capacity to share patient information.
- Any management targets would seem unsuitable because of the unpredictable flow of referrals from GPs, and because PSAs found it constructive to be able to work flexibly with individual clients.

People who will fall outside the remit of Employment and Support Allowance could still benefit from a Pathways Advisory Service.

The full report of these research findings is published by the Department for Work and Pensions (ISBN 978 1 84712 374 9. Research Report 494. May 2008). It is available from Paul Noakes at the address below.

You can also download this report free from: www.dwp.gov.uk/asd/asd5/rrs-index.asp

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