Evaluation of the New Deal for Disabled People Personal Adviser Service pilot

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GLOSSARY OF TERMS

52 week linking rule	Designed to allow claimants coming off Incapacity Benefit to start paid work to return to the same rate of benefit if the job ends within 52 weeks.
Access to Work	A programme to provide practical support to disabled people to get and retain jobs. The support includes special aids and equipment adaptations to workplaces, support workers and help with travel to work costs.
Disability Service Teams	The Employment Service Disability Service Teams employ staff who specialise in disability related employment issues and deliver support and advice to disabled people and employers. These include Disability Employment Advisors based on Jobcentres, Occupational Psychologists and staff trained to conduct occupational assessment.
IBIS	A computerised system used to calculate if clients would be financially 'better-off' in work rather than on benefit.
Intervention Fund	A discretionary fund used to assist clients move towards employment. The Intervention Fund can be used to fund training, meet job interview travel costs, one-off payments to set up business, etc.
Job Introduction Scheme	A weekly grant of £75 towards employers' costs for up to the first six weeks of employment. Paid where the employer and/or disabled person has some concerns about whether the job is within the disabled person's capability.
Job Retention	Staying with the employer when continued employment was at risk with the onset of ill-health or impairment.
Joint Investment Plan	Plans produced by local authorities and health service trusts.
Jobfinder's Grant	A one-off payment of £200 when a disabled person starts work in a low paid job. It is designed to encourage those out of the labour market for a long time to accept employment they might otherwise not consider.
LMS	Labour Market System. A computerised system used by the Employment Service, which includes information of job vacancies notified to Jobcentres.
PACT	Placing, Assessment and Counselling Team, now known as Disability Service Team (see above).
Programme Centre	Employment Service programme centres deliver individual modules tailored to the needs of individual jobseekers, to improve their jobsearch and employability. They typically operate from a single accessible site in each Employment Service district.
Progress Plan	A plan of action agreed between a Personal Adviser and a client. The Progress Plan can outline tasks for the client and the Personal Adviser to complete. The clients is 'caseloaded' after a Progress Plan has been agreed.
Supported Placement	A placement for a severely disabled person who cannot obtain or retain a job without support but who can work.

SUMMARY

The New Deal for Disabled People Personal Adviser Service pilot began in six areas administered by the Employment Service in September 1998 and in another six areas under contract to private, public and voluntary sector partnerships in April 1999. It aims to assist people with an impairment or health condition who want to work to do so, to help those already in work to remain in employment and to extend the range of services available to them. This report presents the findings from a two-year evaluation of the pilot. The implementation and first ten months' operation of the pilot in the Employment Service areas have already been reported in *New Deal for Disabled People: Early Implementation* (Arthur *et al.*, 1999). Here the development of the Personal Adviser Service is reported in terms of the progress and achievements of the service, and how it affected those involved.

The main client group for the Personal Adviser Service is people of working age in receipt of incapacity-related benefits (Incapacity Benefit, Severe Disablement Allowance and National Insurance credits on grounds of incapacity) whose incapacity lasted for 28 weeks or more. In addition, people in employment and at risk of losing their jobs because of ill-health may use the pilot service.

The research

The research   The evaluation is both summative (identifying pilot outcomes) and formative (focusing on the processes concerned with set-up and delivery of the pilots); and blends qualitative and quantitative elements (Appendix B and Section 1.4). The summative research included survey interviews with people who participated in the Personal Adviser Service and those who did not. In addition, this report draws upon, and makes comparisons with, a national survey of people who had been recipients of incapacity-related benefits during the pilot period. The formative studies included in-depth interviews with clients, Personal Advisers, service managers, occupational psychologists, employers and representatives of partner organisations as well as analyses of the local labour markets in the pilot areas.

Take-up   At the end of the survey fieldwork the take-up of the pilot service was relatively low (Section 4.2). The Benefits Agency issued, over the life of the pilot, letters of invitation to eligible incapacity benefit claimants. At the end of June 2000, three per cent had responded to the invitation letter directly (approximately 6,800 people). A similar number of people were referred to the pilot service by other organisations or got in touch themselves. By May 2000, only 116 people at risk of losing their jobs through ill-health ('job retention' cases) had joined the scheme.

There was wide variation within and between the Employment Service led pilots and the contract areas in the flow of clients into and out of the Personal Adviser Service. The reasons for this variation are unclear, but it may be indicative of differences in screening procedures before initial interviews and/or in the criteria used to accept clients onto caseloads.

Not surprisingly, the main reason respondents contacted the Personal Adviser Service was to receive help to move into work. The in-depth interviews also show that getting information and advice about benefits and tax credits was sometimes why clients contacted the pilot service.

Being too ill was the main reason given by non-participants for not getting in touch with the pilot service. Moreover, awareness of the pilot service remained relatively low amongst this group, although it was greater where pilots had been running for longer (Section 4.5). Whilst the media was an important source of information about the pilot service, people came across it in various ways and sometimes built up the knowledge from a number of sources. This highlights the importance of multi-faceted marketing campaigns.

Potential take up The decision to participate is influenced by changes in the configuration of circumstances and information over time and is not a point-in-time event. Some of those interviewed as non-participants might respond in the future to an offer of help to move towards work, as a significant number of them shared similar characteristics to those of participants. Indeed, around two-fifths of non-participants said they might approach the Personal Adviser Service in the future, for example, following changes in their health or personal circumstances (base=643) (Section 4.5). Moreover, seven per cent of non-participants felt they could work within one year (base=643).

Clientele People using the Personal Adviser Service were closer to the labour market than non-participants[1] (Section 4.3 and 4.4). In comparison to non-participants, those having at least a first interview with a Personal Adviser tended to:

- be younger (aged under 50);
- have academic or vocational qualifications;
- possess a driving licence with access to a car;

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[1] In the report the term 'participants' refers to respondents to the survey who had at least one interview with a Personal Adviser. The term 'clients' refers to participants who were caseloaded by their Personal Adviser, that is, actions were planned to move the individual towards work or retain their employment. Non-participants are those in the survey sample who, when sampled, had not contacted the pilot service following receipt of a letter of invitation to take part.

- have a partner who was economically active; and

- score less on a severity scale, although this association was not statistically significant (p>0.05).[2]

Participants and non-participants had a wide range of different health conditions and impairments and 50 per cent reported more than one (base=1914) (Section 4.3.2). Taking only the main reported condition, 28 per cent suffered from depression, anxiety and similar conditions, 20 per cent reported muscular-skeletal problems and 18 per cent a back condition (base=1914). Eight per cent had circulatory problems (for instance, heart conditions. Similarly, the severity of participants' impairments varied. On a ten-point scale of increasing severity, six per cent of participants did not reach the lowest category and 25 per cent had a comparatively low score of between one and two, whilst 20 per cent had scores of seven or more (base=1914).

Not all clients perceived problems in getting or keeping work, but obstacles that were identified included personal limitations associated with ill-health or impairment. Also important were problems of: access; communication or environmental aspects; financial risks perceived; and perceived negative attitudes of other people including employers. In terms of what might help people work, clients wanted work that was not too heavy or stressful. In addition, a flexible job was identified as important, as was knowledge of the job before starting and being able to return to the original benefit if the job did not work out (Section 5.2).

Most participants had work experience (Section 4.3.4). Sixty-one per cent of participants had had steady work throughout most of their working life and 62 per cent had held their last job before claiming benefit for over ten years (base=1914). Only three per cent had never worked. However, 15 per cent had had work repeatedly interrupted by ill-health and another 16 per cent had suffered spells of unemployment or mainly done casual work. Moreover, 33 per cent of participants had been out of work for more than five years when they approached or were referred to the Personal Adviser Service.

Participants varied widely in their readiness for work. The majority (72 per cent) of participants felt able to work (base=1914) (Section 4.3.5). Of these most (78 per cent) said they could work immediately (base=1378). Of those unable to work, 17 per cent thought they could work within the next 12 moths, nine per cent in more than one year, and 20 per cent never envisaged working in the future (base=536). The remainder (54 per cent) were unsure about their future ability to work.

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[2] Statistical significance provides a measure of whether an observed difference is due to chance or is 'real'. In this case, the risk that in five times out of a hundred the observed difference between participants and non-participants might be due to chance was accepted. This level of risk is often accepted in social research.

Analysis of in-depth interviews with clients identified the following groups of clients (Section 5.2):

- those who had identified a job and perceived few problems in returning to work;
- those who had identified a job but had concerns associated with their impairment or health;
- those actively seeking work but finding few suitable jobs;
- those seeking to improve their qualifications through training or education courses and hoping for funding;
- those perceiving high barriers to work and who were unclear about how to proceed; and
- those who appeared very distanced from the labour market and had considerable concerns about their health.

Outcomes of the Personal Adviser Service pilot

Moves off benefit

Overall, 10 per cent of respondents (participants and non-participants) left benefit during the two years prior to the survey interview (Section 6.4).

Participants left benefit at a faster rate than non-participants, but more slowly than respondents in the national survey. Possibly, some participants were taking time to review their work choices, drawing upon their Personal Advisers to find more suitable employment before leaving benefit.

Moves into work

The key goal of the Personal Adviser Service was to help people find or return to work and, according to administrative data, 22 per cent of all the people (or 4,800 clients) who had had a first interview had found employment by June 2000. Longer time frames are needed to establish whether those clients who have participated in intermediate activities, such as training, gain in terms of employment outcomes.

Those survey respondents most likely to leave benefit for paid work, according to bivariate analysis, were those:

- with shorter benefit durations;
- with a less severe impairment;
- with an impairment or health condition that first affected their everyday activities and ability to work more recently;
- with formal qualifications;
- aged under 50 years;
- with dependent children; and
- who were participants of the pilot service.

In line with other welfare to work programmes, it is likely that many clients would have obtained employment even in the absence of the pilot service. Nevertheless, one-quarter (24 per cent) of participants said they had taken mainstream paid employment after meeting with their

adviser (Section 6.4). However, this employment was not always sustainable, one-fifth of this group were no longer in employment by the time of the survey interview; implying that they were in work for no more than 16 months.

Clients who got jobs while in touch with the pilot service often identified those jobs themselves. Some Personal Advisers preferred to support clients in their own job-search, rather than try to identify specific vacancies for them. However, clients who found jobs themselves often said the help from the Personal Adviser had been essential in actually getting the job.

A large proportion of clients maintained contact with the Personal Adviser Service once they were in work. Two-fifths of participants in work had received further support or advice from their adviser. However, in-depth interviews with Personal Advisers held towards the end of the evaluation period show that, in response to the need to meet targets to get people into work, levels of in-work support declined in some pilot areas (Section 3.3.4).

Steps towards work   The pilot service also helped some clients become more job-ready (Section 6.3). Overall, 60 per cent of participants said they started looking for work or increased their job-search following contact with the pilot service. Almost one-half of clients had undertaken voluntary work and applied for paid work since meeting with their adviser. In addition, two-fifths of clients had either started (21 per cent) or considered starting (20 per cent) a training or education course since meeting their Personal Adviser.

Other outcomes   In terms of job retention, few pilots were able to report successful outcomes - as measured by people retaining their jobs - for this group which reached double figures.

The Personal Adviser Service also secured a number of outcomes, which were not directly job-related. The pilots successfully established administrative systems (Arthur *et al.*, 1999) and effective partnership arrangements. Setting up the pilot service took a considerable investment of time and effort by staff and the partner organisations (Arthur *et al.*, 1999).

In general, clients were appreciative of the service provided by Personal Advisers; 84 per cent of clients reported that their Personal Adviser spent long enough with them, listened and understood them (Section 5.5.3). However, 25 per cent of the 65 per cent of respondents who were no longer in regular contact with the pilot service said they had left because they were dissatisfied with it.

The delivery of the Service   Undoubtedly, there were aspects of the Personal Adviser Service that contributed to the outcomes described above. However, there is not a simple causal link between the aspects of service delivery outlined below

and the performance of the pilots, rather there exists a complex inter-play of factors. These include the caseworker model, the organisation and management of the service, marketing, resources, and arrangements with partners and employers. The operation of these aspects of service delivery are described below, while the following section discusses those aspects of the service where further developments or improvements could be made.

Model of service delivery

As originally envisaged, individuals contacting the pilot service would have attended one or more introductory interviews where a Personal Adviser sought to establish rapport, explain the service and understand the person's needs (Section 1.3.2). At one of these interviews the participant might join the personal adviser's caseload. This point marked the commencement of a series of steps to be undertaken to help the client move back into, or remain in, work. Personal Advisers were to help their clients clarify and set personal goals and assist them in making progress towards their goals. They were to provide an individualised service, offering advice, information and support, including help with job-search or contacting employers to arrange an interview. When necessary, Personal Advisers would refer clients to service providers for specialist help and support. Having gained employment there might be ongoing contact and support between some clients and their Personal Advisers, and this might involve contacts with their employers.

In practice, some clients had an ongoing relationship with their Personal Advisers, whilst others accessed the pilot service on a more occasional and ad hoc basis.

Among clients interviewed in-depth, most felt the pilot service had made a positive impact on their overall move towards work. What made a difference included: having a 'kick start'; continuous contact with a Personal Adviser; raised confidence; increased self-esteem; identification of a career path; attending a training course; experience of a work placement; direct financial help; information and advice about benefits and financial support, and being helped to look for jobs (Section 6.2.2).

However, a small group of clients felt that the pilot service had made no difference in helping them move towards work and now had low expectations of further help (Section 6.2.1). This could occur because of: a poor match between clients' interests and abilities and options arranged for them; inadequate information or advice about benefits and tax credits; slow pace or lack of response from a Personal Adviser; or a breakdown in communication with the pilot service.

Nevertheless, staff were convinced that what they offered to clients was different to the services available outside the pilots areas. The pilot service

was seen as offering:

- A flexible and responsive client focus: the emphasis on identifying what clients need to help them move forward, and working out how this can be supplied.

- The voluntary involvement of clients: Personal Advisers thought that the voluntary nature of the pilots was valued by clients and helped them feel more in control of developments.

- A rapid speed of response: Personal Advisers felt unhindered by bureaucratic constraints, they could find legitimate ways round delays created elsewhere.

- Access to the Intervention Fund (see below).

Organisation and management   All 12 pilots drew together a number of different organisations and agencies to contribute to the pilot. This process was more formalised within the contract pilots. Partnership was an important organising concept but was loosely defined, encompassing both 'the partnership' as an entity and working 'in partnership' as a process. In all areas there was one lead organisation with overall control and responsibility, but with no formal contractual relationships between members of consortia for the delivery of the service (Section 2.2.1). The Employment Service was involved in all pilot areas.

Most pilots found it useful to separate out the functions of strategic management (the pilot manager role), day to day management of staff (the deputy manager) and routine administration (the office manager) (Section 2.3). Increasingly, pilot managers carried out more developmental work and moved away from internally focused issues.

The Personal Adviser role was felt to be demanding and different models of internal organisation emerged (Section 2.4). Three types of 'specialisation' were identified (Sections 2.4.2 and 8.4):

- specialisation by function;
- specialisation by client group; and
- provision of expert knowledge and advice.

The extent of specialisation varied considerably between the pilots, influenced partly by the opportunities and limitations resulting from the geographical distribution of staff. Over time, there was a tendency for specialisation, primarily by function, to supplant the generalist Personal Adviser. However, no single or best practice model evolved, not least because partnerships and managers sought to make best use of the specific resources and expertise at their disposal.

Most pilots included an occupational psychologist, whose role evolved beyond the provision of professional assistance, such as psychometric testing and cognitive and behavioural assessments, to include managerial and developmental tasks (Section 2.4.4). The use of occupational

psychologist services varied across the pilots but they were generally valued highly by pilot managers and Personal Advisers. Their skills could have been used more extensively in job retention cases in contract areas (Section 8.4).

Whilst there were wide differences between pilots, and between individual staff within the pilots, in general staff became increasingly 'outcome-focused' as the pilots progressed, and moved away from a more 'holistic, client-centred' approach (Section 2.2.2).

In general, pilot managers approached the task of running the Personal Adviser Service in very similar ways. On balance, the growth in specialisation and the stronger focus on employment outcomes caused Employment Service and contract pilots to converge rather than diverge in terms of management and delivery, although the precise implementation of specialisation introduced an element of heterogeneity across all the pilots.

Resources The study did not seek to quantify the amount of financial or other resources that were necessary for the effective implementation of individual pilots. However, staff, premises, information and communication technology, and the Intervention Fund were key resources.

The dominant pattern of recruiting Personal Advisers was to second staff from partner organisations, including the Employment Service (Section 2.4.1). Secondments were generally felt to have worked well, although there were some difficulties in putting a team together from diverse backgrounds.

Many pilots had recruited additional Personal Advisers in response to rising caseloads (Section 2.4.1) (c.f. Take-up above). Indeed, funding was linked to caseloads. In the judgement of most of the advisers who participated in the research an active caseload above 40-45 would become unmanageable (Section 3.3.1). The range of skills and competencies needed by Personal Advisers was wide and diverse (Section 3.7). Personal Advisers considered that their training should encompass a knowledge base covering employment and benefit provisions, technical skills, interpersonal and professional skills, and personal management skills. However, clients held mixed views on how well advisers understood the full impact of client's illness or impairment on their ability to work (Section 5.4).

Resources for appropriate premises (accessible by public transport, and accessible to disabled people) in a suitable location or range of locations were essential (Arthur *et al.*, 1999).

To operate effectively the New Deal for Disabled People pilots needed appropriate levels of information and communication technology (ICT)

support for Personal Advisers, administrative support staff and managers (Arthur *et al.*, 1999 and Section 3.7). Demands for quality ICT support were high. Personal Advisers needed portable computers that could provide them with modem access to their central base, access to the Employment Service's Labour Market System, access to the Internet, and case management software. In some geographically wide pilot areas mobile telephones were essential for Personal Advisers. Nevertheless, some clients and employers did experience problems in contacting their Personal Advisers.

Personal Advisers saw the Intervention Fund (a discretionary fund used to assist clients move towards employment) as a major facilitator in helping clients to move towards and into work, and those in work to retain their employment. It was useful not only in opening up new opportunities for clients but also in plugging the gaps in the existing benefit and Employment Service provisions that act as barriers to people moving towards or starting work (Section 3.6). All pilot managers reported that the amount of money available to their pilots through the Intervention Fund was adequate for their current demands. The total Intervention Fund expenditure across the 12 pilots was £3,465,000, up to the end of October 2000.

Partnerships   There was general support for the principles and potential benefits of partnership working, especially where this drew on a range of complementary contributions. Partner organisations were felt to have contributed to an improved service, through the provision of access to more and new services, to work placements and job vacancies, skilled personnel with management expertise and local knowledge. They had also contributed towards a more seamless journey for a client between different statutory agencies. There was no single model of partnership and views about what constituted a good partnership arrangement varied, partly because partnerships and managers sought to make best use of the resources at their disposal. In all areas there was one lead organisation with overall control and responsibility, but some junior partners looked to different models where there was greater sharing of responsibility and funding. Over time, the partnership groups in contract areas and advisory groups in Employment Service areas shrank in effective size, with influence resting with a smaller number of active members (Section 2.5).

There were a number of key factors which were said to lead to successful partnership working: shared aims and understandings of different roles, commitment to partnership working and collaboration, effective communication and management, and involvement of key individuals and decision-makers (Section 2.7).

Marketing   Four distinct marketing roles were identified (Section 3.2):

- marketing to potential clients;
- marketing to employers to raise awareness;
- marketing individual clients to employers;
- marketing the service to generate referrals from, for example, the Benefits Agency, GPs, or local authority social services departments.

Staff tried a variety of methods of advertising to potential clients, including in the news media, on television and radio, in public places, and targeted publicity to organisations representing disabled people. However, it was difficult to judge the effectiveness of individual publicity or advertising campaigns. No pilot systematically monitored where new clients heard about the pilot service, and staff felt that a direct causal relationship probably did not exist between inflow of clients and publicity initiatives in many cases. Nevertheless, putting across the message that working and claiming Incapacity Benefit was permissible was seen as useful in attracting clients; and providing Freephone numbers appeared to encourage potential clients to make an initial contact.

Employers first heard about the pilot service in a variety of different ways. When instigated by the pilot service the contact could arise: from the design or launch of the pilot service; through a general marketing exercise; or in connection with the employment of a specific client. In other cases it was the applicant or employee who told them about the pilot service (Section 7.3). Although employers' knowledge of the pilot service was mixed, awareness of its identity and remit was generally low. This was particularly the case where the initial contact was in relation to a particular client. Where some form of presentation to, or informal meeting with, a manager or managers within the organisation, had taken place, employers generally had a broader sense of what the pilot service could offer (Section 7.8).

Larger and public or voluntary sector employers were particularly likely to be committed to employing disabled people, or to promoting diversity more generally. However, the pilot service also worked effectively with other employers (Section 7.5).

Staff favoured reaching job retention clients through large employers to maximise 'outcomes' and promote other pilot service objectives, as well as to serve employers' needs (Sections 8.5 and 8.6). Specific promotion of the retention remit, such as presentations to managers and the offer of joint working, did engage some employers. Advertising was believed by staff to have had little immediate impact. Employers who had recruited clients or provided work experience rarely knew the pilot service could help with retention. Some staff felt that a direct approach from a client made it easier to empower the client for return to work or to advocate on their behalf. Joint working with intermediaries such as mental health

professionals and trade union representatives looked promising but GPs were reluctant to refer people (Section 8.5).

The Personal Adviser Service offered four broad categories of assistance to employers:

- Assessing the suitability of client and employer for each other, helping to identify whether any adaptations or support would be necessary to make the post accessible to a client, and preparing client and employer for the post or placement.
- Facilitating access to or providing wage subsidies and placement payments.
- Facilitating adaptations to the work environment, providing advice and funding or helping the employer to access funding.
- In-work support through contact with the client and employer.

There was much diversity among employers in terms of the type and amount of help they required from the pilot service. In general, employers were positive about the pilot service where the adviser had recognised what the employer needed and had been able to provide it. However, recognition of employer needs was not always straightforward. Whilst some employers were able to state their needs explicitly, others were not. It was sometimes useful for the adviser to help the employer to identify needs and then suggest ways of meeting them (Section 7.6).

Nevertheless, Personal Adviser Service staff found it hard to 'educate' some employers out of the assumption that ill-health or impairment means inability to work and to consider adjustments or redeployment for existing employees. Large organisations could not always see how the pilot service could add to their own resources for retention, and some were satisfied with services already provided by the Employment Service's Disability Services Teams.

Employers' satisfaction with the pilot service was enhanced where a good working relationship was established between the adviser and the employer (Section 7.7). Key features of this were:

- The employer was able to build a relationship with an individual adviser: there were some cases where employers dealt with more than one adviser, which was found less satisfactory.
- The adviser was knowledgeable both about disability issues and about the different ways in which the pilot service could help employers.
- The adviser had a good understanding both of the employer's operating environment and business needs and of the client's circumstances.
- The pilot service operated efficiently, the adviser was easily contacted and internal communication within the pilot service worked without a hitch.

The evaluation also provides some indications of areas where the pilot service could be developed and improved (Section 9.2.4).

Relations between the pilot service and both the Benefits Agency and the Employment Service had improved over time (Section 2.6). Both were seen as important partners and many pilots had made considerable efforts to foster good personal and working relationships. Relations varied at a local level, however, and depended partly on having clearly identified, senior agency representatives, with interest, commitment and time to devote to the aims of the pilot.

Work with employers required a sizeable investment of time and effort (Section 3.4). There was a considerable degree of variation in the pilots in the amount of proactive work with employers being carried out. Engaging employers was difficult partly because they were thought to be sceptical and suspicious about New Deal for Disabled People. Some pilot managers commented that the best employers to engage with were large employers.

From the perspective of some employers there was a need for clearer articulation of the remit and identity of the Personal Adviser Service: there was confusion about what the pilot service can provide, and where it sits in relation to other agencies. This was compounded by the variety of terms used to describe it, particularly in the contract areas, and by confusion with other New Deals.

Employers' accounts indicated some unevenness in service delivery in terms of what employers were offered and the extent to which employer needs were met. The evidence suggests that responsiveness to employers' needs lies in:

- ensuring that the employer is made aware of the full range of support that the pilot service can provide;
- acting upon the needs expressed by the employer and helping to identify unarticulated needs where appropriate; and
- advising about, and providing or facilitating access to, additional forms of support whilst remaining responsive to the wishes of the employer.

There was evidence of a tension between the needs that employers have of the pilot service and the needs of clients, for example, in the divulgence of information about the employee's impairment or health condition. Employers wanted to be informed about job applicants' impairments. However, some clients were reluctant to explain their illness or impairment to an employer, particularly with respect to job brokering and job retention activity. Clients can fear discrimination and prejudice among employers. The task of providing a service to both employer and client, where there may not be an immediate match in their interests and needs, is therefore a highly complex one. Greater clarity about the parameters and purposes

of the pilot service, and more explicit negotiation of the way in which it works with individual employers and clients, may help to manage this potential conflict. However, there may be circumstances where the adviser has to be clear about whether the interests of the client or the employer have priority (Section 7.10). There would seem to be scope for effective general education of employers, as well as advocacy and liaison work with employers.

Ensuring a seamless service

The types of client coming forward had not changed significantly since the interim report (Arthur *et. al.*, 1999). There was still a large number of people coming forward with mental health problems or who were a considerable distance from the labour market. As pilots became more outcome-focused, Personal Advisers had become more selective in who was accepted onto the caseload. Clients who needed long-term help were more likely to be referred to an external agency (Section 3.3).

Dealing with a client group of such diversity may require a service that is flexible in terms of investment of time, resources and expertise. By implication, a service focused only on securing paid employment might not be appropriate for all participants currently using the pilot service, as their immediate goals are not necessarily paid work, but may comprise voluntary or therapeutic work, or an increase in confidence or skills. Whether attainment of such intermediate outcomes subsequently leads to paid employment is at present also unknown.

The current 'case-management' model of service delivery requires Personal Advisers with highly developed competencies and skills, across a range of different kinds of expertise. It will be important to consider the future supply and staff development and training of such personnel.

Quality of service provision

Some clients were dissatisfied with, and had on occasion made complaints about, aspects of the quality, content and management of some training courses and other forms of client provision (Section 5.4.4). Contracts between partners and between partnerships and other suppliers appear not to have included specific quality standards. This highlights the need for robust systems for monitoring performance and quality assurance. Indeed, some pilot managers were considering implementing such systems.

Demand for training, education or other support for clients had grown. This had not generally resulted in an expansion of the number of providers in the market, but existing providers had responded in a number of ways by taking more people on to existing courses; setting up additional courses; or adapting courses for individual clients. In a few instances new courses have been established. It was felt that training organisations were reluctant to implement new courses when the demand for them after the two-year pilot period was uncertain (Section 3.5).

There were also some serious criticisms from clients about uncertainties and discontinuities in service delivery, and some opportunities had been lost for maintaining interest and momentum. Continuity of service delivery to clients will continue to be a strong influence on service effectiveness. It also suggests that a formal grievance procedure should be available to dissatisfied clients. Clients able to voice a formal complaint in this way might be less likely to exit the service.

Accurate and timely information and advice about benefits, tax credits and financial support for moving into work could be critical in decisions made about working. An extended service must consider the best way of ensuring such provision.

For clients, access to the service in terms of venue, location, telephone contact and choice of a home visit could be critical, and should receive careful attention.

Benefit and employment provision barriers

Further consideration needs to be given to removing the remaining barriers within the benefit rules themselves and the various Employment Service provisions. For example, relaxing the requirements of the linking rule, harmonising 'run-on' arrangements between different benefits, and easing the eligibility criteria for Jobfinder's Grant (or its successor), Access to Work payments, and Job Introduction Scheme payments. In addition, there is a need to align the procedures of the Benefits Agency and the work of the Personal Adviser Service (or its successor) to ensure that clients are not referred for a personal capability assessment (which acts as the medical gateway for incapacity benefits) while actively engaged in work-related activity through the service.

Job retention work

The most challenging problem concerning retention remains the early identification of clients potentially 'at risk'. However, employers' responsibility for short-term sickness removes the possibility of creating a centralised register of 'at risk' cases. Consequently the pilot service is reliant on employers and employees both identifying needs and being aware that external services exist to support job retention. Again, the promotional activities of the Personal Adviser Service need to be complemented by public education to change expectations.

GPs could have a key role in referring patients to job retention services. However, GPs seldom made referrals to agencies outside the health care field and a shift in attitudes to working with such organisations may be needed.

Among clients who moved into work after receiving support from the pilot service, some experienced problems at work, often related to their health condition or impairment, or their financial situation. Although Personal Advisers could be effective at this stage, some clients found it hard to get a response, and not everybody thought of going back to the

pilot service for support, anyway. For some clients, the sustainability of jobs is likely to depend on well-developed in-work support and advice.

Personal Adviser Service staff also need to recognise that meeting the costs of retention is a major problem for employers. Costs were incurred in keeping the job open and paying for temporary cover, gradual return to work, covering reduced productivity, workplace adaptations, training and redeployment. Employers and staff suggested extension or reorientation of existing programmes such as the Job Introduction Scheme, Access to Work, the Supported Placement Programme and Work Preparation, as well as Disabled Person's Tax Credit, to support some of these cost areas. Inadequacies in existing financial supports were sometimes met from the Intervention Fund.

For some, the distinction between job retention and follow-up support may be unhelpful. There may be a case for a single in-work support service (Section 8.10).

Expanding partnerships   There may be scope for further partnership working which has not yet been developed fully by the pilot schemes. Pilots had generally found it difficult to engage health service providers or private sector employers in formal partnership groups, although there were some examples of moving towards closer joint working with these organisations in other ways (for example through secondments, networks or regular meetings). There is a need to establish tangible reciprocal benefits (not necessarily financial) if other external organisations are to see themselves in a partnership capacity. The research evidence suggests that employers did not feel they had very much to contribute towards or gain from working in partnership, except in an *ad hoc* advisory capacity (Section 2.8). Among statutory agencies, some impetus for closer joint working may come from other policy initiatives (such as the Joint Investment Plans).

Not all partnership arrangements were felt to have been successful. Establishing relationships that lead to effective partnership working was felt to require a considerable investment of time and energy. Misunderstanding about roles could lead to withdrawal of support. Having a lead organisation with local knowledge and past working relationships with partners was therefore valuable. There may also be a need for a longer lead-in time to allow for new players to build relationships (Section 2.7).

The lack of a formalised relationship between partner organisations in the pilots sometimes undermined aspects of partnership working. Junior partner organisations were not always comfortable about bearing financial costs of partnership working, especially in the start-up work required for developing new services. There could be a more important role here for contracts between partner organisations, which can recognise the need for sharing of financial risk and reward, and can also address issues of

accountability. However, this needs to be balanced against the widespread belief that partnership is rooted in voluntary relationships (Section 2.8).

Marketing and recruitment

Awareness of the scheme (50 per cent) and recall of the invitation (25 per cent) was low amongst non-participants and furthermore one in five participants sent a letter had no memory of it. Specific marketing lessons that emerged from the pilots were:

- marketing to potential clients needs to utilise a range of advertising and publicity techniques; and
- information about the New Deal for Disabled People has to be repeated - one-off campaigns are insufficient.

However, engaging people with impairments or health conditions who did not respond to the invitation letter may require a shift in the culture of expectations among the client group, professional groups with whom they interact, employers, and the general public. This requires a public education initiative on many fronts. Both the moral and the business case for employing people with impairments or health conditions has to be articulated more clearly and the relevance of the Personal Adviser Service to employers promoted. At the same time the existing legal framework should be used to ensure that people are able to exercise their employment rights. The presumption that people with impairments or health conditions generally do not work needs effectively to be challenged.

1 INTRODUCTION

The New Deal for Disabled People Personal Adviser Service pilot, which was a joint initiative between the Department of Social Security, Department for Education and Employment, Employment Service and Benefits Agency, began in six areas in September 1998 and in another six areas in April 1999. It is targeted at people with a longstanding impairment or illness, and aims to assist those in this group who want to work to do so. In addition, it also aims to help those already in work to remain in employment and to extend the range of services available to the client group. This report presents the findings from a two-year evaluation of the pilot. The implementation and first ten months' operation of the pilot is reported in New Deal for Disabled People: Early Implementation (Arthur *et al.*, 1999). Here the development of the Personal Adviser Service is reported in terms of the progress and achievements of the pilot service, and how it affected those concerned – clients, the staff, employers and those in partner organisations.

This chapter briefly describes the New Deal for Disabled People (Section 1.1) - its objectives and client group. The delivery of the pilot service is outlined in Section 1.2. The evaluation design is summarised in Section 1.3. The reporting of the evaluation is discussed in Section 1.4, including an outline of the emergent findings from the earlier report.

1.1 The New Deal for Disabled People

Many people with long-term ill-health problems wish to obtain and remain in employment. However, impairment and illness can adversely affect people's labour market activity. People with disabilities have lower employment rates and higher rates of unemployment than other people (DRC, 2000; Sly *et al.*, 1999). The Winter 1999/2000 Labour Force Survey shows that there were 6.4 million people of working age with a long-term impairment or health condition in Great Britain[3] (DRC, 2000). Of these, 2.6 million (41 per cent) were out of work and in receipt of benefits, including 1.1 million who would like employment and of whom 0.4 million said they were immediately available for work. The International Labour Organisation rate of unemployment for people with an impairment or health condition was twice that for other people: 10.7 per cent compared to 5.2 per cent (Op cit.).

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[3] This includes people who have a disability which either has a substantial adverse impact on their day-to-day activities (that is they are disabled in terms of the Disability Discrimination Act) or limits the amount or kind of work they can do or they have a progressive condition. Approximately 5.1 million people fall under the terms of the Disability Discrimination Act.

There are two main stands to the pilot stage of the New Deal for Disabled People: the Personal Adviser Service - the subject of this report - and the Innovative Schemes. The Innovative Schemes comprise 24 pilots where different approaches to engaging and supporting people into work are being evaluated. A variety of organisations are involved in these experimental schemes, many of them focusing on the needs of a particular client group, such as those with brain injuries or a visual impairment. Contracts to run the Innovative Schemes were let in two tranches from late 1997 onwards following a bidding process (see Blackburn *et al.*, 1999).

1.1.1 Objectives of the Personal Adviser Service

The objectives of the Personal Adviser Service pilot are:

- to assist people with impairments or a health condition who wish to work to do so;
- to help those already in work to retain employment; and
- through local partnerships, to promote the abilities of people with long-term health problems and to extend the range of services available to them.

Participation in the New Deal for Disabled People is voluntary.

1.1.2 The client group

The main client group for the Personal Adviser Service is people of working age in receipt of incapacity-related benefits whose incapacity has lasted for 28 weeks or more. This includes recipients of Incapacity Benefit, Severe Disablement Allowance and National Insurance credits awarded on grounds of incapacity[4]. Some of these recipients also receive Income Support with a disability premium. At the outset of the pilot, the Department of Social Security estimated that nationally there were 2.3 million people in the target group, of whom 227,300 lived in the pilot areas. People in the target group and living in the pilot areas received a letter from the Benefits Agency inviting them to take part in the programme. In addition, people in employment and at risk of losing their jobs because of ill-health may approach the pilot service.

1.2 Description of Personal Adviser Service pilot
1.2.1 The pilot areas

The Personal Adviser Service was implemented first in six areas where the Employment Service led the delivery of the pilot service. Following a competitive tendering process it was extended to six other areas where it is delivered by partnerships led by private and voluntary sector organisations (see Table 1.1 and Appendix C).

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[4] The programme does not cover those receiving Jobseeker's Allowance with a disability premium because existing Employment Service Disability Service schemes and other New Deals cover this group.

Table 1.1 The 12 pilot areas and lead organisations

	Pilot area	Lead Organisation
Employment Service:	Bolton	Employment Service
	Bristol East and Bath	Employment Service
	Central Sussex[1]	Employment Service
	Eastern Valleys (Wales)	Employment Service
	Lanarkshire (Scotland)	Employment Service
	Sandwell	Employment Service
Contract:	Bedfordshire	Outset Ltd
	Mercia East[2]	Sema Group
	Newham, London	Shaw Trust
	North Yorkshire	City of York Council
	South Devon	Westcountry Training and Consultancy Service
	South Tyneside	Shaw Trust

Notes: [1] Includes Brighton, Hove and Lewes.

[2] Covers Eastern England and the Wash coast and is based at Spalding, Lincolnshire.

The pilot areas were chosen purposively. They were selected to represent areas with differing levels of unemployment and incapacity for work and varying types of labour market as reflected by type of district (see Table 1.2). The areas also cover most regions in Great Britain. Further details about the 12 pilot areas are given in Appendix A and in (Green *et al.*, 2001, forthcoming).

Table 1.2 Pilot area characteristics when selected

Local area	Incapacity/Unemployment Rate	District Type
Employment Service areas		
Sandwell	High	Inner city
Lanarkshire	High	Mixed
Eastern Valleys	High	Rural
Bolton	Medium	Urban
Central Sussex	Medium	Mixed
Bristol East and Bath	Low	Urban
Contract areas		
Newham	High	Inner city
South Tyneside	High	Urban
Mercia East	Medium	Rural
South Devon	Medium	Urban
Bedfordshire	Low	Mixed
North Yorkshire	Low	Rural

1.2.2 Delivery of the pilot Personal Adviser Service

The delivery of the Personal Adviser Service is described in more detail in later chapters, in this section an overview is given.

Benefits Agency offices in each pilot area identify people who are eligible for the New Deal for Disabled People Personal Adviser Service. To help

manage personal advisers' workflows the target client group is divided into stock and flow components. All those people in the pilot areas of working age who have been receiving social security benefits on grounds of their incapacity (namely, Incapacity Benefit, Severe Disablement Allowance and National Insurance credits on grounds of incapacity) are contacted by letter when they reach 28 weeks of incapacity (the 'flow') (see Appendix D). Those claimants who were in receipt of benefit due to incapacity for 28 weeks or more on a given date[5] are dealt with on a rolling basis depending on the volume of other work (the 'stock'). People who are terminally ill or approaching minimum pension age are not contacted. Letters inviting people to contact the Personal Adviser Service are sent out from Benefits Agency offices on a monthly basis. By the end of the pilot period, all eligible claimants in the 'stock' will have received a letter of invitation. The Personal Adviser Service is also available to people still in employment but at risk of losing their job due to illness or impairment and moving onto incapacity-related benefits. Provided they meet the qualifying conditions, they are accepted onto the programme.

After receiving the invitation letter, people may contact the Personal Adviser Service. People who learn of the Personal Adviser Service by other means may also approach the pilot service. At this stage, the first of a series of interviews with a Personal Adviser may be arranged. These interviews have a number of objectives that include giving the client an overview of the programme, assessing eligibility and, if appropriate, their employability. During one or more introductory interviews, an individual may join the personal adviser's caseload. This point marks the commencement of a series of steps to be undertaken to help the client move back into, or remain in, work. Once caseloaded the person is formally referred to as a 'client'[6].

Personal Advisers help clients clarify and set personal goals and assist them in making progress towards their goals. They provide an individualised service and offer advice, information and support to clients, such as help with job-search or contacting employers to arrange an interview. In particular Personal Advisers aid clients in tackling any obstacles to their obtaining paid work. When necessary, Personal Advisers refer clients to service providers for specialist help and support, for instance, training in information and communication technology. Having gained employment there may be ongoing contact and support between some clients and their Personal Advisers, and this may involve contacts with their employers.

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[5] The 28th September 1998 for the Employment Service led pilots and the 29th April 1999 for the contract area pilots.

[6] The terms participant and non-participant are also used in this report, notably when discussing the survey findings in Chapters 4 to 6. All of the participant respondents had had at least one interview with a Personal Adviser, however, whether they were subsequently caseloaded is unknown, and consequently the term participant is used in preference to client when discussing the survey findings.

The sequence of stages involved in the pilot service is shown schematically in Figure 1.1. Invitations by the Benefits Agency were issued to approximately 275,200 individuals ('invited participants') by the end of November 2000. Together with people who referred themselves or were referred by other agencies ('uninvited participants') about 18,200 people had a first interview with an adviser. Of these 69 per cent were caseloaded, that is, became clients of the pilot service. Clients could exit or leave the programme at any stage. They might leave because, for example, they had found paid work or engaged in some other work-related activity (such as starting a training course), their health had deteriorated to the point where further involvement in the programme was seen as inappropriate, or they were very unhappy with the service provided. As at November 2000, 4,800 people contacting the pilot service had left and moved into employment (see Chapter 4).

Personal Advisers deliver the pilot service from a variety of venues. In Employment Service led pilots this may be from a Jobcentre and/or other community based or accessible sites. In the contract areas, the pilot service is usually provided from an office of the lead organisation, a partner organisation and/or local community based venues. Finding a suitable location was one of the key decisions pilot managers had to take when establishing the pilot service (Arthur *et al.*, 1999).

The Personal Advisers have extensive experience of the client group. Many of the Personal Advisers, especially in the Employment Service pilots, had been Disability Employment Advisers (see below). Personal Advisers, notably those in the contract areas, could be seconded from partner organisations specialising in providing services to people with an impairment or health condition. Despite their experience the advisers did require further training on, for instance, dealing with clients with mental health problems, how to use information and communication technology and doing better-off calculations using the Benefits Agency's Integrated Benefits Information System (IBIS) programme.

Figure 1.1 Schematic representation of the Personal Adviser Service
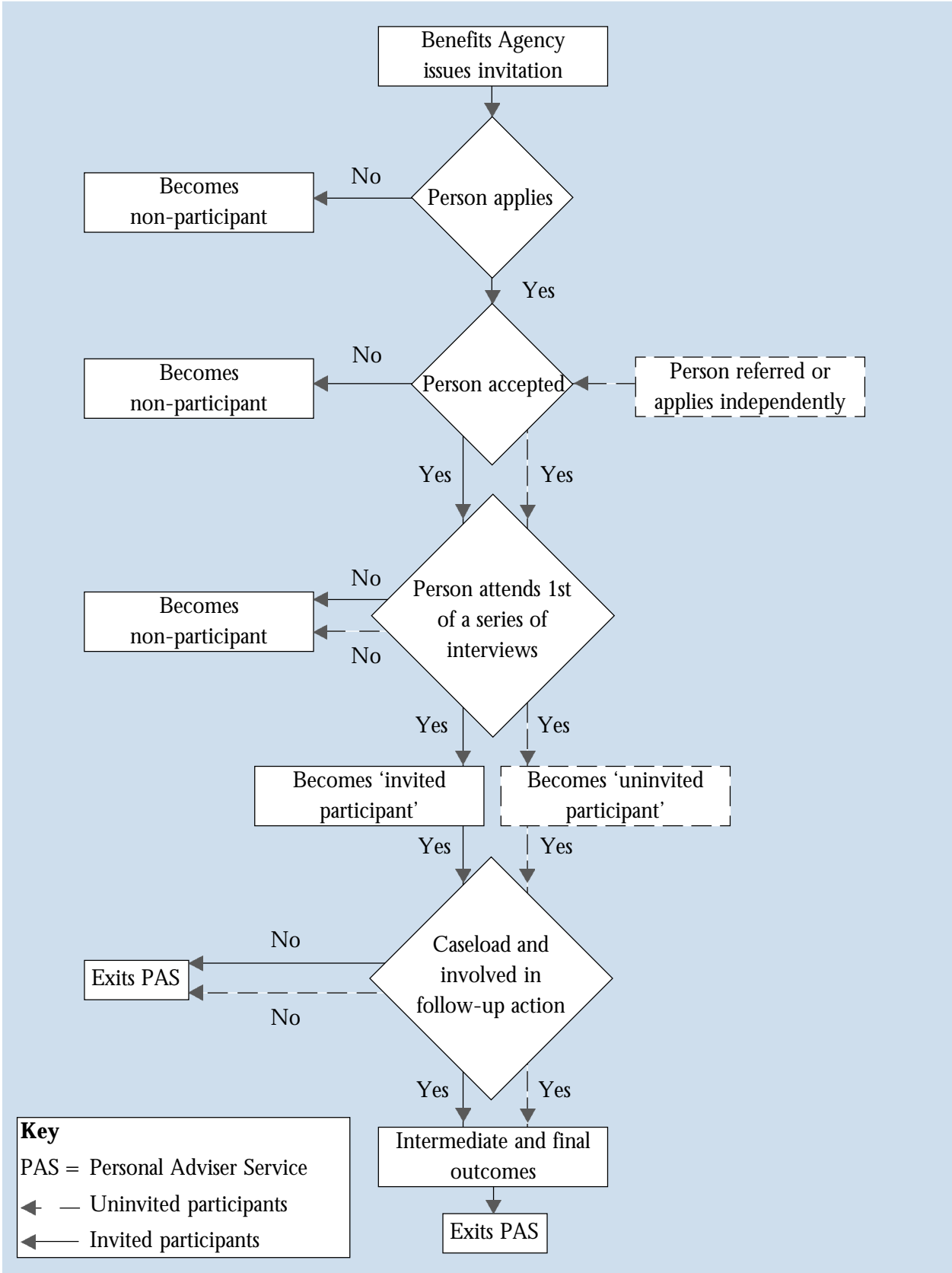
Participants are volunteers who are known to have had at least one interview with a Personal Adviser. Once caseloaded the person is formally referred to as a client.

The Personal Adviser Service complements existing services provided nationally by Employment Service Disability Service Teams. Disability Employment Advisers help jobseekers with disabilities move into work through specialist schemes, such as Supported Employment[7] and Access to Work[8], and some 'mainstream' programmes (such as Work Based Learning for Adults). Indeed, in 1998-99 the Employment Service placed 99,000 people with disabilities into jobs (this includes placements through mainstream and specialist provision and use of self-service facilities), supported 16,000 through Access to Work and provided 22,000 with placements in Supported Employment (DfEE/DSS, 1999).

1.2.3 Comparison with the national survey

The evaluation includes a national survey of individuals who were in receipt of incapacity-related benefits during the period of the pilot, and would have been eligible for New Deal for Disabled People had they lived in the pilot areas (see Section 1.3). The national survey was conducted in the summer 2000 and provides a context for the findings presented here for the pilot areas. For selected key characteristics it is possible to compare participants and non-participants in the Personal Adviser Service with national survey respondents. The surveys show that there are some similarities and differences. The latter reflect that the Personal Adviser Service pilot attracted people who were younger and closer to the labour market, compared to the client population as a whole.

The pilot area and national survey samples were similar in terms of gender. The majority of participants and non-participants in the Personal Adviser Service and of national survey respondents were male (Table 1.3). Although participants in the pilot areas were slightly more likely to be male (66 per cent) than either non-participants (63 per cent) or national survey respondents (61 per cent).

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[7] Supported Employment provides employment for severely disabled people who cannot obtain or retain a job without support but who can work.

[8] Access to Work provides practical support including aids and adaptations, support workers and assistance with fares to work to help disabled people get and keep jobs.

Table 1.3 Characteristics of pilot area and national survey respondents

			Column Percentages
	Pilot survey		National survey
	Participants	Non-participants	
Male	66	63	61
Female	34	37	39
Base	1914	643	1556
Under 20 years	1	2	2
20 to 29 years	14	14	7
30 to 39 years	26	16	13
40 to 49 years	29	22	25
50 to 59 years	26	33	37
60 years and over	5	14	16
Base	1914	642	1555
Back problems	18	11	20
Muscular-skeletal (arms, legs, hands etc)	20	21	14
Sensory (seeing)	2	2	2
Sensory (hearing/speaking)	2	1	2
Skin condition/allergy	1	1	*
Chest or breathing problems	2	3	4
Circulatory problems	8	11	11
Gastro-intestinal problems	2	3	2
Diabetes	1	1	1
Mental health (depression, anxiety)	28	21	21
Mental health (severe or specific learning difficulties)	2	7	7
Epilepsy	2	3	2
Progressive illness	3	5	7
Other	9	10	8
Base	1890	622	1530
Paid work	21	10	4
Supported employment	*	1	*
Therapeutic work	2	1	1
Work placement	1	0	*
Voluntary work	3	1	2
Full-time education	1	2	2
Government programme	1	*	0
Unemployed & looking for work	5	4	2
Looking after home/children	3	3	2
Sick or disabled	58	73	79
Retired	2	4	5
Other	2	1	1
Base	1915	644	1556

* - less than 0.5%#

Totals may not sum to 100% because of rounding.

There are differences in the samples' age distributions (Table 1.3). Participants were younger than either non-participants or national survey respondents (and this is discussed further in Chapter 4). Forty-one per cent of participants were aged under 40 years compared to 32 per cent of non-participants and 22 per cent of national survey respondents.

Respondents in the pilot areas and the national survey tended to have similar health conditions (Table 1.3). Although more participants (20 per cent) and non-participants (21 per cent) had muscular-skeletal conditions than respondents in the national survey (14 per cent). More participants (28 per cent) suffered depression/anxiety than non-participants or national survey respondents (both 21 per cent). Non-participants were also less likely (11 per cent) to have had back problems than participants (18 per cent) or national survey respondents (20 per cent).

As might be expected, more respondents in the pilot areas (21 per cent of participants and 10 per cent of non-participants) were in paid work when interviewed than in the National survey (four per cent) (Table 1.3). This will be due to some participants in the Personal Adviser Service having entered employment and because some clients were in work but at risk of losing their jobs when they contacted the pilot service. The corollary is that more respondents in the national survey (79 per cent) reported that they were 'sick or disabled' than participants (58 per cent) and non-participants (73 per cent).

1.3 Evaluation design

All elements of the evaluation design contribute to this report. In summary, the evaluation has two elements: summative projects that are designed to establish whether the Personal Adviser Service enhances the employability and employment of the client group; and formative ones that seek to understand the strengths and limitations of the pilot services and to explore how and why they work. The evaluation design is pluralistic and blends quantitative and qualitative elements.

The key components of the summative evaluation are surveys of participants and non-participants and a national survey of individuals who, over a period comparable with the first stage of New Deal for Disabled People (30 November 1998 to 31 August 1999), were recipients of incapacity-related benefits[9] for 28 weeks or more (see Table 1.4). Both sets of surveys cover respondents' socio-demographic characteristics, type and severity of impairment, work and benefit histories, job-search behaviour, activities whilst signing, and attitudes towards work.

The national survey involved a postal sift of a sample of individuals drawn from benefit administrative records. Replies to questions in the postal

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[9] Although when interviewed some of the respondents were no longer in receipt of incapacity-related benefits, some, for instance, were in employment.

survey were used to calculate an index score to identify an individual's proximity to the labour market. It is assumed that those closer to the labour market would resemble Personal Adviser Service participants, and those more distant are similar to non-participants. It is possible to compare the surveys of participants and non-participants with the national survey.

The formative evaluation explores the working of the pilot services from the viewpoint of those implementing, supporting and using them. The formative research involved:

- site visits to the pilot areas;
- in-depth and group interviews with Personal Advisers, occupational psychologists and service managers;
- in-depth interviews with representatives of a range of businesses and organisations (including employers and partner organisations);
- in-depth interviews with clients (including employees at risk of losing their job due to long-term illness); and
- analyses of the local labour markets in the pilot areas.

The various projects that comprise the evaluation are summarised in Table 1.4; and further details are given in Appendix B and in a separate technical report (2001, forthcoming). In addition, the national survey is reported separately (2001, forthcoming).

Table 1.4 Summary of evaluation design projects

Projects	Features
Summative: Surveys of participants and non-participants	Two surveys:
	1) Survey of participants and non-participants in the six Employment Service led pilot areas. Interviews conducted summer 1999. Most interviews were conducted by telephone (580), the remainder face-to-face (250). N = 450 participants and 380 non-participants. (Findings were reported in Arthur *et al.*, 1999)
	2) Survey of participants and non-participants in all 12 pilot areas. Interviews conducted face-to-face in summer 2000. (In the Employment Service pilot areas it involved follow-up interviews with those responding to 1 above and a booster sample of participants.) N= 2,557 (1914 participants and 643 non-participants)
National survey	Survey of individuals who, over the period 30 November 1998 to 31 August 1999, were recipients of incapacity-related benefits for 28 weeks or more. Sample initially taken from 10,000 benefit administrative (QSE) records, a postal sift was used to identify those closer and more distant from the labour market. N = 1,556 (weighted to be representative of the Incapacity Benefit population as a whole) (364 'closer' and 1,192 'more distant' from the labour market)
Summative workshop	A one-day workshop held in September 2000 with pilot area managers and Personal Advisers. Ten of the 12 areas were represented. Workshop focused on lessons from the Personal Adviser Service pilot and sought to validate emerging findings from the evaluation
Formative: Site visits	All 12 pilot areas were visited two to five months after they became operational. Interviews were held with pilot area staff singly or in groups. Visits explored early implementation of the pilots
Partnership arrangements	In-depth interviews with 16 representatives from partner organisations in four pilot areas (one Employment Service and three contract areas). Interviews conducted July/August 2000.
Personal Adviser Service staff	In-depth interviews were held with Personal Advisers, their managers and occupational psychologists as follows: • two group events involving 12 Personal Advisers from the Employment Service led pilots (March 1999); • individual depth interviews with a further 12 Personal Advisers from the Employment Service led pilots (April/May 1999); • individual depth interviews with 12 Personal Advisers from the contract areas (October/November 1999); • two group events involving 12 Personal Advisers from the contract areas (November/December 1999); • individual interviews with occupational psychologists in 11 pilot areas (January/February/March 2000); • individual interviews with managers in all 12 pilot areas (February/March 2000); and • two group events involving 12 Personal Advisers from the Employment Service led and contract areas (May 2000).

Continued

Table 1.4   Continued

Projects	Features
Clients	In-depth interviews with 91 people who were currently or had been in touch with the Personal Adviser Service. Of the 91: • 30 were early entrants to Employment Service pilot projects, interviewed during April/May 1999; • 31 were early entrants to contract led pilot projects, interviewed in November/December 1999; and • 30 were later entrants to all pilot projects, interviewed in April/May 2000. Follow-up in-depth interviews were held with 26 of these clients, six to 12 months later.
Employer study	In-depth interviews with 64 employers or their representatives. Organisations varied by size and sector. Fieldwork was carried out in Employment Service led pilot areas in April-May 1999, and in contract areas between April and July 2000
Job retention	Two components: 1) Telephone interviews with staff with responsibility for job retention in ten pilot areas. Interviews conducted mid-June – late July, 2000 2) Three small-scale case studies carried out September/October 2000
Local labour market studies	Secondary analysis of the 12 pilot areas using a variety of data sources, including 1991 Census of Population, Labour Force Survey, JUVOS claimant count, and 1998 Annual Employment Survey

1.4 Reporting findings from the evaluation of the Personal Adviser Service

1.4.1 Early implementation findings

This report presents the findings from the two-year evaluation of the Personal Adviser Service. As already mentioned emergent findings are presented in *New Deal for Disabled People: Early Implementation* (Arthur *et al.*, 1999). This earlier report focused on the Employment Service led pilots as the contract area pilots had just commenced operation (whereas in this report both sets of pilots are considered). The key findings about the implementation and early operation of the pilot are (Arthur *et al.*, 1999):

• An operational Personal Adviser Service had been successfully established in each pilot area.

• Take-up of the pilot service was low but with potential to be increased. The response rate to the Benefits Agency's letter was around three per cent, and a similar number of clients had approached the pilot service voluntarily or by referral from other organisations.

• About one-third of clients reported a mental health condition as their main health problem, and the same proportion had been out of the labour market for five years or more. Clients differed in terms of their motivation and readiness for work.

• High levels of satisfaction were recorded among clients although not all clients felt they were part of an ongoing programme of action. Clients appreciated the opportunity to discuss their employment prospects with Personal Advisers, and welcomed the access to training, work experience and other services.

- Communications between Personal Advisers and clients were generally good, although sometimes clients felt frustrated when they thought they had received inadequate benefits advice or the actions suggested for assisting their return to work were seen as unsuitable.

- Employers wanted specialist advice, financial support, in-work support and opportunities for work trials from the Personal Adviser Service. They had different views about whether these needs were met and varying levels of satisfaction with the pilot service, though employers who had contact with it were generally keen to continue to be involved.

- From the clients' and the employers' perspectives, the pilot service was most effective when Personal Advisers had detailed knowledge of: the implications of having an impairment for clients and employers; the use of new technology; the operation and rules of the benefits system; and the nature of a given employer's business.

1.4.2 Related reports   In addition to this report there are three other related published outputs. The evaluation includes an analysis of the local labour markets in the pilot areas, and further details can be found in (2001, forthcoming).

The design for the evaluation blends qualitative and quantitative research methods (Section 1.3). The technical details of the methodology are summarised in Appendix B and reported in (2001, forthcoming).

Complementing this report is a national survey of the client group and this is also reported separately in (2001, forthcoming). The national survey report provides a description of the population most likely to be affected by the extension of the New Deal for Disabled People[10]. Where appropriate, findings from the national survey are reported here, for comparative purposes.

Moreover, findings from the evaluation of the Innovation Schemes are reported in (2001, forthcoming).

1.4.3 Structure of the report   The evolution of the Personal Adviser Service management and organisational structures and of partnerships and their consequences for the delivery of the pilot service is considered in Chapter 2[11]. Chapter 3 explores the developing aspirations, attitudes, behaviour and evaluations of staff (Personal Advisers, managers and occupational psychologists). The survey and qualitative data are used in Chapters 4 to 6 to provide an account of clients' experiences and attitudes. A description of the

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[10] Eligibility in the extended New Deal for Disabled People is different from that in the pilot service reported here. The criterion requiring 28 weeks of incapacity has been removed and consequently the programme will be available to people with shorter durations of incapacity.

[11] The main project and data sources drawn upon for each chapter are listed in Appendix E.

characteristics of participants and non-participants, and an exploration of participation in the Personal Adviser Service is provided in Chapter 4. Chapter 5 maps how clients used the pilot service and the help they received. Chapter 6 provides an account of clients' outcomes over the evaluation period. The perceptions and experiences of employers are covered in Chapter 7. The role of the Personal Adviser Service in job retention cases is considered in Chapter 8, including joint working with other key organisations such as employers and the health service. Each of the Chapters 2 to 8 conclude with a section on the key lessons learnt and effective practice. A synthesis of the evaluation's findings and conclusions is presented in Chapter 9.

2 ORGANISATION, MANAGEMENT AND PARTNERSHIP

2.1 Introduction

This chapter reports on the organisational structures and management arrangements within the 12 pilot areas. It draws on the experiences and views of pilot managers, Personal Advisers, occupational psychologists and representatives from organisations working in partnership with the pilots. The delivery of the Personal Adviser Service is reported in the next chapter. The emphasis of these two chapters will be to explain and understand the changes in the Personal Adviser Service since its introduction in September 1998, and to assess the impact of these changes on the operation of the pilot schemes. The work of Personal Advisers in responding to job retention cases is separately described and analysed in Chapter 8.

This chapter and Chapter 3 draw on the same qualitative data from:

- individual interviews with the managers of each of the pilots;
- individual interviews with Personal Advisers (two from each pilot);
- four group events involving Personal Advisers (two from each pilot);
- individual interviews with staff providing occupational psychology services (these were carried out in ten of the pilot areas; two pilots did not use occupational psychologists); and
- individual interviews in four pilot areas (one Employment Service pilot and three contract pilots) with representatives from 16 partner organisations.

The 16 partner organisations that were included in the study represented a range of different types of organisation, involved in different ways and at different levels (including Employment Service, Benefits Agency, providers of vocational disability services, local authorities, employers, and disability organisations). They also covered different types of area and different ways of organising the pilot service.

Interviews with Personal Advisers were carried out at various times in the life of the research project between late 1998 and the Spring of 2000. Individual interviews with managers all took place between March and May 2000, and occupational psychologists were interviewed between February and May 2000. Representatives from partner organisations were interviewed in July and August 2000. Further details of research methods for these studies are reported in Appendix B.

This chapter begins with a discussion of the changing policy context which provided the framework within which the pilots adapted their organisation and practice (Section 2.2). The next two Sections (2.3 and 2.4) explore the developments in the management and organisation of

the pilots. The following three Sections (2.5 to 2.7) describe the ways in which pilots were working with partners, including the Employment Service and Benefits Agency, and explore factors which help and hinder partnership working. The final Section (2.8) summarises the principal findings from the chapter and looks at their possible implications for the national extension of the New Deal for Disabled People in 2001.

2.2 The evolution of the pilots

2.2.1 The framework of partnership

As described in Chapter 1, a central feature of the pilots in the six contract areas was that they were designed to be run by partnerships of voluntary, private and/or public sector organisations. In practice, partnership was also an important organising concept in the Employment Service pilots. However, across all the pilots partnership appeared to mean different things to different key players, partly reflecting the way in which the schemes were organised and had evolved (see Section 2.5), but also individuals' own personal understanding. There was no formal definition or guidance given to pilot managers for working in partnership within the context of the New Deal for Disabled People. Respondents' descriptions of partnership arrangements encompassed both 'the partnership' as an entity and working 'in partnership' as a process. Despite this, there was a general agreement on some core features of partnership: working with a shared aim and mutual exchange, but beyond a financial or contractual relationship.

The potential of partnerships was seen by people involved in the Personal Adviser Service to lie in drawing together a range of key experts in the field for the purposes of advice, information, and provision of resources (that is client services, staff, premises, clients themselves). Partnership was expected to result in collaboration (generating new ideas, new services), co-ordination of service provision, and accountability, representation, and credibility for the pilot service.

At the start of the Personal Adviser Service pilot, all the schemes drew together a number of organisations and agencies. In the contract areas, potential contractors were asked to list in their tender bid the organisations with whom they would be working in partnership. In the Employment Service led areas, these groupings were set up in a more informal way and described as advisory or steering groups. The type of organisation involved varied across the different areas, but included a mix of service providers, disability organisations, local employers, and statutory agencies (such as local authorities or health trusts). All the pilots included the Employment Service in their group. As the pilots developed, there was more focus on working in partnership to deliver services and less on the role of a partnership or advisory group (see Section 2.5).

In each of the contract areas there was one lead organisation which held the pilot service contract, drew down funding, and was seen as ultimately accountable for the delivery of the pilot service. Partner organisations were involved in a wide range of ways, from taking part in advisory

groups, to taking on some management tasks, seconding or training staff, providing vocational services to clients, or providing premises.

There were no formal contractual arrangements between partner organisations, except for specific aspects of their involvement, for example for secondments, or for the delivery of services. However, some of the contract areas had written partnership agreements, which were statements of intent or commitment to ways of working (for example, regular meetings).

<div style="display:flex"><div style="width:30%;text-align:right">2.2.2 From an 'holistic' to an
outcome focus</div><div style="width:70%">

In describing and analysing the delivery of the Personal Adviser Service, it is important to keep in mind the changing context in which the pilots operated since September 1998. What pilots chose to do and how they approached the task of delivery was affected by what were perceived by managers and Personal Advisers as changes in policy and guidance about the use of resources.

Based on the accounts of these changes in the interviews with Personal Adviser Service staff, it is possible to identify a number of phases that the pilots passed through: a set-up phase, initial delivery based on an 'holistic' approach, a change in emphasis to achieving 'work outcomes' for clients, and a later emphasis on innovation and experiment. It is not the intention to suggest that each pilot has moved smoothly through each of these phases. For example, activities around 'set-up' tended to continue for many months after each pilot area started taking on clients, and the 'holistic' approach has continued to inform the work of individual Personal Advisers even after the change in emphasis towards achieving more work-focused outcomes. What these phases encapsulate are changes in the way Personal Adviser Service staff have perceived and interpreted what, for them, the pilots were meant to be achieving and how they were meant to deliver the service. The important point is that each phase brought with it new ways of looking at the Service (from the staff themselves) and generated changes in organisation and practice.

The different phases are summarised in Table 2.1.
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Table 2.1 The evolution of the Personal Adviser pilots

Phase of development	Main characteristics of phase
Set up phase	Concentration on issues in setting up the infrastructure (premises, equipment, staffing).
'Holistic' phase	Early emphasis on client focus, working with clients to identify goals and plan action. Pace set by client and their needs.
Outcome-focused phase	Emphasis on activity that will move clients into work. Adoption of strategies to promote this aim.
Outcome-focus, innovation emphasis	Outcome focus maintained but with central government endorsement to increase level and range of innovation using Intervention Fund.

The Intervention Fund is a discretionary fund allocated to each pilot project. It can be used for any purpose that will help individual clients towards and into work, and support them in work. Up to the end of October 2000 the total value of the Intervention Fund across the 12 pilots was £3,465,000.

Each pilot area had to invest considerable time and effort to setting up the necessary infrastructure (premises, equipment, staffing) to enable delivery of the service to commence. When the service was initially available it was mainly delivered within what managers and Personal Advisers described as an 'holistic', client-focused approach. There was an emphasis on working with the individual client to identify appropriate personal goals and to find ways of making progress towards them. The pilots were not given targets for any aspect of their activities. The 'holistic' approach was also evident in interviews with staff in the contract areas even though these later pilots committed themselves, in their contracts with central government, to meeting targets for the number of job placements, progress plans agreed and successful job retention cases.

In early 1999, however, targets for the number of clients placed in work were introduced for the Employment Service pilots. This change in emphasis from an 'holistic' approach to service delivery to one geared towards getting people in work was received with differing degrees of acceptance by managers and Personal Advisers. Where pilots had adopted a strong work focus from the outset, the change in emphasis appeared to have little impact and was met with little comment or opposition. In other pilots areas however, the change was both profound and unwelcome. The original holistic ethos of the Personal Advisers was felt to be undermined by the introduction of targets. It was thought that clients who were a long distance from the labour market would suffer if time and resources were concentrated on people who were job-ready or near job-ready.

In April 2000 a meeting was held of personnel from all 12 pilots and officials from the Department for Education and Employment, Department of Social Security and the Employment Service. One message to emerge that pilot staff took away from the meeting was that they should innovate and experiment more in the kinds of help they were giving to clients. Where necessary, staff could 'take risks' with the Intervention Fund to support clients into work. From subsequent research interviews with managers and Personal Advisers it was evident that they felt they had been allowed some important additional flexibility in what they could do to help some clients.

The next sections of this chapter present the research findings on the management, organisation and delivery of the Personal Adviser Service across the 12 pilots. It will become apparent that the changing policy context described above has influenced decisions about management and

organisation and impacted on the work of individual Personal Advisers in delivering the service.

2.3 Managing the pilots

This section looks at the management of the Personal Adviser Service pilots, including the involvement of partner organisations in advisory or management roles. The extent to which the aims and objectives of the pilots changed, and the development of the role of the manager are examined. Management structures and divisions of labour are explored, in particular how they changed in response to the changing policy context described above. The final part of this section looks at the contribution of external organisations to the organisation and management of the pilots.

2.3.1 Aims and objectives

As mentioned in Section 2.2.2, there had been a clear shift of emphasis in the Employment Service pilots in early 1999 towards the achievement of targets for placing clients into work. Some managers described this clearly as a change in their aims for their pilots. For others, however, this was less of a change and more a confirmation of how they had seen the purpose of the pilots, as having a clear work focus, from the outset. Reflecting on what they were trying to achieve towards the end of the pilot evaluation, there was an emerging consensus that getting people into work was the prime objective, although some managers said that the service they offered to clients (by which they meant the 'holistic' approach) had not changed.

A similar range of views was evident in the interviews with the contract area pilot managers. Most talked about the dual objectives of getting people into work and of helping them move towards work, that is, increasing their 'employability'. There was less emphasis than in the Employment Service pilots on the primacy of getting people into work despite the existence of targets in the contracts of their organisations. Managers were mainly content to see increased employability as either a satisfactory end in itself or as an important stepping stone on the path to paid work.

The main impact of the emphasis on job placements was on Personal Advisers and the balance of their work with clients, and the way in which Personal Adviser tasks were broken down, in some pilots, into discrete 'specialist' functions. This *specialisation by function* is described later in the chapter.

2.3.2 Changes in the role of management

In some of the pilot areas there had been a change of manager or significant change in management arrangements since the pilots started. The other managers were able to reflect on the changing nature of their roles over the life of the pilots. A common description of their early months in post was an account of dealing with the problems of setting up the pilots.

These (described in Arthur *et al.*, 1999 Chapter 2) included:

- finding suitable premises;
- recruiting and training staff;
- arranging support facilities (telephones, IT and other office equipment etc.); and
- setting up contracts with training and other providers.

In early 2000, managers described how their roles had changed. They had all moved away from internally-focused issues, such as set-up problems or the 'hands-on' management of the day-to-day work of the Personal Advisers, and were engaged more with monitoring performance and developing services. The following activities were described as additional aspects of the manager's role:

- planning ahead/strategic thinking;
- developing new services;
- actively developing partnerships;
- negotiating contracts;
- networking to promote the service;
- consolidating existing services;
- evaluating current services;
- improving service delivery;
- monitoring value for money; and
- managing the Intervention Fund.

As managers changed the nature and scope of their roles, they adapted the internal management structures of their offices so that most everyday administration tasks were carried out by other staff.

2.3.3 Management structures and divisions of labour

The interim report (Arthur *et al.*, 1999) described the range of management structures set up by managers in the early days of the pilots. Some pilot managers had from the outset appointed deputy managers (who typically acted as line managers to the Personal Advisers) and/or office managers to oversee and supervise the administrative support staff. Other pilots acted with a sole manager. By early 2000 the practice of having deputy managers and office managers had extended to more of the pilots. The advantages of having a deputy manager more or less permanently in the office were appreciated by pilot managers whose 'new' roles required them frequently to be away from the office.

In some of the pilots, particularly the Employment Service areas, the occupational psychologist fulfilled a range of management roles, including:

- monitoring and evaluation of Personal Adviser performance;
- routine reviews of Personal Adviser caseload and individual cases;
- evaluation of external provision of services; and
- routine analysis of management information.

There was variation between the pilots in how and to whom management tasks were allocated. Decisions about delegation of tasks depended partly on the amount of input possible from the occupational psychologist, and partly on the aptitudes of the staff in post.

2.3.4 Involvement of partner organisations in advisory or management roles

As described earlier, lead organisations generally took the bulk of the responsibility for managing the Personal Adviser Service. Where other organisations were involved this was usually in an advisory role, and it was rare for partners or managers to feel that other organisations had very much strategic power or influence. However, external organisations did contribute in a number of ways to the organisation and management of the pilot service - most commonly through the secondment of staff (reported further in Section 2.4) but also through contributing to management decisions. Where organisations were engaged with a pilot in these functions, they tended to be seen as 'core' partners.

Partner organisations were involved in making contributions to the running of the pilots at a one-to-one, bilateral level and via a group forum. The degree of influence they appeared to have varied hugely as might be expected. Partners contributed to a range of design issues, particularly in the early stages. These included ideas and suggestions for promoting the pilot service and engaging with clients and employers, ways of approaching specific impairment issues, adding knowledge of and links to local employers and providers.

Where partners were contributing at a bilateral rather than group level it tended to be as a result of their own personal skills and expertise as much as their role in representing an organisation. Individuals made contributions to a range of management functions - for example, helping to recruit staff, contributing to financial decisions, running premises or host sites, and contributing to data management systems. However, it was rare for individuals outside of the lead organisation to be involved in this way, and had only happened in contract areas, and where the lead organisation had a past working relationship with the key individuals involved. In these circumstances, the need for clarity in management responsibility was emphasised.

The group forum was the most visible manifestation of the 'partnership' as an entity. Some groups had lapsed or been disbanded after the early days of the pilot when it was felt that their main contribution to design issues was complete. Others continued to meet, although some with less regularity. By Summer 2000 groups were meeting every one, two or three months in different pilot areas. Where partners were members of a group forum, it appeared to be unusual for them to have individual contact with each other in relation to the pilot outside the group situation: their main contact was through the lead organisation, an arrangement which was generally seen as appropriate and fitted in with the model of one organisation largely running the pilot service.

The role of the group forum was not always clear either to pilot managers or to representatives from external or partner organisations. The groups can be conceptualised as ranging along a continuum from active to passive involvement of members, where *active* groups discussed issues and members felt they had the opportunity to input into decisions, and *passive* groups tended to be the recipients of information about the progress of the pilot service. In some pilot areas groups appeared to become more passive during the course of the pilot.

2.4 Internal organisation of the pilots

This section is concerned with the internal organisation of the Personal Adviser pilots, including the types of staff employed, how they were recruited, the range of duties they carried out, and how the distribution of functions among staff changed in some of the pilot areas. When the pilots were set up, managers were given a degree of freedom to decide how the Personal Adviser Service would be delivered. Although there were important differences between pilots, the range of staff employed in the pilots included the following:

- management;
- Personal Advisers;
- occupational psychologist; and
- administrative staff.

The numbers of staff varied between the pilots but in general increased in response to the growing number of clients on the caseload.

In some pilots, the role of the Personal Adviser moved away from that of *generic* adviser, competent in all aspects of the Personal Adviser function, towards a more *specialised* role. The role of occupational psychologists, where they were employed, also evolved beyond the provision of professional assistance to Personal Advisers to include managerial and developmental tasks. Administrative staff provide a range of support functions to the other staff of the pilots, including basic clerical functions such as record keeping and managing appointments, but also more client-based work such as answering clients' enquiries, checking eligibility, and accessing the database of job vacancies which forms part of the Employment Service's Labour Market System. The role of administrative staff also changed mainly as a consequence of other changes in the role of Personal Advisers.

2.4.1 Recruitment and turnover of staff

Pilot managers were appointed from a range of prior jobs. In the Employment Service areas, all the managers were recruited to the pilot scheme from existing jobs within the Employment Service (either mainstream or disability services). All had past experience of working with Disability Services, although for differing amounts of time. Among contract area managers, some were existing employees of the lead organisation, and some were external appointments; most had experience of working with disabled people and/or in the field of training or

employment schemes. Not all had prior experience of programme management; other backgrounds included personnel, information and policy work, and social work.

The dominant pattern of recruiting Personal Advisers in the Employment Service pilots was to second staff from either mainstream Employment Service or disability services. Many Personal Advisers were former Disability Employment Advisers. In the contract areas, partnership organisations who were able to provide skilled staff were seen by lead organisations as having a valuable contribution to make to the pilot. Most pilots had therefore taken on some staff on secondment from organisations other than the Employment Service, although this tended to be later in the Employment Service pilots, when vacancies arose or staff complements were increased. Some pilots had seconded Personal Advisers on a part-time basis to other organisations. Managers and partner organisations were on the whole enthusiastic about secondments, which were seen as providing several benefits: meeting needs for knowledgeable and skilled staff (for example, knowledge of Employment Service or other local service provision, or in relation to a particular impairment or health condition); furthering links and understanding between organisations; and increasing the experience and skills of the seconded staff member, and therefore of the seconding organisation when the staff member returns.

There had also been some difficulties with using secondments as a way of meeting staff needs, which had sometimes impacted in negative ways on one or more of those involved: the lead organisation, the individual staff secondee, and the seconding organisation. Seconded staff were said to have sometimes found it difficult to fit in with the Personal Adviser team, partly because of differences in ways of working (especially between Employment Service and non-statutory organisations) and partly because of differences in levels of pay and conditions of work. It was felt that this should be taken into account in selecting appropriate people who should be willing and able to adapt, and feel comfortable in this type of working environment. At the same time it was felt that a lead organisation should not feel obliged to take on a secondment from a partner organisation if they could obtain a more highly skilled or appropriate staff member through external recruitment.

Some of the difficulties encountered by staff on secondment had resulted in them feeling unhappy or even leaving the Personal Adviser Service. There was felt to be a need to ensure that seconded staff were adequately supported by their own organisation, and the secondment reviewed regularly (while at the same time making sure that line management was carried out well and clearly defined within the Personal Adviser Service). The impact on a seconding organisation of losing a skilled member of staff had in some cases been keenly felt. Some organisations felt it was important to take into account that seconding organisations continued to bear some of the employment costs (for example, accrual of employment

rights, replacement costs) and to recognise that this might make seconding less preferable in some instances.

Turnover of staff has a particular significance for the Personal Adviser pilots. As Chapter 5 explains, continuity of Personal Adviser support is important for clients. The ability of a pilot to meet its performance targets will also be affected by staff leaving and new recruits joining. Some pilots had experienced very little turnover of staff. Others had had to deal with staff leaving for a variety of reasons. Most of these were beyond the influence or control of management (such as moving on, promotion, or maternity). However, in some pilots the pressures of work had led to Personal Advisers taking time off work or leaving altogether because of stress-related sickness.

2.4.2 Specialisation by function

An important change in the internal organisation of the pilots was the emergence of *specialisation by function*. This section explains how and why this change came about. Following this, two other forms of specialisation are discussed: *specialisation by client group*, and the *provision of expert knowledge and advice.*

The model of the single Personal Adviser, providing end-to-end help to clients from unemployment to getting and staying in work, was well-established by the time New Deal for Disabled People pilots started in the autumn of 1998. The internal organisation of the pilots was therefore based on the core notion of a number of *generic* Personal Advisers who would provide whatever help and assistance was required to help them get into and stay in work. The idea that the Personal Adviser Service was *personal*, in the sense of clients each having a named individual to work with, was very influential at this early stage of development.

As experience of delivering the Personal Adviser Service was gained, the role of Personal Adviser was recognised as not only very demanding but also different from the roles of both Personal Advisers in other strands of the New Deal and of Disability Employment Advisers within the Employment Service. Personal Advisers and managers had therefore explored whether advisers should be used more in *specialist* roles rather than the initial generic role. Specialisation is not totally new. As noted in the interim report (Arthur *et al.*, 1999), some forms of specialisation were introduced early into some pilots, including marketing officers, mentors to Personal Adviser colleagues and benefits advisers.

The range of functions which Personal Advisers might have to perform include the following:

- initial interview (to decide eligibility and suitability for entry onto the New Deal, to assess benefit position of client);
- series of meetings to assess current circumstances, agree employment goals, decide next steps (for example, training/work experience/job-search), and discuss the social security implications of decisions;

- agree 'progress plan' with client, setting out action required by client and by Personal Adviser (c.f. Section 1.3.2);

- arrange external provision of appropriate services;

- monitor progress of client (by further meetings/telephone contact);

- liaise with external providers and other agencies (such as health services, local authority departments, Benefits Agency);

- assist job-ready clients with looking for vacancies, applying for jobs (including preparation of CVs) and preparing for interviews;

- market clients to individual employers;

- provide in-work support to clients and employers (including helping them access financial provisions available from Employment Service or other sources); and

- 'exit' clients from the pilot service when appropriate (either after a time in work, or at an earlier stage).

To fulfil the role of the generic Personal Adviser, individuals have to be competent in the full range of functions described above. In the interviews with pilot managers and advisers, a number of actual or anticipated difficulties with implementing the generic Personal Adviser role were identified:

- the full range of functions required advisers to be knowledgeable in too many areas (health issues, local labour market, social security benefits);

- Personal Advisers did not always have the full range of necessary skills and aptitudes (for example, working with clients and dealing with employers needed different interpersonal skills);

- advisers had preferences for the type of work they did; and

- inefficient use of time resulted from advisers having to switch from function to function.

While some pilots retained the model of the generic Personal Adviser, others responded to these issues by introducing varying degrees of *specialisation by function* in the work Personal Advisers carried out with and on behalf of clients:

- the 'intake' function - where Personal Advisers carried out an initial interview with new clients to assess their eligibility and suitability for the Personal Adviser Service;

- client development - working with the client towards the point when they are job-ready;

- job-search or 'job match' activity - including CV preparation, and approaching and negotiating with employers; and

- job retention/in-work support - dealing with clients and employers to overcome any difficulties experienced after the client starts work, and dealing with clients who approach the Personal Adviser Service as being 'at risk' of losing their employment.

It is important to note here the variation in the pilots in the extent to which they adopted *specialisation by function* and how staff were organised as a result. The extent of specialisation varied. Some pilots adopted specialisation in just one of the areas listed above, the most common example being the introduction of specialist 'job match' Personal Advisers to take over responsibility for job-ready clients. Personal Advisers with experience in marketing to employers were typically used for this work. Other pilots specialised in two or more functions. Some pilots used individual advisers as specialists, while in others, teams of specialist advisers had been set up to carry out a particular function. There were also differences in the delivery of specialist help to clients. They might be referred to a specialist Personal Adviser or team who would deal with them directly, or they might maintain contact with the same Personal Adviser throughout with specialist help being provided through the adviser or jointly with the adviser.

As mentioned above, not all of the pilots had adopted the *specialisation by function* approach to delivery. There could be two main reasons for this. First, in some pilots, the view was taken that the advantages for the client in working with a generic Personal Adviser role constituted a sufficient justification for maintaining that role. Secondly, specialisation by function was only possible in areas where there was a central location for the Personal Adviser Service. Where the pilot covered a wide geographical area, and Personal Advisers were either based in different locations or worked mainly from home as peripatetic advisers, specialisation was not considered a feasible option.

As discussed later in this chapter, some pilot schemes deliberately involved partners who could provide specialist staff, or expert knowledge or advice as a way of addressing the wide range of skills and functions required.

2.4.3 Other forms of specialisation

As mentioned above, two other forms of specialisation could be identified in the internal organisation of the pilots: *specialisation by client group*, and the *provision of expert knowledge and advice*.

In a few pilots Personal Advisers had been assigned to work exclusively with specific clients, such as those with a severe mental health problem or with learning difficulties. The rationale for this was that such clients had different needs, for example, people with a physical or sensory impairment, and that it was an advantage to appoint a Personal Adviser with specialist knowledge of mental health conditions and of services specifically for mental health clients. In one pilot area, a Personal Adviser had been appointed from the outset to work with clients from minority ethnic groups. This arrangement was considered to have worked well and continued throughout the life of the pilot.

It was noted earlier that one of the perceived problems with the generic Personal Adviser role was the wide range and depth of knowledge necessary to be able to deal with all the needs of clients. One response to

this was to train individual Personal Advisers to become reservoirs of expert knowledge about specific topics. In the 12 pilots there were examples of 'experts' in social security benefits, mental health problems, learning difficulties, and sensory impairments. In some pilots, managers had used the opportunity of recruiting new Personal Advisers to bring in people with specialist knowledge. Examples included experts from mental health organisations, from recruitment agencies, and from the Benefits Agency.

2.4.4 The role of occupational psychologists

Occupational psychologists have been employed within the Employment Service for many years, providing a range of diagnostic and other services to Disability Employment Advisers and other mainstream employment advisers. When the Employment Service pilots were established occupational psychologists were considered an integral part of the Personal Adviser Service and joined within the first few months of the service. They were seconded to pilots on either a full-time or part-time basis, to provide professional support to the Personal Advisers, such as carrying out psychometric tests and vocational assessments, and offering advice on individual cases. However, as described in the previous section they fulfilled other roles in relation to the management and development of the pilots.

In the contract areas, the use of occupational psychologists was much more varied. Two pilots used Employment Service personnel on secondment, three had *ad hoc* arrangements with either the Employment Service or an external organisation for the provision of services when required, and one pilot area did not use occupational psychologist services at all.

2.4.5 Summary

In summary, when the fieldwork for the evaluation research was concluded in May 2000, the internal organisation of the pilots displayed more heterogeneity than when they were set up. The result was that the Personal Adviser Service was being delivered in significantly different ways in different parts of the country.

The main drivers for change appeared to be:

- a recognition among Personal Adviser Service staff of the potential problems of the generic Personal Adviser role;
- the advantages of playing to the strengths of individual advisers; and
- a desire to create conditions that, it was thought, would contribute to an increase in job placements.

There were also constraints on pilot area managers in the extent to which they could change the organisation of the Personal Adviser Service. In the pilots covering wide geographical areas it was necessary to maintain the role of the generic Personal Adviser. The potential benefits of specialisation by function were therefore not available to them.

2.5 Working in Partnership

This section looks at the way in which the pilots worked with other organisations in partnership to deliver the Personal Adviser Service. It describes how partnership arrangements were established (Section 2.5.1), and the types of organisations who were seen as important to the effectiveness of the pilots (Section 2.5.2). The last part of this section looks specifically at the role of service providers as partners (Section 2.5.3).

2.5.1 Setting up partnerships

The six partnerships in the contract areas were brought together in different ways. In areas where there was no clear early emergence of a lead by a single organisation, the Employment Service played a pro-active role in drawing together any local organisations which expressed interest. In other areas, the selection of organisations appeared to be more deliberate, with a strategy of combining organisations which would complement each other's expertise and contributions. A lack of selection strategy sometimes appeared to lead to a partnership having a poor sense of purpose. Where lead organisations had been operating in a local area and in the disability field for some time, some of the organisations they brought in as partners were ones with whom they already had links.

Some organisations were said to be resistant to becoming involved in the early days. The main reason for this was said to be a lack of interest in, or suspicion or scepticism about, the objectives of New Deal for Disabled People. Organisations such as welfare rights units, disability organisations, and some health professionals were said to be anxious on behalf of their members or clients that involvement in the Personal Adviser Service would result in removal of benefits and compulsion to work. In addition, local employers and local GPs had been difficult for managers to engage - this was said to be due to a lack of time, differences of culture, and insufficient interest. Having been involved in submitting a competing tender to run the pilot was also sometimes a reason for a key player to not be involved. Having existing local working relationships and an involvement in the disability field appeared to be more important in establishing partnerships easily, than whether the pilot was run by the Employment Service or by a contractor organisation.

Setting up the pilots involved identifying locations from which to operate, recruiting staff, and providing training. In all these areas, other organisations (sometimes formally part of a partnership and sometimes not) had provided assistance, although the most common contribution by far was making secondments of Personal Advisers. Respondents expressed concern, especially in the contract areas, that there had been insufficient lead-in time from the point of winning the contract to the beginning of service operation, which appeared to have been about one month. Managers said they would have welcomed between two and three months. Time constraints had put pressure on the recruitment of staff, and finding premises, while leaving insufficient time for engaging and maintaining good relationships with partner organisations in the early days. This appeared to have contributed to lack of clarity about roles.

During the course of the pilots, there were a number of developments in the ways in which lead organisations were working with partners. There were both pro-active developments, following the adoption of a different strategy for involving other organisations, and reactive developments, where external contributions were withdrawn or lapsed. In the early stages, some organisations did not fulfil pledges of material support, for example failing to provide secondments for the pilot staff. Four main trends occurred across the different areas, although not necessarily in each area:

- Lapsed or disbanded advisory/steering groups: some pilots, especially in the Employment Service areas, had moved away from their original idea of working with other organisations within an advisory group structure. In addition, although some contract areas maintained the *form* of a 'partnership group', they had found that the group had apparently lost interest and was no longer contributing.

- Reduction in the number of organisations involved: initially the number of other organisations said to be closely involved ranged from around five to more than 20. However, as pilots progressed, there was a tendency for informal groupings or loose partnerships to reduce in size to what were described as 'core' partners.

- Increased working alongside service providers: as pilot staff became more aware of the nature of their client group, and client needs for moving towards or staying in work, there was an increase in working alongside a small number of service providers to seek to fill gaps in current provision. These services tended to be for clients with mental health problems or learning difficulties, or for clients further from the labour market, or for in-work or in-training support.

- Changes in views about appropriate partners: a small number of pilots had started to move away from seeking to involve disability organisations (discussed further below), and had moved to what they described as an alternative model of involving local private sector employers and training providers, with a view to achieving more job placements and greater commercial 'credibility'. In addition, lead organisations had become more closely involved in working with the Benefits Agency during the course of the pilot, and some pilots had sought to establish them as a 'core' partner.

Where the form of partnership working had resulted from a deliberate strategy, pilot managers were pleased with what they had achieved, especially where it reflected investment of considerable time and effort. Some managers, however, felt frustrated and disappointed when organisations had dropped out or had proved more difficult to engage than the manager had hoped.

Managers and partner organisations felt that there were still gaps in the types of organisations who should be involved in partnership working. These varied depending on the existing organisations involved and

development strategy, but included private sector employers, disability user organisations, the health sector and local authorities. Only two pilots had any private sector employers in a partnership or advisory group and similarly only another two pilots had involved local health trusts in a partnership group, although pilot schemes were developing other ways of working with employers and the health sector. For example, some schemes were part of an employer network, and others had established links with individual health units, sometimes through seconding staff to or from these units.

A number of organisation types therefore appeared to emerge as key in the eyes of managers and partner organisations:

- Employment Service and non-statutory providers of vocational disability services: because they are the existing providers in the field, able to contribute knowledge, access to existing services and programmes, and specialist staff. Some organisations were able to contribute impairment-specific knowledge and skills.

- Private sector employers: important for a number of reasons, such as providing commercial advice about ways of dealing with employers, providing credibility for the pilot service within the commercial world, raising awareness of New Deal for Disabled People among employers, and perhaps most importantly, acting as a source of job vacancies or placements.

- Disability 'user' organisations: there was some difference of opinion about the role of disability user/member organisations (although respondents did not usually specify whether this would be organisations 'of' or 'for' disabled people). Where they were felt to be important this was because they could bring credibility to the pilot service among potential clients or supporting organisations, and could act as a source of expert knowledge. They were seen by some pilots as having been particularly valuable during the early stages of the pilot service, where they could contribute ideas to the design, and could raise awareness of the pilot service among potential clients. A small number of managers felt that disability organisations had less to offer at later stages, unless they were a service provider.

- Benefits Agency: seen as having a critical role to play in the smooth delivery of the pilot service.

- Health service providers: (including GPs, occupational therapists, mental health teams etc.): these organisations were thought to be important for their ability to refer potential clients to the pilot service, and also because of their specialist knowledge of working with people with different impairments. Health Trusts were also seen as important local employers, who could act as a source of placements or referrals for job retention services.

- Local authority departments: (including human resources and social services departments): two very different potential contributions - first as a source of job vacancies or work placements, and secondly for their contact with the client group, that is, their ability to refer potential clients, to provide relevant services, or their specialist knowledge.

At the point when fieldwork was being carried out, respondents felt that there was a greater move towards partnership working with local authorities and health service providers as a result of the Joint Investment Plan initiatives (see glossary). This was emphasised in the Employment Service areas, rather than the contract areas, and appeared at this stage to be specifically about joint working with the Personal Adviser Service itself rather than with any of the partner organisations.

2.5.3 Working with service providers as partners

Pilot managers did not always see service providers as partners, especially where they were providing an existing service for the Personal Adviser Service. However for other managers, working alongside a service provider to develop a new or adapted service was a key way of demonstrating partnership. This section therefore deals with issues raised by service providers who saw themselves as working in partnership with the pilot service. Working with service providers more generally is reported in further detail in Section 3.5 of the next chapter, and looks at issues of financial and contractual arrangements and quality control.

In a number of the pilots, the driving force behind selection of partner organisations was the ability of these organisations to provide a service that could be used by clients of the Personal Adviser Service. Indeed, the existence of the opportunity to provide services to the pilot was often seen as the main *quid pro quo* of working in partnership (in both Employment Service and contract areas), and managers said that their intention was to look first to partners to provide relevant services before looking to other providers. At the same time, the provision of services for clients within a partnership framework appeared to be the area of partnership working which caused the most anxiety and at times frustration, no doubt because it was the one area where there was potential for financial exchange and required establishing contractual arrangements between partners which did not otherwise exist. Partner organisations felt frustrated and let down when they did not get the number of client referrals anticipated or did not feel they had been appropriately supported financially for their input.

From the manager's point of view, they preferred to use a service that was already funded (for example through Employment Service or local authority funding), although it had sometimes been more difficult than anticipated to use this type of existing provision, for example where clients were not eligible or had to be referred by another route, or where it was discovered that the provision did not adequately match client needs. However, use of a service that was already funded was not necessarily the

best way forward for the service provider, if they were hoping for new and additional funding from their involvement with the Personal Adviser Service.

Both managers and partners felt that the need to pay for new or adapted services could be a potential barrier to using those services. Despite this, a number of pilots had worked alongside partner organisations to develop new services, mainly adaptations of existing services. The new services that were developed tended to be for clients who were seen to need more specialist provision, for example, clients with mental health problems, or those further from the labour market. Partners specialising in the latter group sometimes felt that the Personal Adviser Service was reluctant to pay for clients to take part in a programme that would not achieve job outcomes within a short enough timeframe.

Working jointly on the development of services had clearly been time-consuming in some pilot areas. Because of this, there was occasional criticism that it had led to a focus on the needs of one particular client group (for example people with learning difficulties) at the expense of other clients, and this was especially annoying to potential partners who felt excluded if they did not work with that client group. However, it was also highly valued as demonstrating what they felt was 'real' partnership working, particularly by the Employment Service pilots, who compared it to traditional ways of contracting for services, described as 'prescriptive' with no dialogue with the contracting organisation.

2.6 Working with the Employment Service and Benefits Agency

In order to work effectively the Personal Adviser Service pilots needed the help and co-operation of the Benefits Agency and the Employment Service in the following ways:

- Benefits Agency: advice on benefit entitlements; 'better-off' calculations; quick decision-making about eligibility (for example, for therapeutic earnings); use of discretion to support client's transition to work (for example, in postponing scheduled benefit reviews[12]); and efficient and timely processing of invitation letters.
- Employment Service: access to the Labour Market System; quick processing of applications for provisions such as Jobfinder's Grant, Access to Work payments, or Job Introduction Scheme payments; and help in referring clients to Employment Service programmes.

Both agencies were therefore seen as key partners, although for slightly different reasons. In addition, the Employment Service were seen as important because of the existing key role they played in the delivery of vocational services to disabled people, their expert knowledge and information, and by providing access to trained staff as secondments.

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[12] A Personal Capability Assessment (which replaced the All Work Test in April 2000) is used to establish entitlement to incapacity benefits. This applies after 28 weeks of incapacity (for people previously in work). People can therefore be called for an assessment during the time they are working with a Personal Adviser.

In the early stages of the pilots, relationships with the Employment Service[13] and Benefits Agency were seen as important. Perhaps not surprisingly, pilots in the Employment Service areas said they had good links with the Disability Services Teams and with staff from the Benefits Agency. In the contract areas, there were more concerns about working with the Disability Service Teams, especially in relation to accessing Employment Service programmes. Staff who were not Employment Service secondees found that they had to refer a client via a Disability Employment Adviser in order for that client to use a scheme, and this could cause delays and confusion. In addition, links with the Benefits Agency appeared to be weaker in the early days in the contract areas. At a general level, there were felt to be some clashes in organisational culture and ways of working which could make close partnership on the ground difficult.

By the time of the later fieldwork (Summer, 2000), most pilots felt they had developed close working relationships with the Employment Service and the Benefits Agency. Most pilots had made efforts to foster good relationships in a number of ways, including: making presentations to Benefits Agency or Employment Service staff; securing support for the pilot from senior officers in the Benefits Agency; having a named individual to contact, and to refer benefit claims; locating Personal Advisers in Benefits Agency offices for a day or so per week to work alongside social security colleagues; keeping benefit officials informed of relevant stages in clients' progress; seconding Benefits Agency or Employment Service staff to work as Personal Advisers.

Pilots had involved representatives from the two agencies in different ways in their partnership arrangements. A representative from the Employment Service usually sat on the partnership group and had often been influential in contributing to the design of the pilot service. Representatives from the Benefits Agency had worked as partners in a number of different ways, sometimes by sitting on a partnership group, or sometimes working directly with Personal Advisers (or occasionally with clients in a training session). Direct contact with advisers (in a group forum) or the manager individually appeared to be valued more by Benefits Agency representatives than the opportunity to contribute to the running of the pilot. Managers also valued having direct contact with a nominated representative on an ad-hoc basis.

Despite this closer working, there was concern that was expressed to varying extents in different areas about possible conflicts between the work a Personal Adviser was doing with the client and Benefits Agency

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[13] When talking about the Employment Service, respondents were generally referring to their dealings with the Disability Service Teams, unless they were talking about a general organisational culture.

action and decisions. These concerns fell into three broad groupings: (a) barriers created by the benefit rules, (b) inconsistent application of benefit rules, and (c) inconsistent and inflexible application of discretion by benefit officials.

Benefit rules which caused particular difficulties included the '52 week linking rule', which is designed to allow claimants coming off Incapacity Benefit to start paid employment to return to the same rate of benefit if the job ends within 52 weeks. Personal Advisers considered that this was a very effective incentive. However, there were several examples from Personal Advisers of clients whose circumstances had changed and who, according to the advisers, had been required to apply afresh for Incapacity Benefit. Some Personal Advisers started to become reluctant to promote the linking rule to clients.

Another barrier affected Incapacity Benefit claimants also in receipt of Housing Benefit. In October 1999 benefit regulations were changed to allow a 'run-on' of Housing Benefit for claimants also in receipt of another income-related benefit (such as Income Support) after they commenced work and no longer fulfilled the income conditions of Housing Benefit. The policy intention was to ensure continuity of income in the first month of work and to act as an incentive for claimants to take up work. However, this regulation change was not properly understood by some Personal Advisers. Some correctly understood that Housing Benefit entitlement for Incapacity Benefit recipients who did not also receive a qualifying income-related benefit immediately ceased, or was reduced as a result of a new income assessment, when the client took up paid employment. In contrast, other Personal Advisers reported that a 'run on' had been introduced for Incapacity Benefit in October 1999. The issue raised here, therefore, is why the change in Regulations had not reached some front-line Personal Advisers, and suggests that guidance to Personal Advisers needs to be reviewed.

In Incapacity Benefit claims, the question of a claimant's incapacity to work is subject to routine review. However, a concern of some Personal Advisers was the inconsistent and inflexible application of discretion by some Benefits Agency decision makers around benefit reviews and the re-application of the *personal capability assessment* (which superseded the 'all work test' for incapacity benefit claims in April 2000). There were two different aspects to this problem. First, there was a concern that some benefit officials were invoking review procedures, including requiring clients to attend a repeat *personal capability assessment*, as a result of the client's involvement with the Personal Adviser Service. Secondly, a client's benefit could be subject to a routine review, the date for which might have been set before they became involved with the Personal Adviser Service, which nevertheless coincided with contact with the Service. Whatever the reason for the benefit review this was viewed by

Personal Advisers as highly counter-productive to their efforts to move clients towards work. In particular, it was said to increase clients' anxieties about the benefit entitlement and put the adviser's relationship with a client under strain.

The extent to which relations with each agency worked smoothly varied at a local level. The degree to which difficulties were overcome appeared to depend on the quality of the relationship built up between organisations, in particular the relationship that was mediated through individuals responsible for liaison. Good relations were helped by having clearly identified individuals, who had interest, commitment and, importantly, time to devote to forming relationships, becoming familiar with the Personal Adviser Service and being pro-active in initiating activities. The level of seniority of an individual also appeared to be important in establishing strategic commitment.

In working with the Employment Service, past working relationships with the pilot manager were seen as very helpful in cementing links, and having Disability Employment Advisers on secondment was also felt to be extremely valuable in promoting interest and closer working on the ground level. However, the need to refer clients via a Disability Employment Adviser in order to use ES programmes was felt to be cumbersome by all involved. One Disability Services manager noted that it was not always easy to overcome concerns and even resentment among ground level staff that contract area pilots were 'treading on the toes' of existing Employment Service provision.

As is clear from the discussion above, working alongside the Benefits Agency presented some particular difficulties. There had been little in the way of prior contact with the Benefits Agency at the level of individual managers and Personal Advisers, and so relationships were generally new. There was a general feeling that closer working and integration was important. Pilot managers and Benefits Agency representatives perceived that there could be conflict between the aims of the pilot and the implications of entitlement conditions for benefit, in particular the question of whether a person was, in benefit terms, capable or incapable of work. As a result, Benefits Agency staff and pilot staff were said to sometimes be suspicious of each other's activities, and Benefits Agency liaison officers could feel that they were trapped in the middle. The smoothness of the relationship could depend on the degree to which local Benefits Agency liaison officers were prepared to 'bend the rules' to fit in with the necessary flexibility of the pilot, in the light of perceived lack of clarity from Benefits Agency head office.

One final issue for Personal Adviser Service staff was the perceived lack of referrals from the Benefits Agency of potential clients. In some areas it was hoped that raising awareness through joint meetings and by locating Personal Advisers in local benefit offices would generate more referrals.

When talking about what makes partnership work or what makes it difficult, pilot managers and partner organisations raised a number of key issues that were common across areas and across different types of partnership arrangement. These are reported in this section.

One of the main explanations for why some organisations were less involved than had been anticipated at the start of the pilot was that their expectations of their role and contribution had been different from the expectations of the lead organisation. Across the 12 different pilot areas there were a number of different ways in which pilot managers felt that different organisations and the partnership structure were able to contribute to the running and delivery of the Personal Adviser Service. These can be grouped as follows:

- providing advice and information;
- promoting awareness (and credibility) of the pilot among potential clients and employers;
- contributing to management and resourcing of the pilot service (including secondments);
- contributing to strategy and decision-making;
- providing and developing services;
- providing access to job vacancies and work placements; and
- facilitating a smooth journey through different points of state intervention (that is, the benefits system and employment, health and social services).

At the same time, partner organisations had a range of motivations for becoming involved, some of which mirrored the expectations of lead organisations. Other motivations were linked either to their own organisation's aims and objectives (for example, to grow their service, to raise their organisational profile and promote good relations, or to promote the interests of their client group) or to their own personal interests. This could cause mismatches of expectations. For example, where a service provider had anticipated growth of their service but the lead organisation had seen their main role as advisory; or where the involvement of the local authority or employer had been expected to lead to opportunities for jobs or work placements, but where the partner representative saw their primary role as monitoring the progress of, or advising, the pilot service.

Other partner organisations had been disappointed (and as a result less motivated to contribute) when they felt that there had been little real partnership working - their understanding of partnership was different from what had been happening. For example, they had little opportunity to contribute to the development of the pilot service, or they felt there had been little genuine group or joint working. Lack of clarity of the purpose of the partnership or advisory group or a feeling of inequality or imbalance in power within a group could lead to some individuals feeling

they were 'minor players'. At the same time, other partner organisations were happy to take a more passive role if they felt that the pilot service was being run effectively by the lead organisation.

Linked to clarity of role is the need for partner organisations and individuals to be involved in ways that are appropriate. Inappropriate involvement could lead not only to ineffective partnership working and frustration on the part of either side, but also to withdrawal or limited involvement or commitment, where people felt that they were not able to add or contribute to the pilot service, this was especially important in the context of limited time for involvement (see below).

The stage at which an individual became involved in a group could affect their feelings about their role and contribution. For example, where organisations were involved at the early stages they generally felt engaged and that they had some influence. However, other organisations appeared to feel ambivalent about their ability to contribute to the early design stage, a factor which was possibly exacerbated by some of the uncertainties that characterised the early days (for example, it was said that local employers felt there was insufficient clarity about how they could contribute and lost interest).

In addition to the frustrations caused by mismatch in expectations, partner organisations sometimes found it difficult to contribute in the ways that had been anticipated for a number of other reasons. Importantly among these was a lack of time and lack of resources to commit to close involvement in the running or delivery of the pilot.

Partnership working is time-consuming and can incur additional costs for lead organisations and for partner organisations. Managers regularly spoke about the high proportion of their time that was taken up in fostering and maintaining good relations with the wide range of organisations who they worked with. GPs and other health service professionals, among others, were said to be difficult to engage due to pressure of other commitments and (occasionally) a sense of scepticism about the pilot scheme and possible negative effects on their patients (see Section 8.5.3 for discussion of engaging GPs in relation to job retention services). Partner organisations sometimes spoke about their concerns about getting insufficient financial recompense for their involvement.

2.7.2 *Facilitating a partnership approach* Given that the partnership relationships in the pilot areas were largely voluntary (that is not bound by contract) they are dependent to a large degree on levels of motivation and commitment. One of the challenges for the Personal Adviser Service therefore in creating successful partnership arrangements was to foster and maintain a collaborative approach and commitment from a range of different partner organisations. In doing so, managers encountered feelings of competitiveness between potential partner organisations (especially in relation to the sharing of ideas or

commercial details), suspicion about New Deal for Disabled People and its objectives and sometimes significant differences in organisational culture and ways of working. Group working in particular was said not to operate effectively where the different members were in competition with each other either in terms of funding or for the specific interests of their client group.

Some managers were more concerned than others to select partner organisations and individuals who they already knew and worked with, and with whom they could establish an open, trusting and respectful relationship. Having a lead organisation that was locally based with a long-standing working relationship with other organisations was therefore valuable. Others had given up on being able to achieve this level of collaborative working within the space of time of the pilot.

Underpinning a collaborative approach was the degree of commitment of a partner organisation, to the Personal Adviser Service, to the objectives of New Deal for Disabled People, and to the partnership. Commitment appeared to be made up partly out of a belief in the aims of the pilot, and partly out of a sense of mutual benefit. As noted above, the opportunity for organisations and individuals to get something out of their involvement in the partnership was important, although this often did not mean a direct financial or material gain. There was some scepticism among managers about the degree to which a financial motivation alone could provide a sufficient degree of commitment.

Managers and partner organisations were agreed that the seniority and approach of the individual partner representative was key to the success of partnership working at all levels.

In addition, the role of the pilot manager emerged very clearly as critical in establishing effective partnership arrangements. Aspects of effective management included:

- nurturing and trust-building among partner organisations: fostering enthusiasm and commitment, overcoming suspicion, building personal relationships;
- group management: effective chairing of groups, listening to contributions, but at the same time able to take decisions, an ability to balance the power dynamics and diverse interests of the group; and
- organisationally strong management: ability to pull together Personal Advisers from diverse organisational backgrounds who might be scattered geographically, establishing clear lines of communication and management where more than one organisation is involved.

In looking at the appropriate ways for partners to be involved, some pilot areas had structured their partnership working in different ways with different partners. For example, some managers had sought to clarify the

purpose of and promote involvement within the groups by setting up separate sub-groups to look at specific issues. One pilot had adopted a two-tier structure with a small number of partners involved in a management, decision-making group, and a larger number of organisations with a broader representation involved in a partnership group to provide more of a 'vision', and a check on the management group (although the distinction between the two did not seem to be completely clear among partners who were less closely involved). The same pilot was also seeking to introduce a third 'tier' of partnership through groups made up of local representatives. Other examples of developing appropriate involvement of partners included decisions to focus on building individual relationships with Benefits Agency representatives or service providers instead of or in addition to their participation at group meetings.

2.8 Conclusions

This section draws together key conclusions from this chapter, and raises questions for the development of policy and practice in the organisation and management of the Personal Adviser Service.

There was no single model of organisational structure within the Personal Adviser Service pilot, although in all areas there was one lead organisation with overall control and responsibility. While for some this was seen as an appropriate model, a number of non-lead partner organisations looked to different models of partnership where there was a greater sharing of responsibility and funding. Because partnership was expressed through different structures and ways of working, pilots had the flexibility to involve external organisations in the most appropriate way. However, there was potential for misunderstandings about partnership which could lead to withdrawal of support. Further consideration may need to be given to the purpose and nature of partnership within the context of the Personal Adviser pilots. Partners and lead organisations said they would find it helpful to have guidelines on establishing partnerships, appropriate roles for different types of organisation, and effective ways of working in partnership.

Similarly, there was no standard model of internal organisation that can be applied in all areas of the country. Pilot schemes found that the wide range of skills and knowledge necessary for the effective functioning of the Personal Adviser role need not be vested in individuals but can be covered by a team organised into different specialisms. This had the advantage of playing to the individual strengths of Personal Advisers, as well as reducing the demanding nature of the generic role. However, some pilots retained the model of a single Personal Adviser where they felt this provided a better service to the client, or where they were spread over a number of office locations which made it difficult to operate through specialist staff.

At the same time, reflecting the demands of the manager role, most pilots found it useful to separate out the functions of strategic management

(the manager role), day-to-day management of staff (carried out by a deputy manager) and routine administration (the office manager role). Pilots found that occupational psychologists could also be useful in providing management and development functions. The Personal Adviser role (either in a generic or specialist role) is demanding. Recruitment processes should therefore be rigorous, training should be high quality and wide ranging, and there may be implications for the support that is provided to advisers.

The importance of the change in focus of what pilots were seeking to achieve has been highlighted. Although there were wide differences between pilots, and between individual staff within the pilots, in general staff became increasingly 'outcome-focused' as the pilot progressed. In addition to the implications for service delivery (discussed in the next chapter) there are implications here for the ability of the Personal Adviser Service to continue to carry the support of local external organisations: research evidence suggested that disability and voluntary organisations favoured a more holistic and longer term approach.

There was general support for the principles and potential benefits of partnership working, especially where this drew on a range of complementary contributions. Partner organisations were felt to have contributed to an improved service, through the provision of access to more and new services, and through providing work placements and job vacancies, or skilled personnel with specialist or management expertise and local knowledge. They had also contributed by referring clients and by facilitating a more seamless journey for a client between different statutory agencies. Providers of vocational disability services, the Employment Service, the Benefits Agency, employers, local authorities and the health sector were all therefore seen as important organisations to involve in partnership working. Advice, expert knowledge and raising awareness of the pilot scheme were viewed as particularly useful in the early design stages of the pilot. As a result, some pilots felt that disability member organisations had more valuable input at early stages rather than at later stages.

Not all partnership arrangements were felt to have been successful. The evidence suggests that a number of factors were important in establishing and maintaining successful partnership working:

- shared aims and understandings of different organisations' roles and responsibilities;
- commitment to partnership working and collaboration;
- an opportunity for reciprocal benefits for partner organisations;
- effective communication and management by lead organisation;
- agreement with individual partner organisations on appropriate ways of partnership working;

- involvement of key individuals and decision-makers;
- a considerable investment of time and energy to establish effective relationships. Having a past working relationship can help, but there may be a need for a longer lead-in time to allow for new players to build relationships;
- as a result of the time required to foster relationships, partnerships which were made up of a smaller number of active players appeared more stable than larger and looser groupings.

The lack of a formalised relationship between partner organisations in the pilots sometimes undermined aspects of partnership working. Junior partner organisations were not always comfortable about having to bear the development costs of partnership working, especially in developing new services. There could be a more important role here for contracts between partner organisations, which can recognise the need for sharing of financial risk and reward, and can also address issues of accountability. However, this needs to be balanced against the widespread belief that partnership is rooted in voluntary relationships.

Pilot schemes had developed a range of ways of working more closely with the Employment Service and the Benefits Agency, and representatives from both agencies had often been influential in designing aspects of the pilot service. Good relationships at a strategic level and at ground level were important in order to provide smooth access to Employment Service programmes, and increase communication about benefit eligibility decisions. Relationships were helped by having named individuals, with sufficient seniority, commitment and time to devote to fostering working relationships. The evidence suggests that seconding staff between organisations helped to develop effective partnership working. Further consideration needs to be given to removing the remaining barriers within the benefit rules themselves and the various Employment Service provisions. For example, removing the risk of clients losing benefit through 'failing' the personal capability assessment, relaxing the requirements of the linking rule, harmonising 'run-on' arrangements between different benefits, and easing the eligibility criteria for Jobfinder's Grant (or its successor), Access to Work payments, and Job Introduction Scheme payments.

There may be scope for further partnership working which has not yet been developed fully by the pilot schemes. Pilots had generally not engaged health service providers or private sector employers in formal partnership arrangements, although they were sometimes moving towards closer joint working in other ways (for example through secondments, networks or regular meetings). There is a need to establish tangible reciprocal benefits (not necessarily financial) if other external organisations are to see themselves in a partnership capacity. Among statutory agencies, some impetus for closer joint working may come from other policy

initiatives (such as the Joint Investment Plans). Although the evidence suggests that some committed individuals from employing organisations would be interested in a small-scale, ad-hoc, advisory role, there was no clear indication that employers generally were willing to sign up to a partnership agenda that would involve providing jobs for clients (this is discussed further in Chapters 3 and 7).

3   DELIVERING THE SERVICE

3.1 Introduction

This chapter presents an analysis of how the Personal Adviser Service is being delivered. The principal questions that are addressed are how and why the delivery of the Service has changed over time, what has helped Personal Advisers in working with clients, what obstacles and barriers remain, and what lessons can be learned to help inform the national extension of the pilot in 2001. The emphasis of the chapter will be to explain and understand the changes in the Personal Adviser Service since its introduction in September 1998, and to assess their impact. Examples of what pilot staff consider to be effective practice will be identified.

Other aspects of the organisation and delivery of the pilots are covered in other chapters of this report. Issues around partnership working are dealt with in Chapter 2, and the work of Personal Advisers in delivering job retention services is described and analysed in Chapter 8. The chapter draws on the same qualitative data used in Chapter 2, including interviews with pilot managers, Personal Advisers, occupational psychologists and key people from partnership organisations.

This chapter begins with a discussion of how pilots have approached the marketing of the Personal Adviser Service to the public and potential clients and to employers (Section 3.2). The following three sections explore the work of the pilot staff in relation to clients (Section 3.3), employers (Section 3.4) and service providers (Section 3.5) respectively. The next section discusses the use of the Intervention Fund (Section 3.6). The penultimate section (Section 3.7) presents a discussion of the skills and training needs of Personal Advisers. The final section (Section 3.8) summarises the principal findings from the chapter and looks at their possible implications for extending the experimental basis of NDDP in 2001.

3.2 Approaches to marketing the service

In the interim report (Arthur *et al.*, 1999), it was noted that initial marketing of the Personal Adviser Service was mainly carried out by the pilot manager, but that subsequently responsibility had been shared with one or more of the other Personal Advisers.

During the later stages of the evaluation, it was clear from the interviews with managers and with Personal Advisers, that 'marketing' covered a range of activities. Four distinct marketing roles were identified:

- marketing the Personal Adviser Service to potential clients;
- marketing the service to employers, or groups of employers, to raise awareness;
- marketing individual clients to employers; and
- marketing the Personal Adviser Service to generate referrals from, for example, the Benefits Agency, GPs, or local authority social services.

As explained in Chapter 1, the Personal Adviser Service is aimed at a number of potential client groups: those in receipt of one of the qualifying benefits when the Service was set up in September 1998 (the 'stock'), social security claimants whose period of incapacity reached 28 weeks during the life of the Service (the 'flow'), and people 'at risk' of becoming long-term benefit recipients (the subject of Chapter 7). Claimants in the 'stock' were sent an introductory letter by the Benefits Agency at some point during the life of the pilot (a proportion of the total number in the stock were sent a letter each month). 'Flow' claimants were sent a letter soon after their period of incapacity reached 28 weeks[14].

The interim report (Arthur *et al.*, 1999) notes how the early response rate to the letter in the Employment Service led pilots was around three per cent on average (with a range of between two per cent and five per cent in individual pilot areas) and describes the ways in which the Employment Service led pilots had tried to attract potential clients to the Service. It was noted the number of referrals from GPs' practices was very low. The report commented that the methods used were typical of those used by other organisations trying to promote their services and that nothing innovative had been identified. By June 2000 the response rate to the letter of invitation across the 12 pilot areas was also three per cent (see Section 4.2). However, as many clients again had introductory interviews with a Personal Adviser voluntarily (as 'self-referrals') or following a referral from other organisations. Hence, the overall proportion of the eligible population who received an introductory interview was around seven per cent (see Table 4.1).

Since the early fieldwork, pilots had continued efforts to attract clients. They had tried a number of new methods of advertising or had changed their approach to advertising in the news media. The following were reported in the course of the research:

General advertising and publicity

- advertising in local newspapers, particularly in the *jobs* pages;
- radio and television advertisements and features;
- advertising on buses and other public places;
- setting up displays in shopping and community centres;
- sending publicity material with council tax leaflets (a collaboration with the local authority);

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[14] In each of the pilot areas the ratio of 'stock' cases to the *annual* 'flow' of cases was around 4:1 (Arthur et al., 1999, Table 1.2). Hence over the two-year life of the pilots the stock of cases was approximately twice the size of the flow.

Targeted publicity

- outreach work with organisations representing disabled people;
- publicity aimed at health and community services, including increasing advertising through GP practices;

Content of advertising and publicity

- introducing freephone numbers for people wanting to make contact with the service;
- sending a second letter of invitation to claimants in the 'stock' who had not contacted the Personal Adviser Service after their first letter; and
- changing the message in advertisements and publicity material (a) to reassure potential clients that they could work and continue to receive their social security benefits, *and* (b) to emphasise that the service was aimed as much at people wanting to do voluntary or therapeutic work as at those wanting paid employment.

In one pilot area some other innovative approaches were under consideration, such as encouraging existing clients to agree to tell five or six people about the service (reminiscent of a 'chain letter' approach), and advertising the service on children's toys which would be given away free (the idea being that parents, as potential clients, would receive occasional reminders about the Personal Adviser Service when they saw the toy around the house). In another area a different approach to engaging GPs was being considered. The idea was to develop a training seminar for GPs on the New Deal for Disabled People which would be an *accredited training course* for the purposes of claiming the GPs' training allowance.[15] It was hoped that knowledge about the New Deal among GPs would be increased in this way. (The views of GP practice staff on ways of encouraging GPs to engage more with organisations with social objectives are presented in Section 8.10.2.)

There were a number of other important observations about publicity made by some of the managers and Personal Advisers interviewed. In some pilots the decision had been made to avoid any reference in advertising or publicity material to the New Deal for Disabled People in particular or to disabled people in general. It was felt that there was a likelihood that some potential clients would not recognise that the service was aimed at them if they did not consider themselves as disabled. Similarly, some pilots in the contract areas did not mention that they were part of a government initiative in case some clients were put off by some form of prejudice against government schemes. PAS staff had also learned the lesson that a one-off approach to people was insufficient.

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[15] GPs must attend a minimum number of training seminars or events each year to become eligible for a payment under the training allowance scheme.

The message needed to be repeated and delivered in a variety of ways. Many staff expressed continued disappointment at the paucity of referrals coming from GPs' practices despite efforts to market the service with GPs. Finally, it was noted that it was difficult to know the effectiveness of individual publicity and advertising campaigns. There was a feeling that a direct causal relationship probably did not exist between inflow of clients and publicity initiatives in many cases. It was the cumulative effect of different publicity drives that was important.

Practice varied among the 12 pilots, but in general the marketing to employers to raise awareness of the Service was carried out either by the manager or a Personal Adviser with special responsibility for dealing with employers.[16] In one pilot area arrangements had been made with one of the partnership organisations for a member of their staff to carry out individual marketing visits to employers on behalf of the Personal Adviser Service. Marketing of individual clients was usually carried out by the client's Personal Adviser or a member of staff specialising in 'job matching'. Most contacts with employers were in relation to an advertised vacancy, but some pilots had adopted the more speculative practice of circulating to employers details of job-ready clients.

Marketing the Personal Adviser Service to generate referrals had been developed in some pilots as a response to the low number of clients being referred from agencies in contact with disabled people and others in receipt of incapacity-related benefits. The idea was to raise awareness of the Personal Adviser Service among other service professionals, for instance in local authority social services departments and GPs.

3.3 Working with clients

In this section the activities of Personal Advisers and other staff in working with clients are examined. It begins with a look at the numbers and types of client on personal advisers' caseloads (Section 3.3.1). Next, the types of help, advice and interventions that Personal Advisers have given to clients at the various stages on the path from unemployment back to work are explored (Sections 3.3.2 to 3.3.4). Finally, the research evidence on personal advisers' approaches and practices in relation to 'exiting' clients is presented (Section 3.3.5).

3.3.1 Caseloads and types of client

The interim report (Arthur *et al.,* 1999) described the types of client that joined the Personal Adviser Service in its early months, and which were still evident in later fieldwork. Some people approached the service only to get reassurance that it was not compulsory and that their benefit status was not at risk. These were not taken onto the caseload. Other clients

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[16] This approach matched the preference of many employers for dealing with a single point of contact within the Personal Adviser Service (see Section 7.7.1).

were categorised in the following ways:

- 'severely ill, disabled or disadvantaged people with outstanding health or social care needs' - some of these wanted to work, but were a long way from the labour market and needed a large amount of help from a Personal Adviser, others were referred to other services;
- 'not considering work but with some potential' - this group were also some distance from being job-ready but with potential to make slow progress;
- 'motivated but not job-ready' - this category formed the bulk of personal advisers' early caseloads. They needed various forms of input, from confidence building courses as a first step towards work, or more specific job-related education or training; and
- 'almost job-ready and job-ready' - this group included those who needed only a little support to get them into work.

A common experience among the Employment Service pilots in their early months of operation was the high proportions of their clients who had a mental health problem either as a primary or secondary disabling condition, or who had been out of the labour market for many years.

In the later stages of the evaluation staff from both the Employment service and the contract areas reported that the types of client coming forward had not changed significantly. There was still a large number of people with mental health problems[17] or a considerable distance from the labour market. One pilot had noticed an increase in the number of referrals for clients with learning difficulties and suggested that this reflected their success in helping these clients.

In a number of pilots there was a problem of clients not attending their first interview with a Personal Adviser. It was thought that one reason for this might be the length of time between initial contact and appointment caused usually by personal advisers' individual caseloads. Potential clients could lose heart if faced with a long delay. Of the Personal Advisers who discussed this point, there was a general feeling that an appointment within five days was good enough to prevent clients dropping out, and up to ten days was sufficient in most cases, particularly if the client had been given a time and date at, or very soon after, first contact with the Service. Over ten days there was thought to be a real risk of people dropping out. In one pilot, clients were guaranteed an interview with a Personal Adviser within five days of first contact, which was felt to reduce the numbers of clients 'lost' at this stage of the process. In another pilot, an 'intake team' of Personal Advisers was set up which could see a client soon after the initial contact. Appointments did not therefore depend on finding some space in a busy Personal Adviser's diary.

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[17] Twenty eight per cent of PAS participants reported a mental health problem as their main disabling condition. This was the most common disability reported in the survey of participants (see Section 4.3.2).

In the interim report (Arthur *et al.*, 1999) it was noted that in one pilot Personal Advisers only took clients onto their caseload if they were considered to have a reasonable prospect of moving into employment within six months. Other pilots tended to be more inclusive, accepting anyone onto the scheme who showed some motivation towards getting into work. In later fieldwork, managers and Personal Advisers in some pilots explained that they had become more selective in who was accepted onto the caseload since the introduction of targets for job placements. Clients who needed very long-term help, or who needed the assistance of health or social services, or who were looking for voluntary work, were now likely to be referred to an appropriate, external agency (such as a local volunteer bureau or a specific charity).

As mentioned earlier many pilots had recruited additional Personal Advisers in response to rising caseloads. In early 2000, Personal Advisers were working with caseloads in the range of 40-80 clients each. In the group discussions with Personal Advisers the point was made that among a personal adviser's caseload some cases would be 'active' or 'high maintenance' (meaning that the Personal Adviser was seeing the client or involved with external organisations on their behalf), while others were 'dormant' or 'low maintenance' (where the client may be engaged on a course of training, requiring the Personal Adviser only to telephone to check progress). In the judgement of most of the Personal Advisers who participated in the research an active caseload above 40-45 would become unmanageable.

3.3.2 Client development

Once a client has been accepted onto the scheme, the task of the Personal Adviser is to work with clients to identify their goals, to prepare a progress plan (see below), and to arrange, where appropriate, for the provision of whatever services are required to move clients further towards work. An important part of this process was to identify the barriers that impede a client's progress (which might be linked, for example, to the person's health or other circumstances, to financial obstacles, or to benefit issues).

The interim report (Arthur *et al.*, 1999) described the range of activities that the client might undertake. These included:

- confidence building/developing social skills;
- training towards vocational or educational qualifications; developing presentational skills/CV preparation;
- general or specific work experience; and
- in-work support (including provision of job coaches, or equipment).

As the pilots have developed, this key range of responses to clients' needs has stayed unchanged. However, there were reports from some pilots that the emphasis on getting people into work had influenced the way in which they dealt with clients. Clients could be encouraged to move towards work at a quicker pace than they might have chosen themselves,

advice about what external services were available might be restricted by the Personal Adviser to guide clients more quickly towards work (some Personal Advisers referred to taking 'short cuts'), and regular, face-to-face meetings could be replaced with less frequent contact, sometimes by telephone in place of face-to-face meetings.

Personal Advisers mentioned the importance of the Intervention Fund in allowing them to secure appropriate training and support services for clients (the Intervention Fund is discussed further in Section 3.6).

A 'progress plan' is meant to be completed for every client. The plan is intended to serve as a working document to help keep track of progress, stating clearly the actions expected of both Personal Adviser and client. Completion of the first version of a progress plan constitutes when a client is formally taken onto the Personal Adviser Service caseload. In the interim report (Arthur *et al.*, 1999) it was explained that in the Employment Service led pilots there was considerable variation in the way in which progress plans were treated and used by individual Personal Advisers. This variation was also found in the contract pilots.

Most Personal Advisers routinely completed progress plans but not all used them subsequently in their dealings with clients. For some, the plans were administrative documents, either a chore to be completed or a useful record of decisions and actions, rather than working tools. Some Personal Advisers saw them as possibly counter-productive in their dealings with some claimants who might find them threatening. Other Personal Advisers treated them more positively as an integral part of their toolkits, as a means of encouraging and motivating clients, and of getting clients to accept responsibility for making progress.[18]

In most of the pilots, Personal Advisers could refer clients to an occupational psychologist. There was a marked difference in the provision of occupational psychologist services between the Employment Service led and the contract pilots. The Employment Service led pilots all employed occupational psychologists either on a part-time or full-time basis. In the contract areas, occupational psychologists were more likely to be employed on a more limited basis, such as one day per week. Occupational psychologists typically carried out a range of assessments on clients when the Personal Adviser had reached some kind of impasse in their work with them, for example in reaching a defined job goal, or overcoming a psychological issue in relation to work. Occupational psychologists drew on their training and experience in administering psychometric tests, and cognitive and behavioural assessments.

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[18] There was some evidence from the qualitative interviews with clients that many of them found progress plans useful. However, few of those interviewed towards the end of the evaluation period recalled having a written progress plan at all (see Section 5.3.4).

Occupational psychologists saw clients mostly on an individual basis, but occasionally group sessions were used. Some occupational psychologists in the contract areas explained that their normal practice was to see a client only once, typically to help clients identify their work goals, or to carry out some form of psychometric testing requested by a Personal Adviser. In contrast, the majority of occupational psychologists (including all in the ES led pilots) saw most of their clients between two and four times, although some clients required more intensive or long-term help possibly over a period of months. Many of the clients had mental health problems or specific learning difficulties.

Occupational psychologists in all pilots provided Personal Advisers with a written report at the end of the assessment period, but would also maintain contact during the process. Joint meetings between a client, Personal Adviser and occupational psychologist were used when appropriate, particularly in the Employment Service led pilots. Personal Advisers in the study generally welcomed the option of referring clients to an occupational psychologist.

3.3.3 Job-ready clients

During the course of the evaluation it was noted that Personal Advisers talked about the help they gave to job-ready clients in two different ways. The more common approach was proactive. The Personal Adviser, a member of the 'jobmatch team', or the job-search specialist in an office, or a combination of these would actively search out suitable job vacancies for the client. In this they would use a number of techniques such as using the resources of Jobcentres, searching newspapers, trade journals, or, increasingly, the internet. One important source of vacancies was the Employment Service's own database, the Labour Market System. Employment Service led pilots had direct access to the Labour Market System and the contract areas negotiated access with the Employment Service. As mentioned earlier, some pilots were beginning to adopt more aggressive marketing techniques, such as cold calling employers on behalf of a client, or carry out a 'fax campaign' in which a client's CV was faxed simultaneously to a large number of appropriate employers. In contrast to the proactive approach, some Personal Advisers were more *passive/supportive* taking the view that clients needed to take 'ownership' of their search for a suitable job. Personal Advisers therefore encouraged clients to search newspapers or visit the Jobcentre themselves.

Clearly both approaches have a distinct rationale behind them and are equally valid as methods of helping clients find employment. Neither is intrinsically better than the other and in practice, Personal Advisers might take different approaches with different clients depending on their assessment of what was most suited to them. The lesson to be learned, therefore, is that a responsive Personal Adviser service in the future should be able to react to clients' needs in the different ways described above as appropriate.

The role of the Personal Adviser has included the provision of in-work support to clients who have found employment. This support can be to the client and to his or her employer. The types of support reported in the course of the study included the following:

- personal, morale-boosting support (for example, telephone calls or visits to check on progress, identify and address any difficulties);

- provision of financial help (to pay for work clothing, costs of travelling to work, bridging the gap between the end of benefit entitlement and the first pay packet);

- paying for the cost of special equipment (such as seating, or a text telephone);

- paying for the cost of adaptations to the workplace; and

- paying for a job coach to accompany people in work either indefinitely or until they were able to work without such assistance.

The type of support needed could sometimes be identified before the client started work (or had to be provided before work was even possible, such as workplace adaptations), other issues only emerged in the course of being in work for some weeks or months. It was evident to Personal Advisers that the level of in-work support required by clients varied considerably. However, when the pilots began work, there was a general presumption that clients would all be followed up at some point once in work at which time they would be able to assess what kind of support, if any, would be beneficial.

Towards the end of the evaluation, Personal Advisers and managers were keen to emphasise two points in relation to in-work support. First, there was a widespread feeling that the Intervention Fund was crucial in (a) easing the path into work, and (b) responding quickly to needs that emerged after the client was in work. Personal Adviser Service staff valued highly their ability to make decisions about funding quickly without having to make separate application to the Employment Service. Secondly, many Personal Advisers felt that, as a result of the targets to get people into work, they had reduced their contacts with clients who were in work. They were providing less personal support than before and were aware that they might not be identifying any emerging difficulties. Many Personal Advisers recognised this as possibly counter-productive if clients left work before 13 weeks. In effect they had adopted a *passive* approach to in-work support, relying on the client to contact them if they were experiencing problems. In any case, no contacts were usually made after the client had been in work for 13 weeks, at which point a successful outcome of 'sustained employment' could be recorded.

In contrast, Personal Advisers in one contract area pilot continued to be *proactive*, recognising that failing to keep in contact with clients in work and with their employers could eventually lead to the client leaving the job. This pilot had also extended the period of support to six months to

enable Personal Advisers to help clients through re-application procedures for Working Families' Tax Credit or Disabled Person's Tax Credit. One pilot manager in another contract area explained a different, innovative approach to in-work support that was under consideration in their area (though at the time of interview no firm decisions had been made). Some large organisations employ external companies to provide personal (that is, emotional or psychological) support to its employees. Any employee has access to advice or support about any work-related problems. The question under consideration by the pilot manager was whether such companies could be used to provide in-work support to their clients.

3.3.5 'Exiting' clients

Clients ending their involvement with the New Deal for Disabled People are defined, and recorded in official statistics as having 'exited' the scheme. Clients can opt to leave the scheme themselves, for example, when they have reached their personal objective, or if their health deteriorates making further action inadvisable or impossible. Clients might also leave the scheme if they become dissatisfied with some aspect of the service. Personal Advisers can also sever contact with clients, either by agreement (if, for example, the Personal Adviser Service is not the appropriate service to address their needs) or unilaterally (if clients do not attend meetings or fail to respond to attempts to contact them).

Most managers and Personal Advisers said that when the Personal Adviser Service initiated the 'exit' they tried to make it 'positive' by referring clients to appropriate statutory or voluntary services and by inviting the client to return whenever work became a realistic goal for them. In the early stages of the pilots, it was reported that Personal Advisers themselves rarely exited clients but kept them on the caseload more or less indefinitely. This approach had changed when the pilots became more outcome-focused. Pilots were now reviewing their caseloads more carefully and clients making little or no progress towards work, or failing to attend appointments or stick to agreed progress plans, were now likely to be exited. While efforts were made to make such exits 'positive' the imperative was to release more time for Personal Advisers to work with clients capable of work. ('Exiting' from the client's perspective is discussed in Section 5.3.3).

3.4 Working with employers

In the early stages of the pilots, after the initial set-up phase had been completed, Personal Adviser Service staff concentrated on developing the services they could provide for clients. There was less emphasis on developing relationships with employers, although some of the pilots had begun to turn their attention to marketing the Service to them. (The distinct role of employers as members of partnership groups has been described in Chapter 2.)

In later fieldwork, it was evident that in all the pilots employers were recognised as much 'clients' of the Personal Adviser Service as their sick and disabled clients.[19] It was felt that the Personal Adviser Service staff needed to do more than general marketing and making contact only about individual clients. Personal Advisers needed to understand how employers operated their businesses, what their recruitment practices were and their needs and requirements.

Pilots had responded in a range of ways to this new understanding:

• visiting businesses to learn about the nature of their enterprise, their business practices and their recruitment policies;

• learning about the nature of the jobs and the physical environment of the workplace;

• educating employers about the services and support available to them through the Personal Adviser Service;

• establishing contact with a named individual, and keeping in regular contact to learn about developments in the company, and to anticipate job opportunities; and

• liaising closely with employers after a client had started work with them.

It was thought important that Personal Advisers were able to talk to employers knowledgeably in terms they understood and respected. It was recognised that employers could get an unfavourable impression of the service if Personal Advisers were seen as ignorant and amateurish. At the same time, it was important that employers were informed about what Personal Advisers could do for them. A balance needed to be struck between generating interest and support from employers for the service and not raising expectations too high (for example that the service would be able to meet all the employer's recruitment needs). When employers had formed part of a pilot's partnership group there were expectations that one role they could play would be as a provider of job opportunities. However, employers appeared generally reluctant to commit themselves to providing either placements or jobs. In the one case where a local authority had made a promise of a number of jobs for clients, this was proving difficult to implement in practice because the expected number of vacancies had not materialised.

There were many references in later fieldwork to problems created by the generally low level of awareness among employers about the issues around employing people with impairments or a health condition. There were still examples of ignorance and prejudice. In some pilot areas, staff

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[19] Employers' experiences of working with the Personal Adviser Service are reported in Chapter 7.

reported that employers sometimes confused the New Deal for Disabled People with other New Deals. This could be particularly awkward where employers had had experience of wage subsidies under other New Deals which were not available as standard under the NDDP. (Employers' perceptions and awareness of the Personal Adviser Service is discussed in Section 7.8.) Hence, there was still a role for general promotion and advertising of the Personal Adviser Service through, for example:

- special, high profile events;
- presentations to employer organisations, such as Chambers of Commerce or employers' forums;
- 'employer packs' containing promotional material; and
- articles (containing 'success stories') placed in employers' newsletters, journals etc.

This range of activity with employers was recognised as requiring a sizeable investment of time and effort. There was a considerable degree of variation in the pilots in the amount of proactive work with employers that was being carried out.

Engaging employers was seen as time-consuming and difficult partly because employers were said to be sceptical and suspicious about the New Deal for Disabled People, given their experiences with other New Deal programmes. In addition, some pilot managers commented that the best employers to engage with were large employers, but that their local labour market tended to be made up of small or medium sized companies. Involving employer organisations, such as Chambers of Commerce, was seen as one way around this difficulty.

3.5 Working with providers

Personal Advisers attempted to access the most appropriate form of training, education or other support for their clients. Provision of such services may come from the statutory sector, through voluntary organisations or through private sector companies. Many of these have had contracts for service provision with the Employment Service for many years. The Personal Adviser pilots could therefore tap into this source of training provision from the outset.

Although the Service created additional demands for training and other services, this has not generally resulted in an expansion of the number of providers in the market. In some pilot areas, particularly in the contract areas, staff have become aware of providers they had not previously known about. As a result, their register of providers has actually increased.

Most pilot managers and Personal Advisers commented that providers have responded in a number of ways to increasing demand:

- existing courses have taken more students;
- additional courses have been put on (for example, basic work preparation courses);

- courses have been adapted for individual clients; and
- in a few instances new courses have been established.

A salient observation from one pilot manager was that training organisations are likely to be reluctant to design and implement new courses when the long-term demand (i.e. after the two-year pilot period) is uncertain. For them, the financial investment was likely to be too risky. Although staff were able to find suitable provision for most of their clients, some gaps still remained. Examples included confidence building and basic literacy courses. These gaps tended to be local to individual pilot areas. There was no consistent pattern across all 12 pilots.

Some pilots had developed new ways of working with providers, including:

- contracting out job-search (and paying the provider by results, that is, the number of people placed in work);
- contracting out CV preparation and interview skills training for job-ready clients (some providers have always offered this sort of training but use by Personal Advisers was increasing in order to 'free up' their time for working with clients not yet job-ready); and
- having an employee from a placement agency (which finds work experience places) working on secondment with the Personal Adviser Service.

Contracting out of some Personal Adviser services had been introduced towards the end of the pilot evaluation period, and there is insufficient information from the evaluation to make an assessment about the relative advantages and disadvantages of this innovation. However, there are clearly implications in this approach for the type of service clients might receive. Clients might benefit from the help of experienced personnel who specialise in, for example, CV preparation. One possible drawback, however, is that the client would not receive a 'seamless service' from one Personal Adviser or from one Personal Adviser Service team. It is important, therefore, to monitor the effects of contracting out in any evaluation of the national extension of New Deal for Disabled People in 2001.

The main concern of Personal Adviser Service staff with the provision of work preparation, training and other support services was the low quality of some provision. They reported that clients had sometimes complained about either the content of courses or standards of teaching (or both). In some instances the problem appeared to lie, not with the whole service or organisation, but with individual support workers who were working with a client on a one-to-one basis. These cases could be difficult and sensitive to deal with. The main point to emerge from these experiences, for managers in particular, was that there was a need for some form of quality assurance or monitoring measures to be introduced.

The Intervention Fund was intended to be used to facilitate progress towards the labour market. Each pilot received a cash-limited allocation from a total pot of £3,465,000 for use over the two years of the pilot exercise.

Pilot managers in the Employment Service led pilots were initially advised that the Fund should only be used when other sources of finance had been explored and utilised. In all of the pilots, Personal Advisers had delegated authority to make payments from the Fund up to a certain level (this varied between £100 and £500 and in many pilots had been increased at some point). Above the prescribed level it was common for Personal Advisers to have to prepare a business case for a higher payment and obtain authorisation from a team leader or pilot manager. All managers monitored expenditure from the Fund though none had had to refuse a request on the grounds of lack of money. In contrast, many managers commented on the generous amounts made available to them through the Intervention Fund.

In the preceding sub-sections, several references have been made to some of the uses to which the Intervention Fund has been put. Mention has also been made of the change in approach to the Fund around the Spring of 2000. This section summarises the *types of use* made of the Fund and discusses lessons that can be drawn.

While there were variations across the pilots in the uses made of the Intervention Fund and the amounts paid (due, for example, to the individual needs of clients, the availability of services and the geography and infra-structure of the local area), the following were the more common ways in which the Fund was used:

- payments to meet necessary costs that would otherwise fall on individual clients (such as items of clothing or equipment, travel passes, fees for training and education, set-up costs for self-employment such as business insurance);

- 'incentive' payments to clients to encourage them to start work (such as grants similar to Jobfinder's Grant, or payments to bridge the gap between the end of benefit payments and the first wage packet); payments to defray the costs that would otherwise fall on employers (such as special equipment, or adaptations of the workplace);

- incentive payments to employers to take on clients (such as wage subsidies when payments under the Employment Service's Job Introduction Scheme could not be accessed); and

- payments to external providers to establish new training opportunities for clients.

It should be noted that many clients and employers would already be eligible for financial assistance to overcome some of the barriers noted above. For example, some training opportunities are available at no cost

to the individual through existing Employment Service programmes, Jobfinder's Grant is available through the Employment Service to meet some of the costs of moving into work, some benefit claimants are entitled to 'run on' payments when they start work, employers can receive Access to Work payments to adapt the workplace for a disabled person, and Job Introduction Scheme payments act as wage subsidies. Where the Intervention Fund had been used mainly as a replacement for an existing Employment Service provision, the reason was usually to provide clients with the support they needed quickly, or to avoid the possibility of an application being turned down.

The main lessons to be drawn from the experience of using the Intervention Fund fall into two categories, (a) lessons about what clients need, (b) lessons about the scope and administration of existing benefits and employment schemes.

Lessons about clients:

- clients' needs and the costs of meeting them are diverse;
- sometimes small amounts of financial help are all that are needed to move clients forward (for example, some smart clothes for attending interviews, or a bus pass to get to a training course); and
- clients often need financial help *quickly* to respond to job opportunities or deal with sudden difficulties.

Lessons about benefits and employment schemes:

- rules of eligibility (such as the earnings limit for Jobfinder's Grant, the hours and earnings limits for therapeutic work, and eligibility criteria for Access to Work payments) can exclude clients (or employers) from the sort of help that would make a difference to them;
- upper limits on the amounts available (for instance, through Jobfinders Grant) can preclude clients from making progress; and
- the time taken to complete and process official claim or application forms, and the uncertainty about the outcome, can act as a barrier to progress, or lead to lost opportunities.

Most of the managers and Personal Advisers valued the Intervention Fund highly although the discretion that it afforded them had been a new experience to which they had had to adjust and to gain confidence in using. Some managers were aware of the possibility that some clients might exploit the Fund, or even attempt to gain access to it fraudulently, and that a willingness to help clients had to be tempered with caution when considering whether to make a payment.

In summary, the Intervention Fund has been useful not only in opening out new training and employment opportunities for clients but also in plugging the gaps in the existing benefit and Employment Service provisions that act as barriers to people moving towards or starting work.

The range of skills and competencies needed by Personal Advisers is wide and diverse. In some pilots the view that the range was *too* wide for any individual had led to decisions to introduce some form of specialisation in Personal Adviser roles (see Section 2.4.2).

The training of Personal Advisers in the Employment Service led pilot areas has typically consisted of the basic three-week Employment Service training package provided to Disability Employment Advisers plus two additional weeks of Personal Adviser training. Once in post further *ad hoc* training was undertaken (sometimes as part of team training and sometimes individually tailored). Each pilot has tended to identify its own training needs, sometimes through special exercises (such as training audits conducted by an occupational psychologist), and to meet these locally. Training has been obtained from, for example, local authority social services, disability organisations, Benefits Agency, partnership organisations and training providers.

In the contract areas there was no access to Disability Employment Adviser training. Managers had to put together packages of training drawing on the resources available to them locally. Personal Advisers mentioned having to learn on the job from each other, pooling their knowledge, expertise and experience. Those recruited later in the pilot often 'shadowed' more experienced Personal Advisers before taking on their own clients. It was common for the lead organisation in a partnership to be approached to provide as much training as possible, and for other organisations in the partnership to contribute also. Outside the partnership, managers sought training input from the same wide range of sources as their counterparts in the Employment Service led pilots including marketing training from private sector companies.

In research interviews, Personal Advisers were reflective and insightful about the range of skills and knowledge that were necessary to fulfil their function. The list is long and diverse, but can be broken down into four categories: (a) the knowledge base needed by Personal Advisers, (b) technical skills, (c) interpersonal and professional skills in dealing directly with clients, and (d) personal management skills.

Knowledge base

- local knowledge (including the structure of the labour market, employment opportunities, range and scope of training providers, transport infrastructure, and social characteristics of the local population);

- sufficient knowledge of the benefit and tax credit systems to be able to advise clients or know when to seek more expert help;

- sufficient knowledge of Employment Service schemes and provisions to be able to advise clients or know when to seek more expert help;

- mental health training (to understand the basic symptoms and limitations of mental health conditions);

- other disability-specific training (such as sensory impairments, brain injuries); and
- employment law (including the 1995 Disability Discrimination Act).

Technical skills

- IT systems (covering basic computer skills and training in specific applications such as the Labour Market System, and case management packages);
- completing official forms (including benefit claims and applications for Employment Service provisions);
- marketing/publicity (including techniques for effective 'selling' and promotion); and
- external relations/presentation skills (for making presentations to meetings of employers, providers or disability organisations, and for dealing with the media).

Interpersonal/professional skills

- assessment interviews (that is, how to identify clients' aspirations, abilities and barriers);
- disability awareness (for example, use of language, personal space);
- job retention (including how to negotiate with employers);
- 'counselling'/listening skills (that is, how to respond empathetically to possibly personal and sensitive information, but without being drawn into the role of professional counsellor); and
- personal safety (to enable Personal Advisers to respond to potentially threatening or dangerous situations).

Personal management skills

- time management/organisational skills; and
- stress management (to be able to recognise the signs of stress and take appropriate action in response).

The view among Personal Advisers was that it was not essential that every adviser should possess this full range of skills and competencies but that they should be covered at the least by one of the members of the Personal Adviser team. There was also a strong view that some training should be carried out *before* a Personal Adviser was permitted to work individually with clients. This 'core' training should include the following essential skills and knowledge: local knowledge, benefits and tax credits, employment law, disability awareness, and listening skills. Other training should be carried out as soon as possible in each personal adviser's career to increase their efficiency and effectiveness.

3.8 Conclusions An integral part of the role of Personal Adviser is identifying and addressing the barriers that face their clients in moving towards and into the labour market. The types of structural and institutional barriers identified in the

early stages of the pilots by Personal Advisers and described in the interim report (Arthur et al., 1999) continued to be a feature of their work throughout. Other barriers became apparent later in the course of the evaluation.

Much of this chapter has described and evaluated the extent to which the Personal Adviser Service pilots have made efforts to address barriers faced by their clients. However, no matter how the New Deal for Disabled People develops in the future, these barriers will never be entirely eliminated. What needs to be learned by potential suppliers of Personal Adviser services or their equivalents in 2001 and beyond, therefore, is an awareness of these barriers in order that they are recognised and appropriate responses made on behalf of individual clients.

These include:

1 the job market - the ways in which the labour market was developing generally, for example towards part-time, low paid work often at unsocial hours, were unsuited to the needs of many New Deal clients;

2 the provider market - the local supply of training and support services could not always meet the needs of clients locally. Furthermore the quality of some provision was not adequate;

3 employer attitudes - Personal Advisers continued to have to deal with some employers whose level of knowledge about employing disabled people was low;

4 the 'disabled' label - some clients did not want prospective employers to know of their health status. This created problems for Personal Advisers in dealing with prospective employers and in some cases limited the range of help, particularly financial assistance, that could be discussed;

5 benefit and employment systems - rules of eligibility and the decisions made by social security or employment officials sometimes prevented clients from receiving the types of help which they required;

6 inter-agency co-operation - a generally low level of joint working between the Personal Adviser Service and other welfare services (such as health, social services and social security) hindered a joined up approach to helping individuals move towards employment;

7 travel to work - some clients were unwilling to travel far to take work for a number of reasons including, cost and availability of public transport and because of physical or mental problems associated with travelling.

Some of these barriers, such as benefit rules, were beyond the capacity of Personal Advisers to influence directly, although they could be tackled by indirect means, such as the use of the Intervention Fund.

Overall, the staff of the pilots were convinced that what they offered to clients was different to the services available outside the pilots areas. They thought that what distinguished them from, for example, mainstream

Employment Service services included:

- client focus/flexibility: the emphasis on identifying what clients need to help them move forward, and working out how this can be supplied;
- voluntary involvement of clients: Personal Advisers were working with clients who had chosen to participate, there were no links to benefits entitlement, no coercion, and clients were free to end participation when they wanted;
- speed of response: Personal Advisers felt unhindered by bureaucratic constraints, they could find legitimate ways round delays created elsewhere, such as in the benefit system or the Employment Service; and
- Intervention Fund: this was seen as a major facilitator in helping clients move towards and into work.

These differences were also seen firmly as *advantages* over mainstream services and contributed strongly to what Personal Advisers, particularly in the Employment Service pilots, saw as a distinct and positive culture in the pilots. Personal Advisers also thought that the voluntary nature of the pilots was valued by clients and helped them feel more in control of developments than if the scheme had been compulsory or had had other conditions attached, for example in relation to benefits.

There was a very strong feeling that the pilots were providing considerable added value in helping people on incapacity-related benefits move towards and into work who had not been offered appropriate help in the past and who would otherwise have remained on benefits.

The experience of the 12 Personal Adviser Service pilots clearly shows that there is no one model of delivery; but it is not legitimate to compare pilots in the sense of judging any one model intrinsically 'better' or 'worse' than any other. This section therefore draws together key conclusions from the chapter, and raises questions for the development of policy and practice for the national extension of New Deal for Disabled People in 2001.

- There was considerable variation in personal advisers' perceptions of their own roles in relation to clients, some adhering more to the client-centred approach while others adhered more to the focus on job outcomes. Greater clarification of the role of the Personal Adviser (or their equivalents in the future) may be necessary.
- Planning the staffing requirements of future NDDP initiatives could take into account personal advisers' views on what constitutes a manageable caseload.
- The skills and training requirements of Personal Advisers (or their equivalents in the future) needs to encompass the necessary knowledge base, technical skills, interpersonal and professional skills, and personal management skills.

- It is likely that in a target-driven service, some potential clients, particularly those a long way from the labour market and requiring a large investment of time and resources, may seem less attractive to NDDP providers in future. Thought needs to given about the appropriate response to such clients, or ways of incentivising contractors not to reject them.

- Managers and Personal Advisers were beginning to take a far more proactive role in relation to employers compared to earlier in the life of the pilots. There was still a need therefore for the Personal Adviser Service to undertake general education of employers alongside more focused visits to individual firms. These functions will be important in any future NDDP provision.

- There had not been a significant increase in the number of providers of training and other services in any of the pilot areas. In some pilots, there was an emerging issue of the *quality* of training courses and other forms of client support from providers. Systematic quality assurance and monitoring systems, possibly at the local level, or accreditation procedures may be necessary in the future.

- Personal Advisers and managers were positive about the Intervention Fund. It had allowed them to take actions on behalf of clients that otherwise would not have been possible. The management and control of any future variant of the Intervention Fund needs consideration to ensure that public funds are not wasted or subject to fraud and abuse.

Perhaps the most important lesson to emerge from Chapters 2 and 3 is that the institutional framework within which future pilots will operate should seek to promote those aspects of the current pilots which are valued most highly by the staff delivering the service, that is, speed and flexibility, freedom from some of the bureaucratic constraints experienced in accessing some benefit and employment provisions, and access to funds free from restrictive eligibility criteria.

4 ENGAGING THE CLIENT GROUP

4.1 Introduction

This chapter focuses on factors associated with people who participate in the New Deal for Disabled People Personal Adviser Service and explores the client group's awareness of and response to the pilot service. The chapter also investigates levels of activity within the pilot services. The chapter blends both survey and qualitative data.

4.1.1 The studies

Brief explanations of the survey and qualitative work undertaken are reported here, further details of sample selection and research design are given in Appendix B.[20]

The surveys

The majority of survey findings presented here are drawn from a survey of people living in the 12 pilot areas who participated in the Personal Adviser Service, and others who were eligible to take part in the pilot service but did not.

The sample includes respondents who had their first interview with a Personal Adviser between March 1999 and February 2000. It also includes people who had been sent a letter from January 1999 inviting them to participate and who had not contacted the pilot service at least six weeks after it had been sent. Throughout the chapter the term 'participant' refers to people who had at least one interview with a Personal Adviser. The term 'non-participant' describes respondents who were eligible to participate in the pilot service but had not had an interview with a Personal Adviser.

In total, 2557 face-to-face interviews were conducted between May and July 2000. The time between the participants' first interview with a Personal Adviser and the survey interview ranged from four to 17 months. Analysis attempts to take into account this range where appropriate. Three-quarters of the sample were participants and 25 per cent non-participants.[21] Of the participants, 75 per cent had been sent a letter inviting them to contact the Personal Adviser Service; the rest had approached the pilot service before receiving a letter inviting them to do so. These people had been referred to the scheme or on hearing about it volunteered themselves for it.[22] Hereafter, these people will be referred to as 'uninvited' participants and those who had responded to the letter

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[20] Full details of the methodology can be found in Lessof *et al.*, (2001 forthcoming).

[21] The split between participants and non-participants reflects the purposeful sample stratification.

[22] These people are likely to form part of the eligible client group and so would be expected to receive a letter inviting them to contact the pilot service in due course.

as 'invited' participants.[23] The term participant is used in preference to client when discussing the survey findings because whether the respondents were caseloaded is unknown. As mentioned in Section 1.3.2, 'clients' formally refers to those people who were caseloaded by their Personal Advisers. These individuals may have had one or more interviews before they were caseloaded.

The data is statistically weighted to take account of non-response (Appendix B gives further details on the weighting). This is essential in any survey to account for differences in characteristics of respondents and non-respondents such as age. The statistical weights are designed to retain the unweighted sample size.

Findings from the survey described above are complemented by results from a national survey of people, who when sampled, were claiming incapacity-related benefits.[24] This sample is representative of the population of claimants of incapacity-related benefits and is referred to here as 'the national survey'.[25] In a few instances reference is made to a small sub-group of this population; those defined as being closer to the labour market.[26] Factors such as whether the respondent was in paid work, when they were last in paid work and their future aspirations towards paid work were all taken into account when determining whether respondents were 'closer' or 'distanced' from the labour market. As with the pilot survey, some respondents in the national survey left benefit between the time of sampling and the survey interview.

The qualitative interviews

The chapter also includes qualitative findings from in-depth interviews with 91 people, 26 of whom took part in a second research interview some 6-12 months after the first.

This study group was purposively selected, and built to include early entrants to the Personal Adviser Service and clients using the pilot service at a later stage in its development. The group included people with a range of personal characteristics and different levels of involvement with

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[23] The proportion of uninvited participants in the sample is lower than expected. Management information shows that about 50 per cent of participants had approached the pilot service without first having received a letter inviting them to do so. Therefore, the survey over-represents clients who came forward in response to the letter.

[24] Incapacity Benefit, Severe Disablement Allowance and National Insurance Credits only.

[25] Further findings from this sample are reported separately in Loumidis et al., (2001 forthcoming). Details of the sampling procedure and research design are given in Appendix B and the technical report (see Lessof, 2001 forthcoming).

[26] A more detailed explanation of the definition and selection of this group is reported in Appendix B.

the Personal Adviser Service, across the 12 pilot areas. Appendix B provides details of the selection of people in the study group; response; conduct of the interviews; and analytical techniques.

The study group is not representative of Personal Adviser Service clients in a statistical sense but there is no reason to believe they were atypical. The findings provide insights and an understanding of how the pilot service worked for this group of people.

4.1.2 Organisation of the chapter

The chapter begins by examining the pilot service, drawing on management information statistics (Section 4.2), followed by a description of the characteristics of participants and non-participants (Section 4.3). Having established the characteristics of the survey respondents, awareness of and initial responses to the scheme are considered in Section 4.5 and finally, salient findings are reported in Section 4.6.

4.2 Levels of activity in the Personal Adviser Service

Management information shows that between September 1998 and November 2000, the Benefits Agency had sent approximately 275,200 claimants a letter inviting them to take part in the pilot (see Section 1.2.2). The number having a first interview was 18,166 of whom half were invitees (49 per cent) and half referrals/volunteers (51 per cent). This implies around 9,300 people were referred by other organisations or voluntarily came forward to use the pilot service, and a direct response rate of three per cent to the invitation letter. Combined, these groups form a seven per cent response rate to the Personal Adviser Service (Table 4.1).

Of those having an introductory interview two-thirds (69 per cent) or 12,575 clients were caseloaded by the Personal Advisers, that is, steps were initiated to help clients move towards work. As at November 2000, 64 per cent (8,092 clients) had left the caseload and hence the pilot service, and of these 59 per cent (4,800) had found paid employment. This represents 26 per cent of all participants and 38 per cent of those caseloaded.

Table 4.1 shows the level of activity in each pilot area. It is inappropriate to draw conclusions about the relative performance of Employment Service led areas with the contract areas because the former have operated for six months longer than the latter, and consequently have had the opportunity to develop their structures and referral sources, build a credibility, and generate a higher level of activity. Nevertheless, the Table does show that there is variation in activity both within the Employment Service and contract areas. For example, within the Employment Service led areas Bolton caseloaded 56 per cent of first interviews compared with three-quarters in Sandwell (75 per cent) and Bristol East and Bath (78 per cent). Similarly, in the contract areas this conversion rate ranges from 62 per cent in South Devon to 89 per cent in Newham. The reasons for this variation are unclear, but they might

be indicative of differences in any screening procedures prior to a first interview, and/or criteria used to caseload clients.

In terms of caseloaded leavers moving into/retaining employment within the Employment Service led pilots, the proportions are higher in Eastern Valleys (78 per cent) and Bolton (71 per cent) than in Central Sussex (46 per cent). In the contract areas they are higher in Newham (65 per cent) and South Tyneside (80 per cent) than in Mercia East (41 per cent) and Bedfordshire (42 per cent). Appendix A contains information about the local labour markets between 1997 and 2000.

The management information data show that although the majority of leavers move into work, a large minority do not. There is some information from the survey of participants about respondents' reasons for no longer being in contact with the pilot service (Chapter 5). Some participants mentioned dissatisfaction with the service, periods of ill-health, just losing touch, or changes in personal circumstances.

Table 4.1 Activity in Personal Adviser Service pilot areas (Cumulative to 24 November 2000)

Area	Invitations issued		Participants (first introductory interview)		Clients (caseloaded)		Number leaving caseload		In work			
	Number	Column per cent	Number	as % of invitations	Number	as % of 1st interview	Number	as % of caseload	Number	as % of leavers	as % of participants	as % of clients
Employment Service areas:												
Bolton	25726	16%	1751	7%	986	56%	634	64%	450	71%	26%	46%
Bristol East and Bath	19025	12%	1616	8%	1258	78%	739	59%	504	68%	31%	40%
Central Sussex	14336	9%	1377	10%	819	59%	576	70%	263	46%	19%	32%
Eastern Valleys	42396	26%	2248	5%	1409	63%	1099	78%	858	78%	38%	61%
Lanarkshire	39310	24%	2191	6%	1309	60%	953	73%	545	57%	25%	42%
Sandwell	19780	12%	1001	5%	749	75%	423	56%	223	53%	22%	30%
Sub-total	160573	100%	10184	6%	6530	64%	4424	68%	2843	64%	28%	44%
Contract areas:												
Bedfordshire	16687	15%	874	5%	550	63%	339	62%	142	42%	16%	26%
Mercia East	20212	18%	1259	6%	1094	87%	756	69%	309	41%	25%	28%
Newham	12933	11%	852	7%	756	89%	430	57%	280	65%	33%	37%
North Yorkshire	19650	17%	1301	7%	988	76%	654	66%	277	42%	21%	28%
South Devon	19160	17%	1824	10%	1133	62%	796	70%	397	50%	22%	35%
South Tyneside	26007	23%	1872	7%	1524	81%	693	45%	552	80%	29%	36%
Sub-total	114649	100%	7982	7%	6045	76%	3668	61%	1957	53%	25%	32%
Total	275222		18166	7%	12575	69%	8092	64%	4800	59%	26%	38%

Source: DfEE management information

Note: Figures for up to the end of June 2000 are given because this coincides with the survey of participants and non-participants. Data are also subject to revision following an on-going validation exercise.

The primary focus of this section is on the similarities and differences between participants and non-participants; however, comparisons between other sub-groups are of importance. Notably, significant differences are shown amongst participants in terms of whether they were invited to take part or not, how long they had been enrolled with the pilot service and whether they lived within Employment Service led or contract led pilot areas. Furthermore, where significant differences between participants and non-participants are a function of their age or severity score (see Section 4.3.2) then these are explained. The following sections examine respondents':

- Social and demographic characteristics (Section 4.3.1);
- Impairment or health condition (Section 4.3.2);
- Benefit status and receipt (Section 4.3.3);
- Labour market background (Section 4.3.4); and
- Attachment to paid work (Section 4.3.5).

4.3.1 Socio-demographic characteristics

The socio-demographic characteristics reported here include gender, ethnicity, age, household composition, qualifications, access to transport, tenure and partner's economic activity.

Gender and ethnicity

Participants were more likely to be male (67 per cent) than female (33 per cent). The same is true of non-participants. Sixty-two per cent of non-participants were male. The majority of participants (92 per cent) and non-participants (93 per cent) were white. The rest were from ethnic minority backgrounds. These findings reflect the distribution of the incapacity-related benefits caseload (see Section 1.2.2).

Age

Participants tended to be younger than non-participants (Table 4.2). Seventy per cent of participants were aged under 50 years compared to 54 per cent of non-participants. Amongst participants, just 15 per cent were aged under 30 years and 81 per cent were aged between 30 and 59 years. As expected few participants were near retirement age; just five per cent were aged 60 or over.

Table 4.2 Age group

Age	Pilot survey				National survey	
	Participants		Non-participants			
	Number	Per cent	Number	Per cent	Number	Per cent
Under 20 years	16	1	15	2	30	2
20-29 years	271	14	87	14	114	7
30-39 years	488	26	104	16	208	13
40-49 years	552	29	140	22	390	25
50-59 years	496	26	209	33	570	37
60 years and over	91	5	87	14	245	16
Base	1914		642		1555	

Base: All respondents (weighted for non-response)

National survey[27] face-to-face interviews

In comparison with the national survey respondents, participants tended to be younger; just 47 per cent of national survey respondents were aged under 50 years.

Household composition

Participants were more likely to live with a partner and children than non-participants (Table 4.3). Twenty-eight per cent of participants had a partner and children compared to 20 per cent of non-participants. On the other hand, participants were less likely to have a partner but no children than were non-participants (20 per cent and 25 per cent respectively). When considering the national survey respondents, participants were still more likely to have a partner and children (28 per cent) compared to 20 per cent of national survey respondents.

Table 4.3 Household composition

	Pilot survey				National survey	
	Participants		Non-participants			
	Number	Per cent	Number	Per cent	Number	Per cent
Single, no children	484	25	150	23	370	24
Partner, no children	383	20	163	25	448	29
Single with children	124	7	33	5	76	5
Partner and children	531	28	131	20	313	20
Lives with parents	159	8	65	10	105	7
Lives with other relative	140	7	62	10	134	9
Lives with other	93	5	39	6	110	7
Base	1914		643		1556	

Base: All respondents (weighted for non-response)

National survey face-to-face interviews

[27] See Section 4.1.1 for further details of the national survey.

Partner's economic activity

Participants were more likely to have a partner in paid work than were non-participants. Sixty-two per cent of participants who had a partner said s/he was in paid work compared to 43 per cent of non-participants (Figure 4.1). Participants were also considerably more likely to have a partner in employment than were the national survey respondents; just 47 per cent of the latter reported that their partner was in paid work.

Figure 4.1 Partner's economic activity
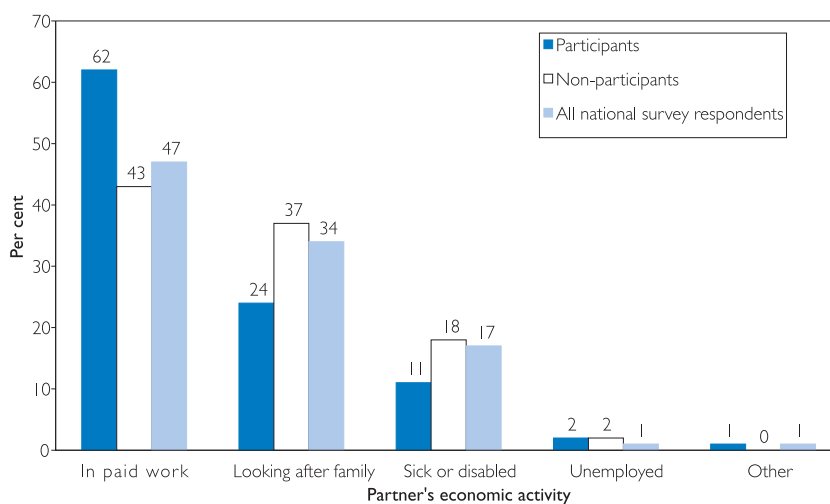
Base: All respondents with a partner (weighted for non-response)

(n = 1208 (914 participants, 294 non-participants))

National survey n = 724 (face-to-face interview)

Access to transport

Participants were considerably more likely than non-participants to hold a valid driving licence and have access to private transport. Fifty-seven per cent of participants compared to 42 per cent of non-participants held a valid driving licence and had access to a vehicle (Table 4.4). The proportion of the national survey respondents with a valid driving licence and access to private transport (48 per cent) was lower than that reported for participants.

Table 4.4 Access to private transport

| | Pilot survey | | | | National survey | |
| | Participants | | Non-participants | | | |
	Number	Per cent	Number	Per cent	Number	Per cent
Driving licence and vehicle	1085	57	269	42	746	48
Driving licence, no vehicle	227	12	63	10	127	8
No driving licence	594	31	308	48	682	44
Base	1906		640		1556	

Base: All respondents (weighted for non-response)

National survey face-to-face interviews

In terms of public transport, few differences emerged between participants and non-participants. Forty-four per cent of the former were able to use public transport and described it as good in their area compared to 45 per cent of the latter. Less than one-third of participants (32 per cent) were unable to use public transport as were 38 per cent of non-participants. The remaining 23 per cent of participants and 18 per cent of non-participants said they were able to use public transport but that the service was bad in their area.

Tenure

Participants were slightly, but significantly more likely to be owner-occupiers than non-participants (Figure 4.2). Forty-five per cent of participants were owner-occupiers compared with 37 per cent of non-participants. National survey respondents were as likely to own or mortgage their house as were participants; 44 per cent were owner-occupiers.

Figure 4.2 Tenure

Base: All respondents (weighted for non-response)

(n = 2257 (1914 participants, 643 non-participants))

National survey n = 1555 (face-to-face interview)
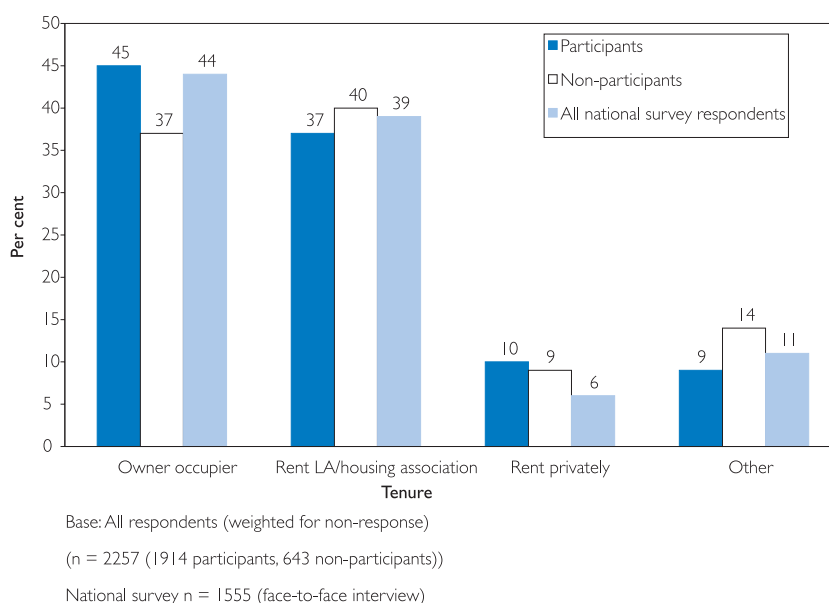
Socio-demographic differences between invited and uninvited participants

In terms of their socio-demographic characteristics, few significant differences emerged between participants who had approached the Personal Adviser Service after an invitation letter had been sent and those who had not received a letter before seeking an interview with a Personal Adviser. To summarise, uninvited participants tended to be younger than invited participants. However, uninvited participants had been claiming incapacity-related benefits for longer. That said, no differences emerged between the two groups in terms of their impairment or health condition, although, uninvited participants were more likely to say that they felt able to do some paid work than were invited participants.

This section investigates the presence of an impairment or health condition amongst participants and non-participants, their severity score and when the condition began to affect their everyday activities and ability to do paid work.

Presence of an impairment or health condition

Participants were no less likely to report having, or having recently had, a physical or mental health condition or impairment that affects or affected their everyday activities than were non-participants (99 per cent and 97 per cent respectively). Likewise, no differences were evident between participants and the national survey respondents; 98 per cent of whom had, or had recently had, an impairment or health condition.[28] This is perhaps unsurprising given that participants were in receipt of an incapacity benefit for 28 weeks or more to be eligible for the pilot service and were therefore as likely to have a longstanding health condition or disability.

Older participants (aged 50 and over) were, however, less likely to have more than one impairment or health condition than were non-participants over 50 (61 per cent and 69 per cent respectively).

Nature of impairment or health condition

The most common health problems reported by participants and non-participants were mental health problems (for example, depression or anxiety (not including severe or specific learning difficulties)), muscular-skeletal problems (affecting areas such as the arms and legs), and back problems. Participants were more inclined to report mental health problems (28 per cent) or back problems (18 per cent) than were non-participants (21 per cent and 11 per cent respectively) (Table 4.5).

Participants were also more likely to report mental health problems and muscular-skeletal problems than were national survey respondents (21 per cent and 14 per cent respectively). However, participants were less likely to report severe or specific learning difficulties (two per cent) than national survey respondents (seven per cent).

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[28] Respondents who did not identify an impairment or health condition either did not perceive it as affecting their everyday activities or did not want to disclose this information.

Table 4.5 Main impairment or health condition

Mental impairment or health condition	Pilot survey				National survey	
	Participants		Non-participants			
	Number	Per cent	Number	Per cent	Number	Per cent
Mental health (depression, anxiety)	523	28	129	21	319	21
Muscular-skeletal (arms, legs, hands etc)	371	20	130	21	215	14
Back problems	341	18	70	11	298	20
Circulatory problems (heart, blood pressure)	143	8	67	11	167	11
Mental health (severe or specific learning difficulties)	37	2	41	7	107	7
Progressive illness (e.g. cancer, MS)	62	3	31	5	100	7
Chest or breathing problems (e.g. asthma)	41	2	18	3	66	4
Epilepsy	42	2	21	3	34	2
Gastro-intestinal (stomach, liver, kidneys)	41	2	21	3	30	2
Sensory (seeing)	44	2	15	2	30	2
Diabetes	26	1	8	1	17	1
Sensory (hearing/speaking)	31	2	7	1	25	2
Skin conditions/ allergies	10	1	4	1	5	*
Other	178	9	60	10	113	7
Base	1890		622		1530	

* - less than 0.5

Base: All respondents (weighted for non-response)

National survey face-to-face interview

Severity of impairment or health condition

Participants and non-participants were asked a detailed set of questions based on the OPCS/ONS severity scales[29], and from these scales a combined 'severity score' ranging from zero to ten (most severe) was derived for each respondent. Further details of the construction of these scales are provided in Appendix B.

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[29] The conceptual framework underlying these scales, and the methodology of their construction, are described in Martin, J., Meltzer, H. and Elliot, D., (1988) 'The prevalence of disability among adults'. *OPCS Surveys of Disability in Great Britain*, Report 1, London: HMSO.

Five per cent of respondents scored 0 - this being *below* the minimum score on the scale. For compatibility with other disability surveys, severity scores were banded 1-2 (low), 3-6 (medium), and 7 and more (high).

Participants tended to have lower severity scores than non-participants, in particular, participants were less likely to have a score of 7 or more than were non-participants (22 per cent and 29 per cent respectively) (Figure 4.3). This difference was especially significant amongst older respondents. Of those 50 and over, just 18 per cent of participants had a severity category of 7 or more compared with 28 per cent of non-participants. In comparison with the national survey respondents, participants were also less likely to have a severity category of 7 or more. Thirty-seven per cent of the population scored 7 or more; 46 per cent between 3-6 and 17 per cent 1-2.

Figure 4.3 Disability severity score category
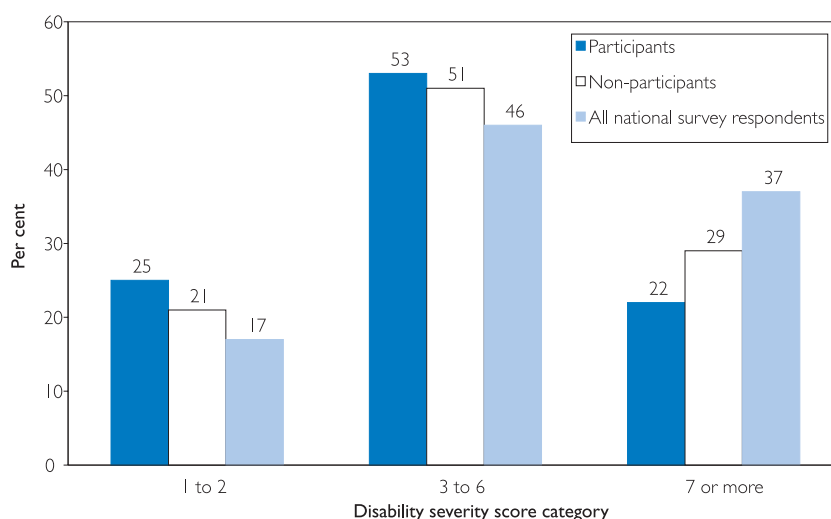
Base: All respondents (weighted for non-response)

(n = 2257 (1914 participants, 643 non-participants))

National survey n = 1523 (face-to-face interview)

Length of time since impairment or health condition started to affect everyday activities

Participants were slightly more likely to report that their impairment or health condition had affected their everyday activities for a shorter period of time than were non-participants (Table 4.6). Overall, 43 per cent of participants said their condition had first affected them less than five years previously compared to 38 per cent of non-participants. However, national survey respondents were considerably less likely to have said their condition first affected them less than five years ago (27 per cent).

Table 4.6 Length of time since impairment or health condition started to affect everyday activities

| Length of time | Pilot survey | | | | National survey | |
| | Participants | | Non-participants | | | |
	Number	Per cent	Number	Per cent	Number	Per cent
Within the last 2 years	217	12	76	12	54	4
Within the last 2 to 3 years	207	11	65	11	86	6
Within the last 3 to 5 years	384	20	94	15	255	17
Within the last 5 to 10 years	442	24	146	24	379	25
More than 10 years ago	545	29	192	31	630	41
Since birth	83	4	45	7	126	8
Base	1878		618		1529	

Base: All respondents (weighted for non-response)

National survey face-to-face interviews

Length of time since impairment or health condition started to affect ability to do paid work

Participants were also more likely to state that their impairment or health condition affected their ability to work for a shorter period of time than were non-participants (Table 4.7). Over one-half of participants (55 per cent) compared to 48 per cent of non-participants said their condition had started to affect their ability to do paid work less than five years ago. In comparison, 36 per cent of national survey respondents said their condition had affected their ability to undertake paid work within the past five years.

The biggest difference between participants and non-participants emerged between respondents who felt their impairment or health condition had affected their ability to do paid work for more than ten years (19 per cent of participants compared to 25 per cent of non-participants). However, this difference was only evident between older participants and non-participants. Twenty per cent of older participants (50 years and over) and 29 per cent of non-participants in the same age group said their impairment or health condition started to affect their ability to do paid work more than 10 years ago.

Table 4.7 Length of time since impairment or health condition started to affect ability to do paid work

| Length of time | Pilot survey | | | | National survey | |
| | Participants | | Non-participants | | | |
	Number	Per cent	Number	Per cent	Number	Per cent
Within the last 2 years	323	17	98	16	82	6
Within the last 2 to 3 years	254	14	71	12	114	8
Within the last 3 to 5 years	449	24	119	20	321	22
Within the last 5 to 10 years	456	24	150	25	485	34
More than 10 years ago	353	19	151	25	444	31
Base	1873		611		1446	

Base: All respondents (weighted for non-response)

National survey face-to-face interviews

4.3.3 Benefit status

This section looks at benefit status at the time of the survey interview and benefit durations for participants and non-participants.

Benefit status at the time of the survey interview

At the time of the survey interview, the majority of participants and non-participants reported that they were receiving incapacity-related benefits (82 per cent and 88 per cent respectively). However, fewer participants reported that they were receiving one of the qualifying benefits for New Deal for Disabled People Personal Adviser Service[30] than did non-participants (72 per cent and 82 per cent respectively). Similarly, fewer participants received a qualifying benefit or Income Support with a premium than did the national survey respondents (88 per cent).

Participants who had been in contact with the pilot service for a longer period of time might be more likely to have left benefit than those involved for less time, however, no differences emerged according to duration with the scheme. Perhaps unsurprisingly, participants who, according to administrative records, had exited the programme were less likely to receive a qualifying benefit than were others still on the scheme (65 per cent and 79 per cent respectively).

Various reasons were reported for why respondents had ceased to claim one of the qualifying benefits (Table 4.8). Small numbers of non-

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[30] Qualifying benefits are Incapacity Benefit, Severe Disablement Allowance and National Insurance Credits for incapacity. Recipients may also be in receipt of Income Support on the grounds of incapacity.

participants leaving benefit limit comparisons with participants, however, for almost half of all respondents, the reason they had stopped claiming benefit was that they had started paid work (52 per cent).[31] A further 16 per cent failed a DSS medical and nine per cent returned to work (as opposed to starting a new job).

Table 4.8 Reason for leaving benefit - all respondents who had left benefit

| | Pilot survey | | | | National survey | |
| | Participants | | Non-participants | | | |
	Number	Per cent	Number	Per cent	Number	Per cent
Failed DSS medical	82	16	19	17	39	22
Did not attend DSS medical	2	*	1	1	2	1
Started work	272	52	33	30	26	15
Started training	17	3	2	2	1	1
Reached retirement age	4	1	12	11	23	13
Returned to work	47	9	5	5	11	7
Health improved	15	3	5	5	6	4
Started claiming JSA	9	2	1	1	4	2
Started government training	9	2	1	1	1	*
Started looking for work	6	1	2	2	1	1
Incapacity benefits not enough to live on	5	1	2	2	3	2
Own doctor declared fit	11	2	1	1	10	6
Own choice	9	2	1	1	2	1
Family reasons	2	*	1	1	0	0
Other	34	7	24	22	43	3
Base	524		110		173	

* less than 0.5

Caution is advised when interpreting the percentages in italics due to the extremely low cell sizes.

Base: Respondents who had left benefit (weighted for non-response)

National survey face-to-face interviews

Among respondents claiming an incapacity-related benefit at the time of the survey interview there were few differences among participants and non-participants (Table 4.9). The majority were in receipt of Incapacity Benefit (53 per cent of participants and 56 per cent non-participants). Around one-third were in receipt of Disability Living Allowance (31 per

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[31] Further details on respondents who had left benefit and who had begun paid work are discussed in Chapter 6.

cent of participants and 34 per cent of non-participants). Six per cent of participants and 10 per cent of non-participants received Severe Disablement Allowance and six and four per cent respectively National Insurance credits (on grounds of incapacity) was their qualifying benefit.

The main difference between participants and non-participants related to the proportions receiving Income Support with a disability premium; fewer participants were in receipt of Income Support with a disability premium at the time of interview (28 and 36 per cent respectively).

Table 4.9 Receipt of incapacity-related benefit at time of survey interview

| | Pilot survey | | | | National survey | |
| | Participants | | Non-participants | | | |
	Number	Per cent	Number	Per cent	Number	Per cent
Incapacity Benefit	1018	53	355	56	848	55
Income Support with premium	535	28	231	36	571	37
Disability Living Allowance	587	31	218	34	687	44
Severe Disablement Allowance	119	6	65	10	241	16
Motability	64	3	23	4	96	6
Credits towards National Insurance	107	6	24	4	114	7
Industrial Injuries Disablement Allowance	74	4	21	3	89	6
Disabled Person's Tax Credit	96	5	11	2	6	*
Statutory Sick Pay	8	*	3	1	4	*
War Disablement Pension	20	1	6	1	4	*
Occupational Sick Pay	5	*	0	0	4	*
None of these	342	18	76	12	125	8
Base	1913		640		1556	

Base: All respondents (weighted for non-response)

National survey face-to-face interviews

In addition to incapacity-related benefits, the majority of participants and non-participants received other benefits; although this was more common amongst non-participants (Figure 4.12). The main difference between participants and non-participants related to their receipt of Housing Benefit (55 per cent and 71 per cent respectively) and Council Tax Benefit (62 per cent and 77 per cent respectively). This reflects the difference in tenure between the two groups reported in Section 4.2.

Table 4.10 Receipt of non-incapacity-related benefit at time of survey interview

| | Pilot survey | | | | National survey | |
| | Participants | | Non-participants | | | |
	Number	Per cent	Number	Per cent	Number	Per cent
Housing Benefit	645	55	250	71	594	65
Council Tax Benefit	726	62	275	77	700	76
Jobseeker's Allowance	57	5	12	4	25	3
Family Credit	14	1	3	1	13	1
Child Benefit	400	34	94	27	250	27
Invalid Care Allowance	64	6	23	7	73	8
Working Families' Tax Credit	63	5	6	2	11	1
Job Finder Grant	3	*	0	0	0	0
Other	213	18	41	12	56	6
Base	1172		355		1556	

Base: All respondents in receipt of non-incapacity related benefit at the time of the survey interview (weighted for non-response)

National survey face-to-face interviews

Benefit duration

Participants tended to have been in receipt of a qualifying benefit for the New Deal for Disabled People Personal Adviser Service for a shorter period than non-participants (Table 4.11). Just one-third (32 per cent) of participants had received one of these for more than five years compared with two-fifths (41 per cent) of non-participants. Participants were also less likely to have been receiving a qualifying benefit for as long as the national survey respondents; 56 per cent of the national survey population had been claiming for more than five years.

Table 4.11 Benefit claim duration

| Benefit duration | Pilot survey | | | | National survey | |
| | Participants | | Non-participants | | | |
	Number	Per cent	Number	Per cent	Number	Per cent
6 months or less	131	7	42	7	29	2
7 to 12 months	150	8	36	6	40	3
1 to 2 years	321	18	94	16	163	12
2 to 3 years	213	12	53	9	208	15
3 to 4 years	246	14	71	12	85	6
4 to 5 years	169	9	48	8	93	7
More than 5 years	572	32	236	41	776	56
Base	1802		580		1395	

Base: All respondents (weighted for non-response)

National survey face-to-face interviews

Duration with the Personal Adviser Service

As mentioned earlier (Section 4.1.1), the time between the participants' first interview with a Personal Adviser and the survey interview ranged from four to 17 months. Of those still recorded on the administrative database as involved with the pilot service, 16 per cent had their first interview with a Personal Adviser between March and May 1999, 22 per cent between June and August 1999, 40 per cent between September and November 1999, and 23 per cent between December 1999 and February 2000. No differences in the time spent with the pilot service emerged between older (50 years and over) and younger participants or between those with varying severity scores.

4.3.4 Labour market background

This section considers participants' and non-participants' qualifications, experience of paid work, economic activity before approaching or being approached by the Personal Adviser Service and before their claim for benefit, and the last job they had before their claim.

Qualifications

Participants were considerably more likely to have qualifications than non-participants (Table 4.12). Sixty-nine per cent of participants had academic or vocational qualifications or a combination of both compared to 45 per cent of non-participants. Participants were especially more likely to have both academic and vocational qualifications (31 per cent of participants compared to 14 per cent of non-participants). Participants were more likely to hold qualifications than the national survey respondents; 43 per cent of whom had qualifications.

Depth interviews with clients showed a wide range of educational and work-related qualifications and vocational skills, including degrees and professional qualifications, industrial apprenticeships, secretarial and administrative training, teaching and nursing certificates. Some people described specialist skills and experience, for example in performance arts.

Table 4.12 Qualifications

Qualifications	Pilot survey				National survey	
	Participants		Non-participants			
	Number	Per cent	Number	Per cent	Number	Per cent
Academic and vocational	585	31	91	14	235	15
Academic	400	21	112	18	225	15
Vocational	337	18	88	14	200	13
None	584	31	349	55	889	57
Base	1906		640		1549	

Base: All respondents (weighted for non-response)

National survey face-to-face interviews

Having educational and work-related qualifications and skills was seen as an advantage by people who believed they would be able to use these again. However, ill-health or impairment meant, for some, that they were unlikely to be able to return to the same kind of work. Others felt that their skills and knowledge base was out-dated, and even many years experience of skilled work would not equip them well in the current labour market. Some had used the period of ill-health to start studying towards new qualifications, taking part-time or modular courses at local colleges, or through 'distance learning'. People with minimal educational qualifications included older people who had left school at a young age, and people in their 20s who had 'dropped out' or been excluded from school. Lack of skills in reading and writing (unrelated to impairment) and limited fluency in English were mentioned by some.

Experience of paid work

The majority of participants and non-participants said they had spent most of their working lives in steady jobs (58 per cent and 55 per cent respectively) (Table 4.13). A further 15 per cent of participants and 13 per cent of non-participants felt they had spent a lot of time out of work due to sickness or injury. A similar proportion of participants said they had spent most of their working life in paid employment as did the national survey respondents (61 per cent). However, rather more participants said that they had been away from work because of sickness or injury than did the national survey respondents (nine per cent).

Participants and non-participants aged 50 years and over (77 per cent and 66 per cent respectively) were more likely to say that they had spent most of their working life in steady jobs than were younger participants and non-participants (49 per cent and 44 per cent respectively). Whilst amongst participants women were as likely as men to have spent most of their working life in steady jobs (59 per cent and 56 per cent respectively), this was not the case for non-participants. Fifty-nine per cent of male non-participants had spent most of their life in steady jobs as compared with 48 per cent of female non-participants.

Table 4.13 Experience of paid work

| | Pilot survey | | | | National survey | |
| | Participants | | Non-participants | | | |
	Number	Per cent	Number	Per cent	Number	Per cent
I have spent most of my working life in steady jobs	1041	58	315	55	870	61
I've spent a lot of time out of work due to sickness/injury	264	15	75	13	133	9
I've spent a lot of my adult life looking after the family/house	54	3	41	7	79	6
I've been in work, then out of work, several times over	117	7	33	6	50	4
I've spent more time unemployed than in work	64	4	20	4	44	3
I've mainly done casual or short-term work	93	5	19	3	38	3
I've spent most of my working life self-employed	51	3	13	2	36	3
Before now, I've never been unemployed	55	3	14	2	26	2
None of these	61	3	47	8	158	11
Base	1800		577		1433	

Base: All respondents (weighted for non-response)

National survey face-to-face interviews

Those interviewed in depth also talked about previous employment histories. Those closest to the labour market included people formally still employed, who considered themselves currently 'off sick' from a job to which they hoped to return. Others had already accepted a job when they approached the pilot service or identified a job for which they wanted to apply.

Economic activity immediately prior to either approaching the Personal Adviser Service or being invited to do so

Participants' and non-participants' economic activity before any intervention from the Personal Adviser Service was explored by looking at their activity the month before approaching the programme (participants) and the month before being invited to approach the pilot service (non-participants).

As might be expected, the majority of participants (70 per cent) and non-participants (83 per cent) described themselves as sick or disabled (Figure 4.4). Nevertheless, participants were more likely to have been economically active than were non-participants. Participants (12 per cent) were four times more likely to be in paid work the month before their first interview with a Personal Adviser than were non-participants (three per cent) the month before being invited to approach an adviser. Depth interviews with participants who were in paid work when they were first in touch with the pilot service showed that reasons for making contact included wanting information or advice about in-work benefits or help with job retention, or feeling obliged to respond to the invitation letter, even if just to notify the pilot service that they had got a job.

Figure 4.4 Economic activity immediately prior to either approaching the Personal Adviser Service or receiving a letter inviting them to do so

Base: All respondents (weighted for non-response)
Pilot survey n = 1914 (1914 participants, 643 non-participants)
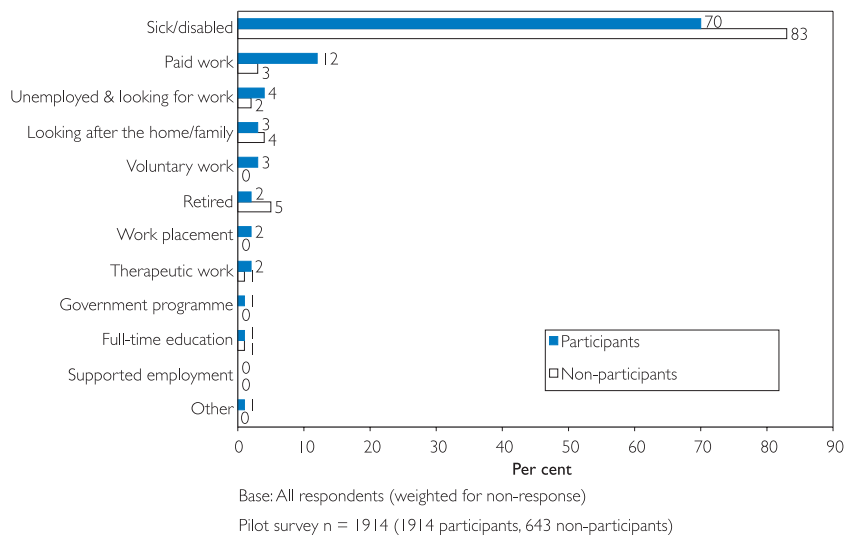
Economic activity prior to current or most recent benefit spell

Current or recent claimants were asked what they had been doing before their current or most recent spell on benefit. The majority of respondents had been in paid work prior to their most recent or current spell on benefit; however, this was more common amongst participants (61 per cent) than non-participants (52 per cent) (Table 4.14). Likewise, in comparison with the national survey respondents more participants had been in paid work. Fifty-three per cent of national survey respondents had been in work prior to their current or most recent claim for benefit.

Prior to their claim for benefit, no significant differences emerged between participants and non-participants in terms of being sick or disabled (19 per cent and 21 per cent respectively), in full-time education (four per cent and seven per cent respectively) or unemployed (eight per cent and 10 per cent respectively).

Table 4.14 Economic activity prior to most recent claim for benefit

	Pilot survey				National survey	
	Participants		Non-participants			
	Number	Per cent	Number	Per cent	Number	Per cent
Paid work	723	61	217	52	623	53
Sick or disabled	225	19	87	21	264	22
Unemployed	92	8	42	10	123	10
Full-time education	47	4	29	7	82	7
Other	102	8	39	10	89	8
Base	1189		414		1181	

Base: Current or recent benefit claimants (weighted for non-response)

National survey face-to-face interviews

Respondents who had not been in any paid or unpaid work, or in education or a training scheme were asked whether they were signing on as unemployed before their current or previous spell of benefit for their incapacity. Of this group, participants (26 per cent) were as likely as non-participants (26 per cent) to have been claiming unemployment benefit before starting a claim for their incapacity.

Last job prior to most recent spell on benefit

Participants and non-participants who were in work prior to their most recent spell on benefit were asked for details of that job.[32] Few differences emerged between participants and non-participants; in particular they were equally likely to have worked full-time (88 per cent and 87 per cent). However, as reported in Table 4.15, more participants (41 per cent) had worked in jobs defined in professional, managerial or skilled non-manual socio-economic groups than non-participants (32 per cent) and so tended to earn on average more per week (median £160 and £150 respectively).

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[32] This was asked of respondents who were currently in work or had been in work in the past two years and were either on benefit or had recently been on benefit for their incapacity.

Table 4.15 Socio-economic group of last job before spell on benefit

| | Pilot survey | | | | National survey | |
| | Participants | | Non-participants | | | |
	Number	Per cent	Number	Per cent	Number	Per cent
I Professional	24	2	3	1	6	1
II Managerial	299	19	74	16	201	18
III Skilled						
non-manual	306	20	67	15	178	16
Skilled manual	413	27	124	27	270	24
IV Partly skilled	386	25	139	30	351	31
V Unskilled	126	8	50	11	140	12
Base	1558		457		1145	

Base: Respondents currently in work or had been in work in the two years before the survey and were either on benefit or had recently been on benefit for their incapacity (weighted for non-response) National survey face-to-face interviews

One of the main differences between participants and non-participants was the main reason for their pre-benefit job ending (Table 4.16). More participants than non-participants attributed the termination of their job to their health condition (65 per cent and 58 per cent respectively). However, the onset of impairment or ill-health had not always been the main reason for leaving work. For 22 per cent of participants and 30 per cent of non-participants their health condition was not the main reason their job ended. It is possible that these people might have become ill or experienced deterioration in health whilst 'in-between' jobs.

Table 4.16 Role of health condition in pre-benefit job ending

| | Pilot survey | | | | National survey | |
| | Participants | | Non-participants | | | |
	Number	Per cent	Number	Per cent	Number	Per cent
Health was						
main reason	820	65	217	58	621	70
Health was						
major reason	117	9	30	8	57	7
Health was						
minor reason	37	3	12	3	13	1
Health was						
not a reason	283	23	115	31	192	22
Base	1257		374		882	

Base: Respondents currently in work or had been in work in the two years before the survey and were either on benefit or had recently been on benefit for their incapacity (weighted for non-response) National survey face-to-face interviews

In the in-depth interviews older people described being made redundant or losing jobs at a time when they already had a deteriorating health condition, making it hard for them to get back into the labour market, or

developing a condition during a spell of unemployment, and moving onto Incapacity Benefit. A pathway described by women was leaving work primarily to care for children or older relatives and then experiencing deterioration in health. Another pattern was experiencing several periods of short-term employment interspersed with periods on incapacity-related benefits.

Among those with no job to return to there was wide variety in the amount of time since they last worked, from just under a year to more than 20 years. Periods away from work had sometimes been lengthened by periods of imprisonment.

People who had never had paid work included younger people whose impairments or illness arose in childhood or adolescence, and women who had spent their adult lives caring for their families.

4.3.5 Attachment to paid work

This section looks at participants and non-participants' attachment to paid work in terms of their perceived ability to work, their reasons for wanting work and their expectations of doing so.

Perceived ability to do paid work

Participants were much more likely than non-participants to feel able to do some paid work. Almost three-quarters of participants (72 per cent) believed they were able to do some paid work compared to 43 per cent of non-participants. Of the national survey respondents considerably fewer said that they could do some paid work (27 per cent).

Participants and non-participants who felt able to do some work were asked whether they felt able to start work straight away, considering all things including their health impairment. Participants were more likely to say that they could start work immediately than were non-participants (78 per cent and 64 per cent respectively of those who felt able to do some work).

Participants and non-participants who said that they could not work at all at present were asked whether they might be able to do some paid work in the future (Figure 4.5). Participants were less likely to say that they would be unable to work in the future than were non-participants (20 per cent and 34 per cent respectively). Participants were, however, more likely to be unsure about their ability to work in the future than were non-participants (54 per cent and 34 per cent respectively).

It might be thought that the longer people were involved with the Personal Adviser Service the more confident they would be in their ability to work. However, this was not the case amongst participants. Participants who had first approached the pilot service 13 to 17 months prior to the survey interview were less likely to say that they felt able to do some paid

work than were those who had approached the pilot service between four and eight months ago (67 per cent and 76 per cent respectively).

Figure 4.5 Perceived ability to work in future
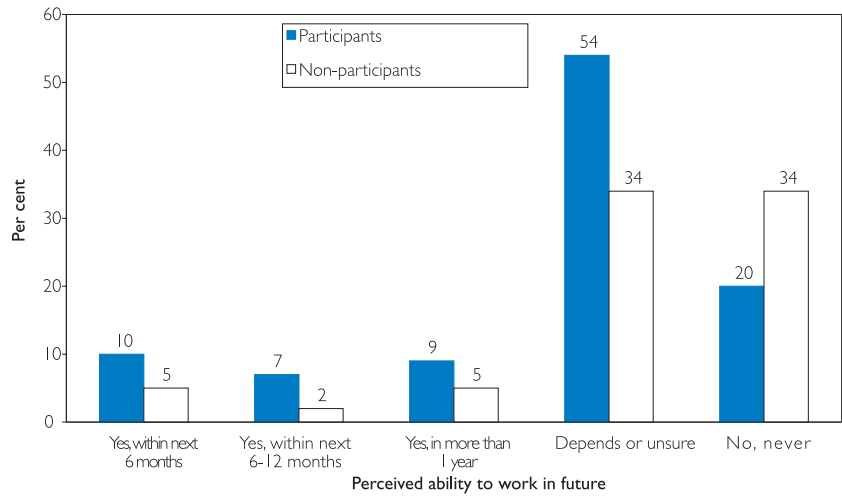
Base: All respondents who said they could not work at all at present
(weighted for non-response)

Pilot survey n = 877 (521 participants, 356 non-participants)

Participants and non-participants who felt they would be able to do some paid work were asked about any extra help that they might require to enable them to work, or any allowance such as regular breaks or time off work they might need (Figure 4.6). There were few significant differences between participants and non-participants in terms of their in-work requirements. Most participants and non-participants said that they would need several breaks a day (69 per cent and 71 per cent respectively) or would be off sick for more than 20 days in a year (67 per cent and 71 per cent respectively). Interestingly, someone to help them at work was more essential for participants and non-participants than special equipment.

Figure 4.6 Help and allowances participants and non-participants required to undertake paid work
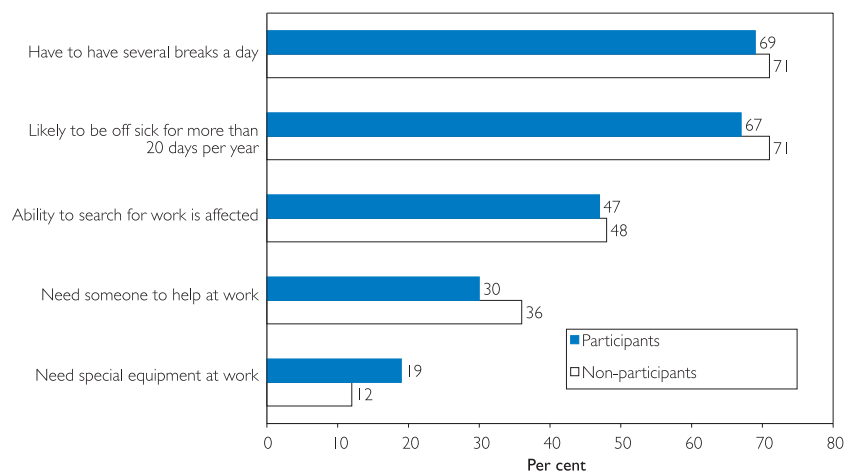
Base: All respondents who said they could do some paid work
(weighted for non-response)

Pilot survey n = 1629 (1356 participants, 273 non-participants)

Reasons for wanting paid work

Two-thirds of non-working participants (68 per cent) and non-participants (67 per cent) wanted paid work for financial reasons (Table 4.17). The in-depth qualitative interviews showed that the need for a higher income was especially important to people with families, and people who had accumulated problem debts. Some wanted to regain a standard of living enjoyed previously in work, or to be able to take part in ordinary activities such as swimming, having a drink with friends or having a holiday. Financial aspects of having a job could seem less important to young people who shared their parents' homes, people who had become used to living on low incomes, and some women whose partners had steady jobs.

The source of income was important to those who disliked being *'dependent'* or resented what was perceived as constant surveillance of benefit entitlement - being called for medical examinations, or having to worry about effects on benefit of doing voluntary work. There was some stigma attached to being out of work and claiming benefits, and some fear of being thought fraudulent in claiming benefits.

Work also provided self-respect to 48 per cent of participants and 44 per cent of non-participants, and 52 per cent of participants and non-participants wanted work to occupy themselves or for the social interaction.

A third of participants (34 per cent) and non-participants (33 per cent) wanted paid work because they used to work (it was a normal part of everyday life). In the in-depth interviews the view that work was a normal part of life was expressed both by people with previous long employment histories and by young people who had never worked. A feeling that people should try to work whenever this was possible came from those who said they had a strong *'work ethic'*. Young people spoke of their wish to fulfil their potential.

Work was valued for the interest and opportunities it offered; a way of getting out of the house, and having people to talk to. Having a job could be an important part of the roles which people wanted to fill in their family lives: men wanted to be seen to be supporting their partners and families; young people wanted to be seen achieving independence. People spoke of the negative impact on relationships at home of not having a job, and spoke of feeling a failure. Young men had lost personal friends since being out of work.

Work was also recognised as a way of managing some kinds of illness or impairment. Having a job could help to prevent recurrence of symptoms of mental illness, or help to keep people active and prevent or delay physical deterioration. Work could help combat misuse of drugs or alcohol when people turned to those when they were bored or inactive.

By the time of the follow-up qualitative interviews there had been some shifts in the views expressed about working. People who had still not had any experience of work since the first interview continued to talk about the interest and opportunities which work offered; wanting to take part in normal life; wanting to be active and get out of the house and wanting higher income. Some young people emphasised the negative impact of not working even more strongly than when first interviewed.

Among people who had been working, however, there was some qualification of previous views, if expectations had not been met. People who had found work demanding and stressful now laid more store on 'suitable work' than on work for its own sake. People who did not feel financially better off than when claiming Incapacity Benefit were now ambivalent about the advantages of working, and tended to lay more store on *'a decent job'*.

Table 4.17 Reasons for wanting paid work (multiple response)

| | Pilot survey | | | | National survey | |
| | Participants | | Non-participants | | | |
	Number	Per cent	Number	Per cent	Number	Per cent
Financial reasons	578	68	103	67	119	67
To be occupied	441	52	81	52	113	64
Self respect	410	48	68	44	79	44
To be 'normal'	292	34	50	33	54	30
To make a contribution	273	32	36	23	61	34
To get off benefit	203	24	34	22	40	22
To improve health	119	14	15	10	20	11
Other	110	13	14	9	14	8
None of these	10	1	5	3	2	1
Base	856		154		178	

Base: All respondents who wanted paid work (weighted for non-response)

National survey face-to-face interview

Expectations of starting paid work in the future

Participants and non-participants who felt they would like to undertake paid work tended to be unsure about whether they actually would do so (48 per cent and 57 per cent respectively) (Figure 4.23). Participants were more likely than were non-participants to feel that they would work in the future (45 per cent and 34 per cent respectively). Just seven per cent of participants and nine per cent of non-participants who wanted to work were definite that they would not work in the future. Fewer from the national survey expected to work in the future (24 per cent); the majority stated that they were unsure of their chances (70 per cent) with six per cent saying they would never return to work.

As with their lower confidence in their ability to work, participants who had been involved with the Personal Adviser Service for longer were marginally less likely to expect to work in the future than were those involved for less time. Just 38 per cent of participants whose first interview with a Personal Adviser was between 13 and 17 months before the survey interview expected to work again, compared with 45 per cent who had been involved for between four and eight months.

Table 4.18 Expectations of starting paid work

Expectations of starting work in the future	Pilot survey				National survey	
	Participants		Non-participants			
	Number	Per cent	Number	Per cent	Number	Per cent
Yes, in the future	83	7	25	9	35	6
Unsure or it depends	562	45	99	34	137	24
No, never	601	48	165	57	394	70
Base	1246		289		567	

Base: All respondents who wanted paid work (weighted for non-response)

National survey face-to-face interview

4.4 Modelling participation

In order to isolate important factors in determining who participated in the Personal Adviser Service a stepwise logistic regression was developed. This statistical technique highlights statistically significant characteristics between participants and non-participants, once other factors, such as socio-demographic characteristics have been accounted for. The model is based on participants and non-participants from the pilot survey. The final model is given in Appendix F (Table F.1).

Four factors emerged as critical once all other characteristics had been accounted for:

- **Age**

  The age of the respondent proved to be significant over and above other characteristics. Respondents aged 50 and over were less than half as likely to have participated in the pilot service compared with respondents aged under 50.

- **Qualifications**

  Respondents with qualifications were more likely to have participated than were those without qualifications. In particular, respondents with academic and vocational qualifications were almost three times more likely to have participated than were those without qualifications. Respondents with academic qualifications alone were about one and half times (1.6 times) more likely to have participated and respondents with vocational qualifications were almost twice as likely to have participated (1.9 times).

- **Access to private transport**

  Respondents who had both a driving licence and access to private transport or a driving licence but no vehicle were about one and a half times as likely to have participated than respondents without a driving licence.

- **Partner's economic activity**

  Respondents with partners in paid work were more likely to have participated than were respondents with a partner who was economically inactive. Respondents whose partner was looking after the family or whose partner was sick or disabled were only around half as likely to have participated as those whose partner was in paid employment.

The model shows that score on the disability severity scale was also an important factor in explaining participation, although fell short of the p <0.05 significance level. Respondents with severity categories of 1-2 were more likely to have participated than were those with scores of 7 or more.

This section explores respondents' awareness of the Personal Adviser Service and their first responses to it. In doing so it draws on both survey data and qualitative material.

Non-participants' awareness of the New Deal for Disabled People

Just 50 per cent of all non-participants had heard of the New Deal for Disabled People. Older non-participants and those with lower severity scores were more likely to know about the scheme than those who were younger and those with higher severity scores (Figure 4.7). Fifty-three per cent of non-participants aged 50 and over had heard of the scheme compared with 47 per cent under 50 years. Non-participants with a severity category of 1-2 (50 per cent) or 3-6 (53 per cent) were more likely to have heard of the scheme than were those with a score of 7 or more (43 per cent).

Perhaps because the Employment Service led pilots had been running for longer, non-participants living in these areas were more likely to have heard of the scheme than those living in the contract areas (53 per cent and 45 per cent respectively).

Figure 4.7 Non-participants who were aware of the New Deal for Disabled People
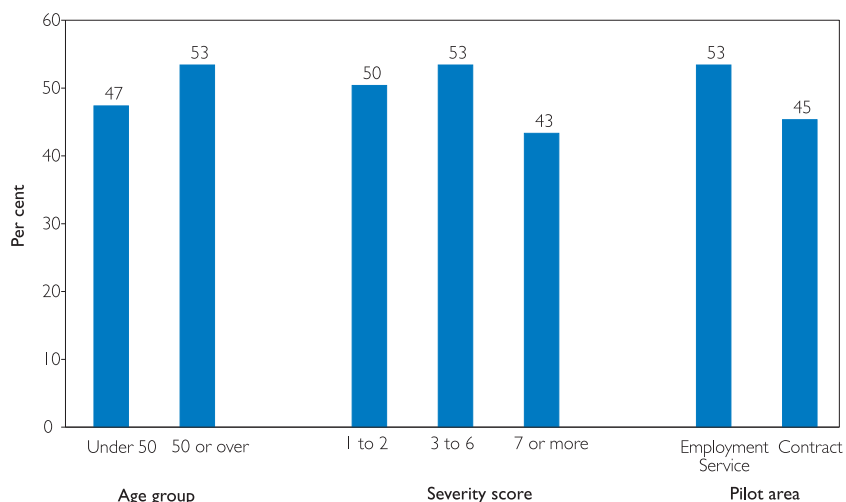
Base: Non-participants who were aware of the New Deal for Disabled
People (weighted for non-response n = 187)

How participants and non-participants had heard about the New Deal for Disabled People

Of those non-participants who said that they had heard of the New Deal for Disabled People, 55 per cent remembered receiving a letter telling them about the Personal Adviser Service. Of all non-participants (those who had heard of the New Deal for Disabled People and those who had not), just 25 per cent remembered receiving a letter telling them about it.

Most of the invited participants (82 per cent) remembered receiving the invitation letter to participate in the Personal Adviser Service. However, almost one in five did not remember it. Participants and non-participants who were aware of the New Deal for Disabled People were asked how else they had heard about it. Aside from the letter, the next most common method of hearing about the scheme was through the media (Figure 4.8). This was more common amongst non-participants (51 per cent) than participants (37 per cent) and may reflect the reported coverage of the pilot service in local newspapers. Twenty-six per cent of participants and 12 per cent of non-participants had heard of the Personal Adviser Service from Jobcentre or Benefits Agency staff.

Uninvited and invited participants tended to have heard about the pilot service from the same sources. Furthermore, no significant differences in how respondents had heard about the New Deal for Disabled People emerged according to which pilot area they lived in.

Figure 4.8 Ways other than receiving a letter that participants and non-participants became aware of the New Deal for Disabled People (multiple response)

Base: Respondents aware of the New Deal for Disabled People (weighted for non-response)
Pilot survey n = 1412 (1225 participants, 187 non-participants)
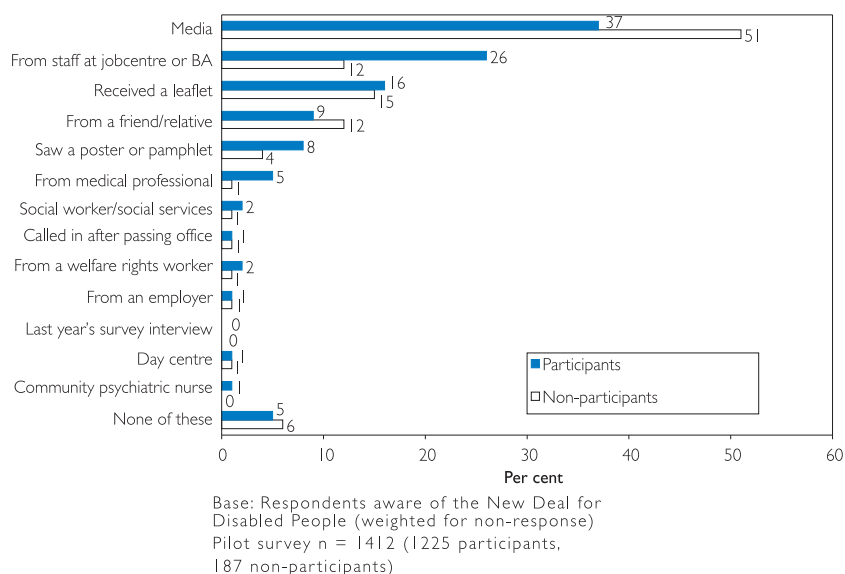
Qualitative interviews with participants confirmed that people came across the Personal Adviser Service in various ways and sometimes built up their knowledge from a number of sources.

The invitation letter was one of the main ways in which people had found out about the Personal Adviser Service. The role of other organisations as a source of information was also important, and interviews with later entrants suggested that a wider range of professionals and agencies were referring clients to the Personal Adviser Service than in the early days. Jobcentres and Disability Employment Advisers, business enterprise centres, GPs, staff in day centres, social workers, drugs and alcohol counsellors are now pointing people towards the pilot service. They also have a role in encouraging people who *'check out'* the invitation letter with other significant people before doing anything.

Local publicity or advertising attracted people to the pilot service, although some people who felt they were not 'disabled' said they had dismissed what they had seen as not relevant to themselves. People who were not comfortable with the term 'disabled' in relation to their own circumstances and tended to think of themselves more as *'having poor health'* included some people with circulatory conditions and some people with mental health problems.

Participants' and non-participants' opinions of the New Deal for Disabled People invitation letter

Participants and non-participants who remembered receiving a letter inviting them to contact the Personal Adviser Service were generally positive about it. Participants were marginally more likely to have understood the letter and thought that they had a choice about approaching a Personal Adviser than were non-participants (81 per cent and 76 per cent). Some participants and non-participants said that whilst they had understood the letter they thought they had no choice about contacting a Personal Adviser (14 per cent and 13 per cent respectively). The rest had either not understood the letter (three per cent of participants and five per cent of non-participants) or were unsure (one per cent of participants and five per cent of non-participants).

Non-participants' reasons for not asking for an interview with a Personal Adviser

Non-participants who were aware of the scheme were asked to indicate from a list of possible answers their reasons for why they had not asked for an interview with a Personal Adviser (Figure 4.9). About half (49 per cent) said that they were too ill, 14 per cent said that they did not know enough about the pilot service and 13 per cent felt that they were too old.

Non-participants aged 50 and over were more inclined to say ill-health was the reason for them not contacting the pilot service than were younger non-participants (63 per cent and 34 per cent respectively) and unsurprisingly were more likely to say they were too old (27 per cent and 0 per cent respectively). In turn, younger non-participants were more likely to say that they did not know enough about the Personal Adviser Service than were older respondents (19 and 10 per cent respectively).

Perhaps unsurprisingly, the likelihood of non-participants saying that they were too unwell to contact the pilot service was related to their severity score. Whilst 39 per cent of those with a score of 1-2 said they were too unwell to contact a Personal Adviser this increased to 47 per cent for those with a score of 3-6 and 68 per cent with a score of 7 or more.

Other reasons for not taking part were less commonly expressed. Eight per cent said that they already had, or possibly had, a job, six per cent cited negative feelings about taking part and four per cent were waiting for the pilot service to contact them.

Figure 4.9 Non-participants' reasons for not asking for an interview with a Personal Adviser (multiple response)

Base: Non-participants who were aware of the New Deal for Disabled People (weighted for non-response n = 187)
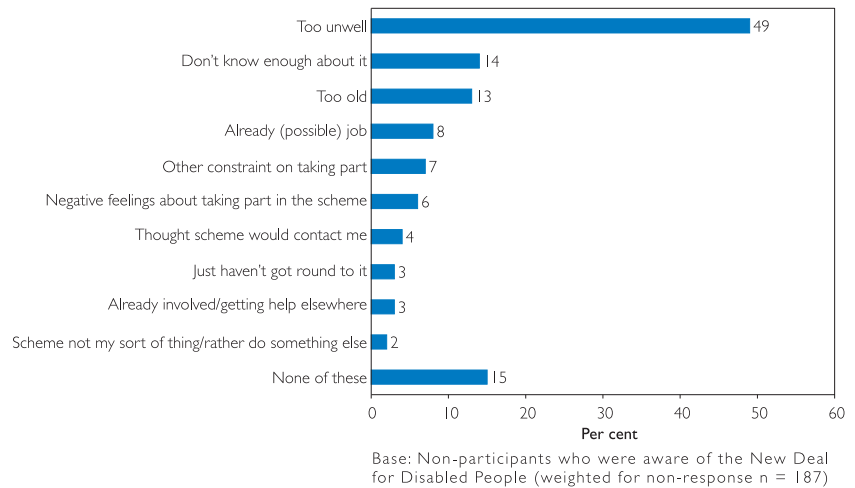
Qualitative interviews with clients threw more light on non-take-up. People who had not responded quickly to the letter included those too ill or depressed to think about it, and those who doubted that the pilot service was relevant, for example people who did not consider themselves 'disabled'. There was evidence of the potential long-term impact of the letter, however. Some who did nothing initially had kept their letter or remembered it, and acted upon it when they felt the time was right, up to 12 months later. This raises issues both in terms of evaluation of response to the letter, and how such letters are worded.

Participants' reasons for asking for an interview with a Personal Adviser

Participants were asked to select from a list their reasons for approaching the Personal Adviser Service and for attending an interview with a Personal Adviser (Table 4.19). Some significant differences emerged between older and younger participants. The most common reason *'to help me move back into work'* was mentioned by fewer participants aged 50 and over (59 per cent) than participants under 50 (66 per cent). Furthermore, fewer older participants had approached a Personal Adviser for training opportunities *'to help me find training'* than those under 50 (22 per cent and 34 per cent respectively). No other differences were apparent.

Table 4.19 Participants' reasons for asking for an interview with a Personal Adviser by age and severity category (multiple response)

Per cent

Participants' reasons for involvement	All	Age group		Severity category		
		Under 50	50 and over	1 to 2	3 to 6	7 or more
To help me move back into work	64	66	59	67	64	56
It seemed a good idea	38	38	38	38	39	38
To find out whether I am able to get back to work	34	34	36	33	36	38
To find a job that is tailored to my needs	34	35	34	33	35	38
It was an opportunity to talk about my situation/ prospects with someone	34	33	36	33	35	36
To help me find training	30	34	22	27	31	36
To provide me with more information about my benefits position	20	19	22	19	20	21
I want to feel able to find work by myself	15	16	14	12	15	20
To help me get or increase my benefits	7	7	8	7	8	8
I thought it was compulsory	5	4	5	3	5	7

Base: All participants (weighted for non-response) (n=1914)

Participants with severity categories of 7 or more were less likely to have approached a Personal Adviser *'to help me move back into work'* (56 per cent) than were those with lower scores of 1-2 (67 per cent) or 3-6 (64 per cent). In turn they were more likely than those with scores of 1-2 to have approached a Personal Adviser *'to find out whether I am able to get back to work'* (38 per cent and 33 per cent respectively). Furthermore, those with the scores of 7 or more (36 per cent) were more inclined to have attended an interview for *'help to find training'* than were those with scores of 1-2 (27 per cent) or 3-6 (31 per cent). They were also more likely to have said that they 'want to feel able to find work by myself' (20 per cent) compared with those with lower scores of 1-2 (12 per cent) or 3-6 (15 per cent).

There was further exploration of people's motivations and expectations in getting in touch with the pilot service in the qualitative interviews. There, clients generally fell into three groups in terms of their main motivations and expectations of the Personal Adviser Service when they made contact:

• People with general interest, but rather undirected expectations, who tended to have responded to their invitation letter with curiosity, interest in something new or different, and feelings that they had nothing to lose by enquiry.

• People with general interest, but rather clearer ideas about the kind of work they might do, who responded to the letter because it had come at *'the right time'*, or when they had been trying to get work on their own without success. People in this group looked to the pilot service for help with finding a job, or with identifying and obtaining further training or qualifications.

- People who had contacted the Personal Adviser Service for specific help or advice in a range of areas: information and advice about benefits and tax credits; advice about self-employment, and financial assistance in setting up in business; practical help in accessing the therapeutic or voluntary work provisions; support in returning to work after a long absence; support in turning voluntary work into a paid job; providing a *'pair of eyes'* for job-searching.

Not everybody saw moving off benefits into work as their only or ultimate objective when they got in touch with the pilot service. When people had found previous work damaging to their health they had sometimes decided that they were now only interested in supported employment, or in returning to work at a lower level of responsibility and commitment, possibly through therapeutic or voluntary work.

Although early entrants did not express high levels of anxiety about getting in touch with the pilot service, interviews with later entrants illustrated more of the concerns which people may have. Anxiety about possible effects on benefits and remembering previous bad experiences with the Department of Social Security could put people off or delay contact. There had been some anxieties about triggering unwanted contacts with the workplace, or being asked to take a course of action they felt uncomfortable about. People whose own ideas were unformed were anxious that they might be wasting the time of the staff. On the other hand, there was some suspicion that what was offered seemed *'too good to be true'* and there would turn out to be some disadvantage. It could be important to telephone first, to retain the option of withdrawal at an early stage.

Potential candidates for the New Deal for Disabled People Personal Adviser Service

Some non-participants might be likely to approach the Personal Adviser Service in the future; perhaps when improvements in their health occur or their circumstances change.

Indeed as already mentioned, there was evidence from the qualitative interviews that some clients who did not respond immediately to their invitation letter acted upon it when they felt better, up to 12 months later. In all, one-fifth of the non-participants who were aware of the New Deal for Disabled People said that they planned to ask for an interview with a Personal Adviser at some point in the future and almost the same proportion again was uncertain (18 per cent). Sixty-one per cent of non-participants were certain that they would not contact the pilot service to ask for an interview with a Personal Adviser.

Younger non-participants, those with lower severity scores and those who perceived themselves able to work were more inclined to say that

they would ask for an interview in the future than were others (Figure 4.10). Around one-third of non-participants under 50 (31 per cent) planned to contact the Personal Adviser Service compared with just one in 10 (10 per cent) non-participants aged 50 and over. Twenty-seven per cent of non-participants with severity categories of between 3-6 and 17 per cent with scores of 1-2 intended to contact a Personal Adviser compared with 12 per cent with scores of 7 or more. About one-third (32 per cent) of non-participants who perceived themselves able to do some work said that they would contact a Personal Adviser in the future compared with around one in seven (13 per cent) who perceived themselves unable to work at all.

Figure 4.10 Non-participants' plans to ask for an interview with a Personal Adviser

Base: Non-participants who were aware of the New Deal for Disabled People (weighted for non-response n = 187)
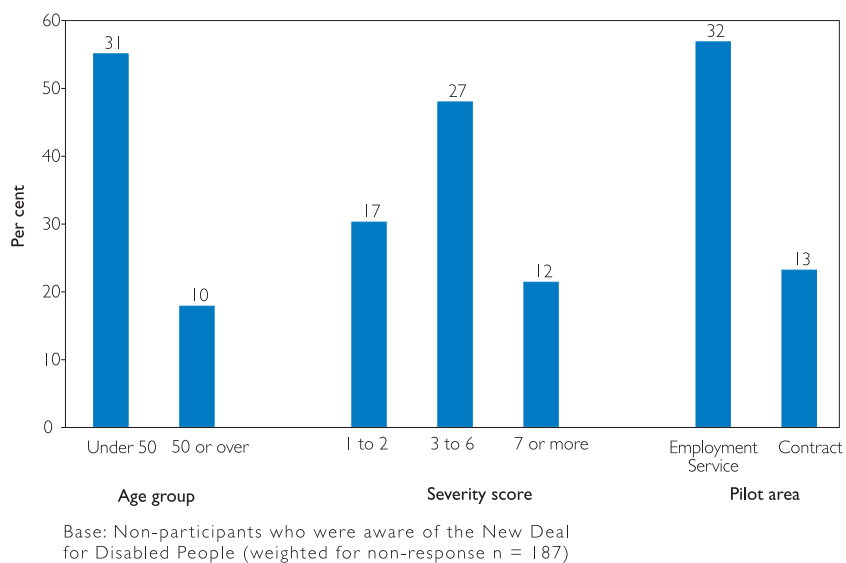
In addition, amongst non-participants who were unaware of the New Deal for Disabled People a significant proportion might be encouraged to approach it and were often attracted by several aspects of the pilot service. Around one-third said that they would be interested in talking to someone who could help them try out a job (30 per cent) or to someone who could support them to stay in work once they found a job (30 per cent). Twenty-nine per cent would be interested in talking to someone about getting work or helping them to find paid work and around one-quarter would welcome help to find training (24 per cent).

4.6 Conclusions   There were a number of differences between people who took part in the Personal Adviser Service and those who did not. Participants tended to be younger, and were more likely to live with a partner and children. They were better qualified and more likely to have a driving licence. They were closer to the labour market, had more experience of paid work and were more likely to be job-ready than were those who had not taken part. They were more likely to have a partner in paid work than those who had not approached the Personal Adviser Service. They tended

to have lower scores on a disability severity scale. However, only a few of these differences emerged as significant after multivariate analysis: age, qualifications, access to private transport and having a partner in paid work.

People who took part were no less likely to report having a physical or mental health condition or impairment that affected everyday activities than those who did not take part. The most common reason for approaching the Personal Adviser Service was to receive help to move back into paid work.

Many respondents who had *not* approached the Personal Adviser Service were unaware of the New Deal for Disabled People. In itself this might be further evidence of their 'distance' from paid work in that the offer of information and support had made minimal impact perhaps because they were not contemplating a return to employment. However, non-participants should not be considered unlikely ever to respond to an offer of help to move towards work. Many might be potential candidates in the future, perhaps when there are changes in their health or personal circumstances; current ill-health being the main influence on the decision not to contact the pilot service. For these people, any future involvement in the Personal Adviser Service might depend on their receiving new information or encouragement at a salient time. However, it seems likely that for some non-participants, moving into work would take some people considerable time, and there would be some for whom this would not happen.

Despite the pilot running for almost two years in some areas and at least 12 months elsewhere, awareness of the scheme was still relatively low. However, awareness was greater where the pilot service had been running longer; so perhaps awareness will increase with time. Insufficient information was identified as one significant reason for not making contact with the service. There are implications from these findings for the development and extension of the New Deal for Disabled People:

- A one-off marketing approach such as an invitation letter can be effective for some people. However, some people need to hear about the pilot service from a number of sources before taking any action.
- It will be important to find ways of repeating and reissuing invitations to take part, to maintain information flow to people who do not respond immediately, so that they take opportunities available if circumstances change. Mail-outs with routine Benefits Agency correspondence about benefits might be one possibility here.
- Insufficient information was identified as one significant reason for not making contact with the pilot service.
- Increased availability of information, and stimulating awareness and knowledge within the wider population is likely to be effective in promoting the extended pilot service and perhaps in increasing uptake.

- Variation in the characteristics and circumstances of this client group means that dealing with such a diverse group of people, all at different stages in respect of moving towards work, is likely to require a service that is flexible in terms of investment in time, resources and expertise. By implication, a target driven or outcome-focused service might not be appropriate for all participants currently in the scheme, and might exclude, at the recruitment stage, people for whom a more responsive or client-centred approach might be more appropriate.

5 CLIENTS' EXPERIENCES OF THE SCHEME

5.1 Introduction

This chapter reports on client experiences of the Personal Adviser Service and in doing so draws on both survey and qualitative findings. Details of the surveys undertaken and the qualitative interviews conducted are outlined at the beginning of Chapter 4 (Section 4.1.1) and in depth in Appendix B.

The chapter begins by examining clients' readiness for paid work (Section 5.2). Next it describes clients' dealings with the Personal Adviser Service (Section 5.3) and the help and advice they received from the pilot service (Section 5.4). Finally the chapter reflects on how the pilot service had helped clients and their overall opinions of it (Section 5.5).

5.2 Readiness for work

Some aspects of clients' readiness for work have been covered in the previous chapter, notably their reasons for wanting to work (Section 4.3.5) and qualifications (Section 4.3.4). This section considers the problems and obstacles they perceived, and what they thought might make it easier for them to work. A number of groups of people are identified, in terms of their readiness for work.

5.2.1 Problems and obstacles perceived

Not all clients interviewed in depth perceived major problems in getting or keeping work, and some were pursuing confidently their own strategies to return to or move into work.

Among problems which were perceived, however, were many that have been described by non-disabled people: scarcity of what were perceived to be suitable jobs in the area; problems and expense of travelling to work; length of time out of work; being too old; lacking training, qualifications, experience or confidence; and problems of fitting work around child care and family responsibilities, especially for people whose domestic partners were also ill or disabled. Such problems were often perceived as increased by ill-health or impairment.

People also talked about the financial risks and uncertainties perceived in taking a job. There were considerable anxieties about being able to earn enough money on a regular basis; the uncertainties of transitional periods, and loss of security of benefit income for the future. Being able to pay the mortgage from low or insecure earnings was an anxiety mentioned by some people who currently had some mortgage protection through Income Support.

There was a fear of possible loss of, or reduction in, Disability Living Allowance, as a result of demonstrating interest in or ability to do work. Some people feared the impact of loss or reduction in their own benefit income on the financial situation of carers, or family members.

There were a number of problems and barriers associated with the nature of people's illness or impairment. Some people often felt ill, such as people with active cancer, severe mental health problems or heart disease. Those who were currently undergoing treatment sometimes depended on strong medication to control symptoms, with debilitating side-effects. Most aspects of such people's lives were hard, and they knew that work would make heavy demands.

People who had to deal with pain or exhaustion expected this to impose restrictions, and travelling to work could be a problem. People who experienced conditions that recurred, especially those which were unpredictable such as arthritis flare-ups or epileptic fits, believed they might need time away from work. Unpredictable effects of medication or treatment also posed problems.

Practicalities of access, communication, ergonomics or environmental aspects imposed limitations on the kind of work that some people could do, even when they did not feel ill.

People with mental health problems could find it hard to concentrate, and some felt they reacted badly to normal aspects of the workplace such as supervision or social interaction with colleagues. Anxiety that work might make them ill again was expressed by people who had experienced depressive illness, schizophrenia and heart disease. Mental health problems could mean that people felt unable to face a job interview.

Authoritative advice not to work from a doctor or psychiatrist could be a strong influence.

Apart from personal limitations associated with their condition, some people anticipated or had already experienced negative attitudes of employers. Some employers, it was believed, would be reluctant to offer jobs to people they expected to have time off work. Negative attitudes were especially feared by people who had back problems, arthritis, heart disease, epilepsy, and mental health problems. People with communication impairments, mental health problems or ME believed that employers found it hard to understand or were frightened of disabled people. Some employers were believed to want to avoid the possibility of accidents at work, or any recrimination if employment worsened people's health. Having to pay Disabled Person's Tax Credit through the pay packet would, it was believed, make some employers reluctant to take on people entitled to the tax credit.

Some people over 50 years old felt they faced a double discrimination due to age and impairment.

The prevalence of such perceived problems was shown by the survey of people who had used the pilot service. Respondents selected from a list

all of the barriers to their starting paid work (Figure 5.1). Over half thought they were unlikely to get a job because of their health condition (56 per cent). Half thought it would be difficult to find a suitable job (or what they perceived to be a suitable job). Frequently mentioned factors were the lack of enough jobs locally (31 per cent), age (30 per cent) and worries about leaving benefit (29 per cent). Some differences were apparent between participants who had been using the scheme for longer and those who had approached a pilot service more recently. Most notably, those who had been using the scheme for longer (13 to 17 months) had more positive attitudes towards the availability of jobs for them than those who had been using the scheme for a shorter time (between four to eight months).

Older participants (50 and over) were especially more likely to say that they were unable to get a job because of their health condition than were younger ones (56 per cent and 18 per cent respectively). In contrast, younger clients were more likely to cite other people's prejudices (27 per cent) and their low confidence (30 per cent) as barriers than were older clients (13 per cent and 20 per cent respectively).

In terms of scores on the disability severity scale, those with scores of 7 or more were more inclined to say that they were too sick or disabled to work (42 per cent) than were others scoring 1-2 (18 per cent) or 3-6 (27 per cent). They were also more likely to cite other people's prejudices as a barrier to them working (31 per cent) than were those with scores of 1-2 (16 per cent) or 3-6 (23 per cent).

Figure 5.1 Participants' barriers to paid work (multiple response)

Base: All participants (weighted for non-response)
Pilot survey n = 1914

5.2.2 *Perceived suitable work*   Personal Adviser Service participants who responded to the survey were asked to select from lists the type of work that might suit them, the help they might require in preparing for work and the in-work support and advice that they would welcome.

In terms of the type of work respondents would prefer (Figure 5.2), 49 per cent of clients identified work that was not too heavy or which did not need a lot of strength or stamina. Work that was not too stressful (45 per cent) and a flexible job (38 per cent) were also identified as important.

The qualitative interviews showed that not all clients were thinking in terms of full-time work, either as their first or eventual aim. Some believed that the nature of their health condition or impairment meant that they were likely to be able to work only for parts of the day or week.

Figure 5.2 Type of work preferred by participants (multiple response)

Base: All participants (weighted for non-response)
Pilot survey n = 1914
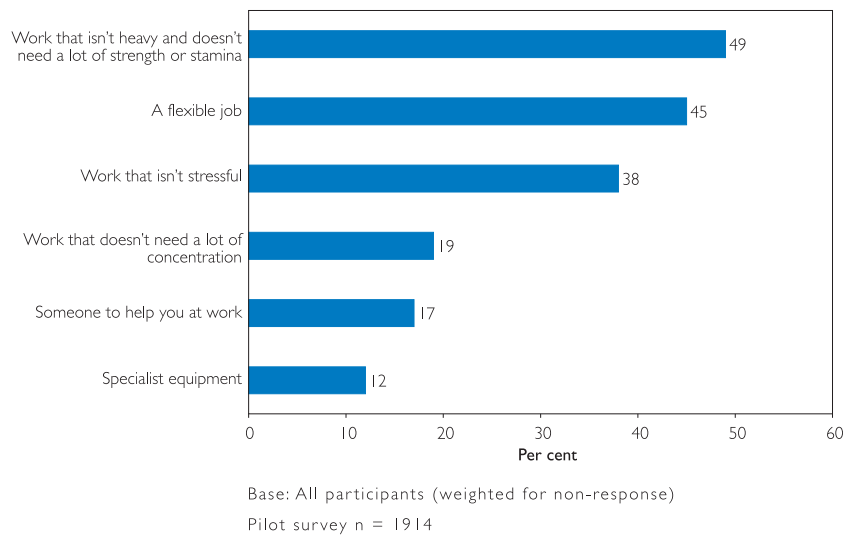
Most participants preferred to work for more than 15 hours a week. Forty five per cent said they would like to work for 30 hours or more a week and 24 per cent would like work for between 16 and 29 hours. The remaining 29 per cent of participants preferred to work for less than 16 hours a week.

In terms of what people felt might help them prepare for work, most frequently cited was knowledge of the job before starting (49 per cent) (Figure 5.3). Training before entering work (41 per cent) and after starting work (37 per cent) were both identified as important.

Figure 5.3 Preparing for work for participants (multiple response)

Base: All participants (weighted for non-response)
Pilot survey n = 1914
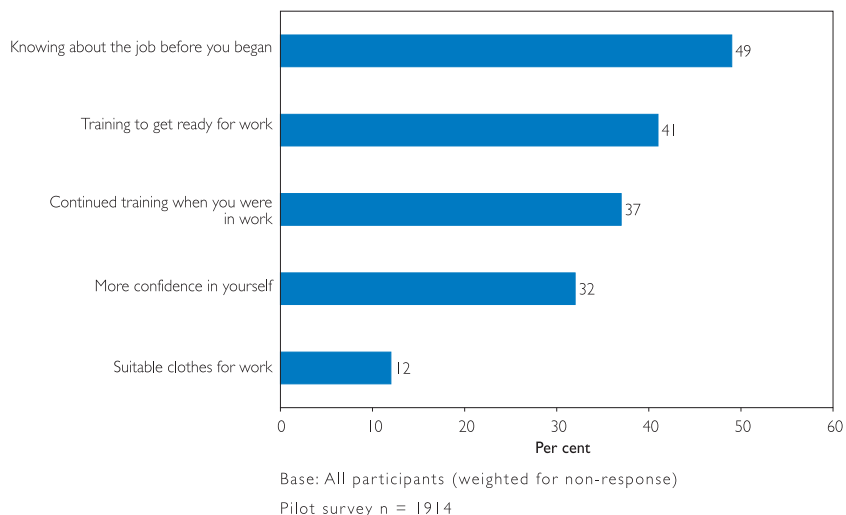
Finally, respondents were asked about any support or advice that they felt might be of use to them in work (Figure 5.4). The key issue was being able to return to their original benefit if the job did not work out (55 per cent). People also felt that a tax credit or benefit to top up their earnings would make it easier for them to work (37 per cent) as would transport to and from work (32 per cent).

Figure 5.4 In-work support and advice participants would welcome (multiple response)

Base: All participants (weighted for non-response)
Pilot survey n = 1914
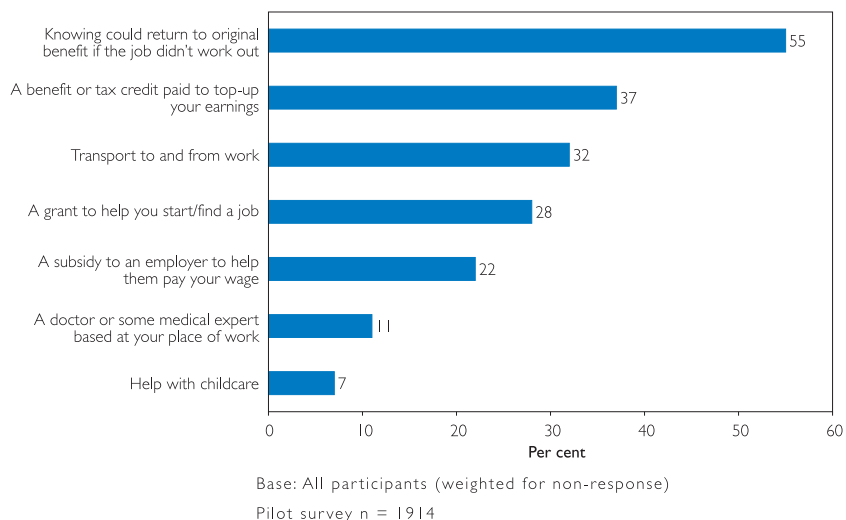
5.2.3 Groups identified

Findings reported so far in this section (and in Chapter 4) point to a wide range of readiness for work. The qualitative material showed that across those people interviewed in depth, the number, type and extent of problems and barriers were perceived and experienced differently by individual people. At the same time, motivations and confidence varied considerably, and people were at different stages in terms of the steps they were already making when they approached the pilot service. Putting together some of these characteristics and circumstances, clients appeared

to fall into the following groups when they first made contact with the pilot service:

1 People who had identified a particular job they wanted to take or return to. They were confident they could do the work and perceived relatively low barriers. They mainly wanted financial information and advice. Included here were some already active in setting up a small business.

2 People who had also identified a particular job they wanted to do, but had concerns about their ability to work, because of their health problems or impairment, including fluctuating conditions and severe pain. Some were strongly influenced in pursuit of work by financial pressures. However, health concerns meant that some were seeking a gradual return to work.

3 People who were actively seeking work, but felt there were few suitable jobs available and believed that employers' negative attitudes towards their condition and/or older workers were an obstacle. There were also young people who had never worked in this group.

4 A relatively small group of people actively engaged in or seeking training or education to improve their qualifications, who perceived problems associated mainly with access to or funding for courses.

5 People who appeared to be a long way from the labour market, and were anxious about their ability to work. They perceived high barriers including lack of, or inappropriate, qualifications and financial insecurity, but had no clear ideas about the way forward. In this group were some people emerging from a traumatic life event such as relationship breakdown, which was distracting them from thinking hard about work.

6 People who appeared to be a long way from the labour market, with considerable concerns about their health; and spending most of their time on activities at home. Some were currently adapting to the onset of impairment, or coming to terms with stressful circumstances, and some saw the way forward in terms of sheltered working or supported environments. In this group were some older people with deteriorating health, and some people with severe mental health conditions.

Such diversity of readiness for work, motivations and expectations among clients who approached the Personal Adviser Service underlines the importance of flexibility of the scheme, and the need to match the scope and pace of support offered to the circumstances of individual clients.

Links can be seen between these groupings, based on clients' reported circumstances and characteristics when they got in touch with the pilot service, and the way in which Personal Advisers themselves characterised clients (Section 3.3.1).

Personal Adviser Service participants who responded to the survey were asked to indicate from a list of locations those venues where they had interviews with a Personal Adviser (Figure 5.5). Reflecting the office location of the Employment Service led pilots (Section 1.2.2), most people living within these areas said that at least one of their interview(s) with a Personal Adviser had been at the Jobcentre or Employment Service office (92 per cent). In contrast, just 10 per cent of those living in the contract areas had had an interview at a similar venue. Instead, 44 per cent of participants living in the contract areas and 66 per cent of participants living in the pilot areas said that they had had at least one of their interviews in the New Deal for Disabled People offices.

Figure 5.5 Venue for contacts/interviews with a Personal Adviser by pilot area type (multiple response)

Base: All participants (weighted for non-response)
Pilot survey n = 1914
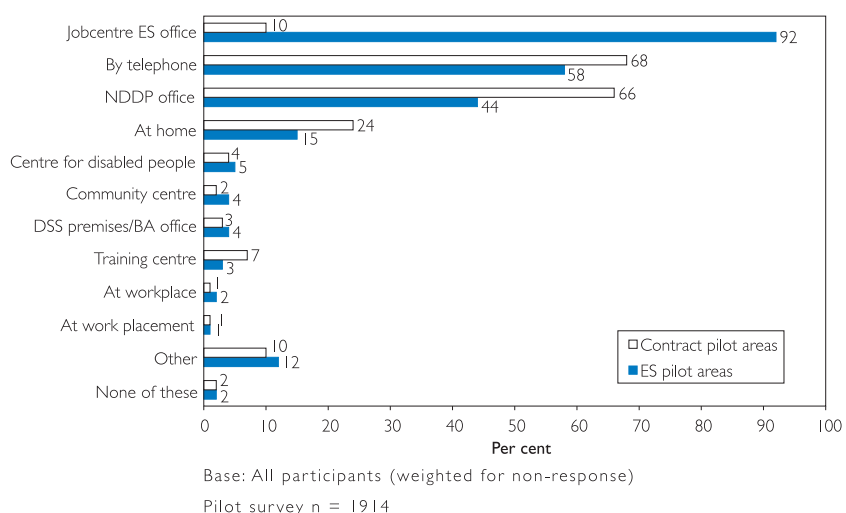
Around two-thirds (65 per cent) of respondents reported having one or more of their interviews or contacts by telephone and about one-fifth (21 per cent) had had an interview at home.

People living in contract led areas and those with higher scores on the severity scale were more likely to have had an interview at home or by telephone. Of those living in the contract led areas 68 per cent had been interviewed by telephone and 24 per cent at their own home, compared with 58 per cent and 15 per cent (respectively) of respondents living in Employment Service led areas. Around one-quarter (26 per cent) of people with severity categories of 7 or more had had an interview at home compared with just 17 per cent with scores between 1-2 and 22 per cent with scores between 3-6.

Overall, survey respondents were pleased with the venue they had attended and had found it easy to get around. However, respondents in the Employment Service led pilot areas (91 per cent) were more likely to say that they found it easy to get around than were those in the contract areas (86 per cent). Also, and as might be expected, people with lower severity scores found it easier to get around the venue than did others. Ninety

per cent and 89 per cent of respondents with scores between 1-2 and 3-6 (respectively) said it was easier to get around the venue compared with 83 per cent of respondents with higher severity scores (7 or more).

Data from the qualitative interviews provide further insight into clients' views on location and venue of the Personal Adviser Service. Views about the accessibility and suitability of office venues depended on individual circumstances and preferences. The length, ease and expense of the journey could be important. There were different views on offices located within or alongside other agencies, depending on individual feelings about association with the particular groups of people served by those agencies.

Offices which were not at ground level could be a problem for individual people with mobility or visual impairment and clients who feared being in a lift. Door-codes and security staff could also be intimidating. Informality and high standards in office decor were welcome, as was availability of coffee, but people valued being able to talk about things privately. Offices which came in for particular criticism were in contract areas, and described as having inaccessible toilets, steep stairs with bends and shabby decor. In one of these offices, clients were also critical of staff who could be overheard discussing other clients.

People appreciated being offered a choice of venues and being visited at home. Not everybody offered an interview at home had chosen this, but some who would have preferred to talk to a Personal Adviser at home had not realised this might be possible. Clients of the contract area pilots had not always been given a choice of going into a project office but had no strong feelings about this.

5.3.2 Contacts with the Personal Adviser Service

The qualitative interviews show that the first interview was important for example in allaying anxieties, or building up relationships between clients and Personal Advisers. The first interview could last up to two hours. There was wide variety in what had been discussed, reflecting clients' different objectives and expectations. Some discussions covered general matters with options for consideration and further discussion; others focused on specific information such as funding mechanisms or benefits.

Survey respondents were asked how many interviews or contacts they had had so far with a Personal Adviser either by telephone or in person. On average (median) participants had contact with the pilot service on three occasions. The number of contacts with the pilot service is illustrated below. Contact included interviews, meetings and phone conversations.

Figure 5.6 Number of contacts with the pilot service

Base: All participants (weighted for non-response)
Pilot survey n = 1914
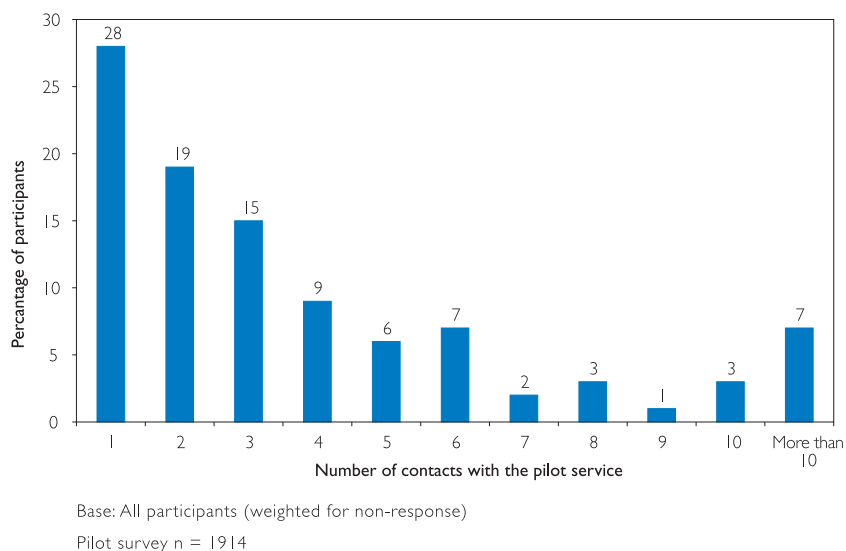
Participants who, according to administrative records, had exited the pilot service had fewer interviews on average (two interviews).

Overall, slightly over one-quarter of participants (28 per cent) had just one interview or contact with the pilot service. This compares to 36 per cent in the early implementation survey (Arthur *et al.*, 1999) although this is to be expected given that the pilot service had only been in operation for a few months at the time of the earlier survey. Of the remaining 72 per cent, 34 per cent had two to three contacts, 22 per cent had four to six contacts and 16 per cent had seven or more contacts or interviews. People invited to get in touch with the pilot service, respondents without qualifications, older people, and those with higher severity scores were all more likely to have had just one interview or contact with a Personal Adviser (Table 5.1).

Table 5.1 Number of contacts with a Personal Adviser

Row per cent

Characteristics	One		Two to three		Four to six		Seven or more		Base
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	
Gender									
Male	346	28	439	35	273	22	202	16	1260
Female	190	29	204	31	151	23	110	17	655
Severity Score Category									
1-2	117	26	170	37	93	20	75	17	455
3-6	252	27	309	33	227	24	156	17	944
7 and over	139	35	118	30	81	21	58	15	396
Age Group									
Under 50 years	338	26	447	34	316	24	226	17	1327
50 years and over	198	34	196	33	108	18	86	15	588
Qualifications									
Academic and Vocational	142	24	185	32	151	26	107	18	585
Academic	107	27	135	34	97	24	61	15	400
Vocational	95	28	115	34	56	17	71	21	337
None	188	32	206	35	118	20	73	13	585
Invited Participant	112	24	171	36	120	25	74	16	477
Uninvited Participant	422	30	469	33	303	21	237	17	1431
All Participants	536	28	643	34	424	22	312	16	1915

Base: All participants (weighted for non-response)

Participants who said that they started paid work after meeting with a Personal Adviser were more likely to have made contact with the pilot service on four or more occasions than respondents who did not start work (Table 5.2). These respondents may have been participating in the pilot service for a greater length of time which resulted in them making more contacts and gave them more time to find suitable work.

Table 5.2 Number of contacts with the pilot service by whether moved into paid work

Number of contacts	Yes, moved into paid work after meeting with Adviser		No, did not move into paid work after meeting with Adviser	
	Number	Per cent	Number	Per cent
One	81	19	455	31
Two to three	146	34	497	34
Four to six	112	26	312	21
Seven or more	92	21	220	15
Base	431		1484	

Base: All participants (weighted for non-response)

Maintaining contact with the pilot service

By the time of the survey, the majority (63 per cent) of participants, and especially those who had been involved with the pilot service for longer said they were no longer in regular contact with their adviser.[33] Four-fifths of those who had first approached the pilot service between 13 and 17 months ago (including those who had exited the pilot service) said that they were no longer in regular contact with their Personal Adviser compared with around half (52 per cent) who had been in contact with the pilot service for between four and eight months. This possibly reflects the fact that participants involved in the pilot service for longer also reported a higher number of contacts with an adviser. This group would conceivably have covered more with their Personal Adviser.

Likewise, older people (32 per cent) were less likely to be in regular contact than those aged under 50 years (40 per cent). However, no differences emerged between those with different severity scores. People who by the time of the survey interview were in full-time paid work (29 per cent) were less likely still to be in regular contact with a Personal Adviser than were those not in paid work (39 per cent) or those who were in part-time paid work (36 per cent). However, this does suggest a high demand for the pilot service by participants who moved into work.

There were mixed views in the in-depth interviews about the accessibility of the Personal Advisers and the ease of telephone contact. Some clients rated this part of the pilot service highly, and said that being able to get in touch quickly had been a major advantage. Reasons for criticism included unanswered telephone messages and the expense of having to call the adviser on a mobile phone. Among later entrants there was more experience of such discontinuities in service and problems of maintaining contact. Reasons suggested by clients included staff changes, and periods of illness or maternity leave among Personal Advisers. Some thought that clients had been reallocated, due to reorganisation within the pilot service.

5.3.3 Ending the contact   Survey respondents who said that they were no longer in regular contact with their Personal Adviser were asked the main reason why their contact had stopped (Figure 5.7). One-quarter said that they were dissatisfied with the Personal Adviser Service, about one-fifth had found work (21 per cent), around one in 14 had either lost touch (eight per cent) or were recovering from an illness (seven per cent) and three per cent were in training. A significant proportion were classified as having given an 'other' response (37 per cent), and many of these responses were related to a change in their personal circumstances or because they believed the help of a Personal Adviser was no longer needed.

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[33] According to administrative data available far fewer had been formally 'exited' from the pilot service (19 per cent of all clients). By implication clients had not formally told the pilot service that they had withdrawn.

Figure 5.7 Participants' main reason for why they were no longer in regular contact with their Personal Adviser

Base: Participants no longer in contact with the service (weighted for non-response)

Pilot survey n = 1178
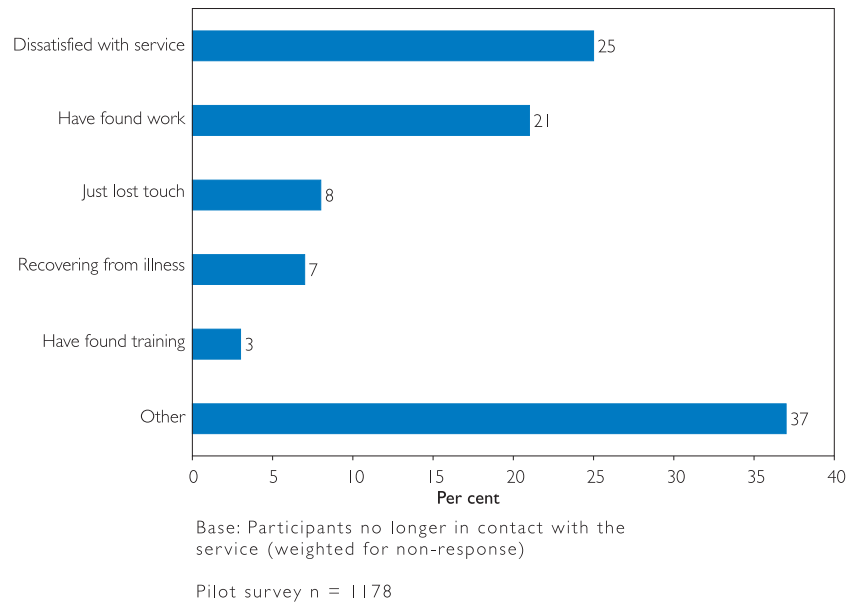
The qualitative interviews help us understand these findings and throw further light on clients' experience of the end of contact with the pilot service.

Clients who, when interviewed, did not anticipate further contact included: those who had received specific help and currently needed no more; those who had decided not to move towards work in the foreseeable future; people told that the help required was not available, and people who were dissatisfied with the pilot service they had received. In general, however, there was often a sense that such people were keeping options open and, if circumstances changed, might return to the programme and the follow-up interviews showed that this did sometimes happen. Even those who were recorded as 'exited' sometimes kept in touch with their Personal Advisers, calling in to the office when shopping, or telephoning with personal news, and hoping for further support at some time in the future.

The interim report (Arthur *et al.*, 1999) explained that among early entrants who were expecting further contact, or thought that this was likely, there was considerable uncertainty about arrangements. Such uncertainties continued to be a significant feature for later entrants, especially for people who were in the middle of a training course or work placement. It was often not clear what would happen next. An important finding from the follow-up interviews was that such uncertainties could lead to major problems in re-establishing communication and support, especially if there were also problems in access and continuity. Problems of maintaining contact and continuity with the Personal Adviser Service were major issues for some of those clients to whom the researchers returned for a second interview. There was considerable surprise at how support from the Personal Adviser had *'virtually disappeared'* or *'just petered out'* when

people ended training courses or passed exams. It was hard for clients to understand why advisers did not maintain momentum, especially if they had spent considerable time or made financial contributions at an earlier stage. Feeling *'dropped'* or *'left on a limb'* was bad for self-esteem and self-confidence, and could contribute to recurrence of depressive illness. It also suggested poor service and inefficiency. This could lead to considerable dissatisfaction, and in some cases demotivation, withdrawal from the pilot service and interruption in moves towards work.

5.3.4 The experience of progress planning

This section draws on the survey data and qualitative findings and examines clients' experiences of planning moves towards work. Formally, these activities should have been recorded in a progress (or action) plan.

Participants responding to the survey who said that they had agreed to do certain activities to help them find work, training or something similar were asked how their Personal Adviser recorded these.

Significant differences emerged between those who lived in the Employment Service led pilot areas and those in the contract areas. Participants in the Employment Service areas were more likely to say that as far as they knew the activities they had agreed to do were not recorded (35 per cent) than were those in the contract areas (20 per cent). The former were less likely than the latter to say that their agreed activities had been written down and either a copy given to them (23 per cent and 35 per cent respectively) or posted to them (nine per cent and 13 per cent respectively).

The interim report (Arthur *et al.*, 1999) explained that the qualitative interviews showed that there was rather little perception of being in a formal programme, with forward planning, among early entrants to the Employment Service led pilots. For some clients this was because their contact with a Personal Adviser had been brief. Other contributory factors appeared to be: little recall of any written progress plan; little discussion about timetables for action; clients relating more to the Personal Adviser as an individual, rather than to the pilot service; and little recall of written information about the pilot service. A small number of clients were not aware that they were clients of the pilot service. While some clients appreciated the apparent informality of the process and a relaxed timescale, there could also be disadvantages in uncertainties about allocation of definite responsibilities, or not knowing what might happen next.

A different picture emerged among early entrants to the contract pilots, where there was greater awareness and recollection of completing a progress plan. These were generally felt to be helpful, because having a progress plan meant that:

- nothing could happen without the client's approval;
- there was clarity and focus in terms of actions to be taken and responsibilities;

- repetitiveness in discussions and actions was discouraged;
- the Personal Adviser set achievable tasks, and then did them;
- there was demonstration that the Personal Adviser had listened to the client; and
- there was a good opportunity for reflection on progress, both in advance and with hindsight.

Among early entrants to the contract pilots there was also greater awareness of being part of a programme. When people identified with being part of an overall programme they valued: the regular contact; knowledge that somebody was there in the background; a sense that the pilot service was tailored to individual needs, with the personal adviser's discretion; and, the way in which planning and review gave a sense of progress.

Among later entrants to both kinds of pilot there tended to be even greater overall understanding of the New Deal for Disabled People as a programme to help people into work. Those who had had contact over several months and recognised the steps they had taken towards work had the most complete overall view of what the pilot service offered and the approach adopted. This was especially the case when clients understood the different roles of specialist staff they had met. However, there was little mention of any formal progress plans being drawn up for later entrants. In later interviews people were beginning to use themselves some of the terminology which pervades policy discussion, for example referring to themselves as an *'outcome'* for the pilot service, or talking about the pilot service trying to *'reach targets'*. It was usually clients who were disappointed with the pilot service who adopted this kind of terminology, for example suggesting that their Personal Adviser had lost interest in them because they were not going to *'turn into an outcome'*. On the other hand, some people who had been identified as *'success stories'* in the pilot services' promotional or advertising activities were not always comfortable with this categorisation, and could feel patronised and *'used'*.

There were mixed feelings about the pace of progress, as we might expect. People who were pleased with the pace included those who felt the Personal Adviser had made things happen more quickly than they would have been able to alone, as well as those who were comfortable with less immediate progress or did not want to feel rushed. People who were disappointed included those who had hoped to get a job more quickly, and those who felt that progress had been interrupted by discontinuities in service.

5.4 Help and advice provided by the Personal Adviser Service

The depth interviews tell us how clients experienced the overall service and the different kinds of help and support they said they had received. This section draws on this qualitative material, setting it in context by using survey findings to explain how many participants, overall, had used different kinds of support.

In the early stages of development of the pilot service, Personal Advisers felt that what they termed the 'holistic approach' and personal investment were important elements in their job satisfaction (Section 2.2.2). Evidence from clients suggests that some people do not want this level of involvement or do not think it is necessary. Some people set boundaries around issues perceived to be personal which they did not want to discuss in detail, including family matters and debt. Some did not expect the Personal Adviser to be equipped to help them with aspects such as housing, and preferred to seek advice from people with appropriate expertise. People who preferred to be selective in what they told the Personal Adviser had not met probing questions, and usually appreciated this.

Others did value what the Personal Advisers called a 'client-centred approach', and it could be important for them that the adviser understood significant aspects of their personal life that affected the possibility of working, such as being a lone parent or having responsibilities for care of a disabled partner.

There were mixed views on how well Personal Advisers understood the full impact of their illness or impairment. Clients who felt that the adviser had not fully understood the effects of their condition included people with ME, brain injury, progressive muscle disease and mental illness. However, there was less criticism among later entrants of personal advisers' awareness and understanding of mental illness than had been apparent among people using the pilot service at an early stage (Arthur *et al.*, 1999). There was evidence that as the pilot service developed, clients with enduring mental health problems were being put in touch with community psychiatric services and organisations such as MIND, and that this was appreciated.

The survey data shows that around one-fifth of respondents had not discussed specific aspects of how their health condition or impairment might limit the work they could do; how work might affect their condition or the prognosis of their condition (Figure 5.8). The qualitative interviews threw light on why some clients did not talk in detail about the effects of their health condition or impairment. Not all clients were ready to share information such as a diagnosis of being HIV positive, or a history of alcoholism or drug dependency, especially in the first interview. People with active cancer, or progressive deteriorating conditions sometimes found it unhelpful to talk about a prognosis, preferring to focus on the current situation. People who did not want potential employers to know about their condition were sometimes careful about what they told the Personal Adviser, in case there might be some unwelcome transfer of information.

The interim report (Arthur *et al.*, 1999, Section 4.5.3) explained that although Personal Advisers typically aimed to identify a clients' health status in a first interview, this could take a long time, and there were uncertainties about seeking further information from health professionals.

Figure 5.8 Content of participants' interviews: disability and health

Base: All participants (weighted for non-response)
Pilot survey n = 1914
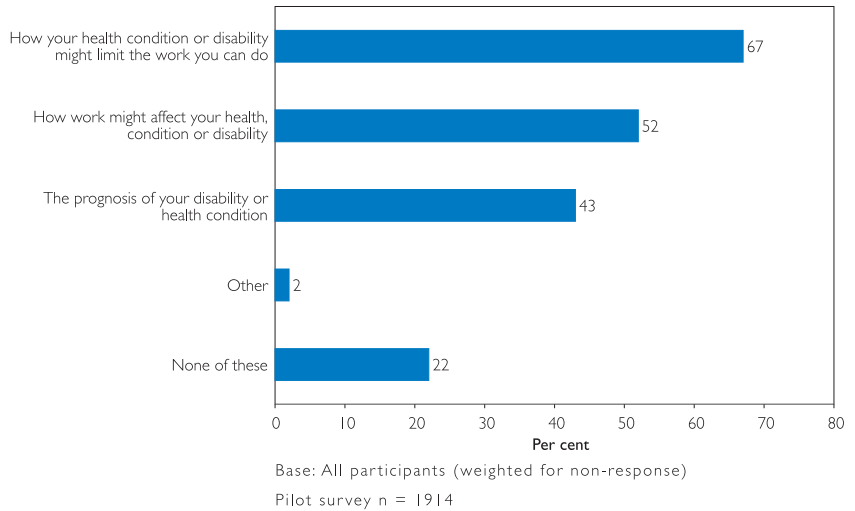
5.4.2 Work guidance and discussion of options

Findings from the survey show that most participants had discussed issues to do with work or training with their Personal Adviser (Figure 5.9). From the qualitative interviews it emerged that clients who were clear about what they wanted to do, or were already pursuing strategies directed towards a work goal, often did not need to look at other options. Those who were less certain said that early discussions about possible directions or practical options had been helpful. Those most satisfied with this part of the pilot service included people who knew that they needed a *'big rethink'* about the kind of work they might do, and felt they had received skilled help from the Personal Adviser and/or the occupational psychologist in identifying their strengths and interests. There were examples of people who had gone forward quickly to act on suggestions.

Figure 5.9 Content of participants' interviews: work or training

Base: All participants (weighted for non-response)
Pilot survey n = 1914
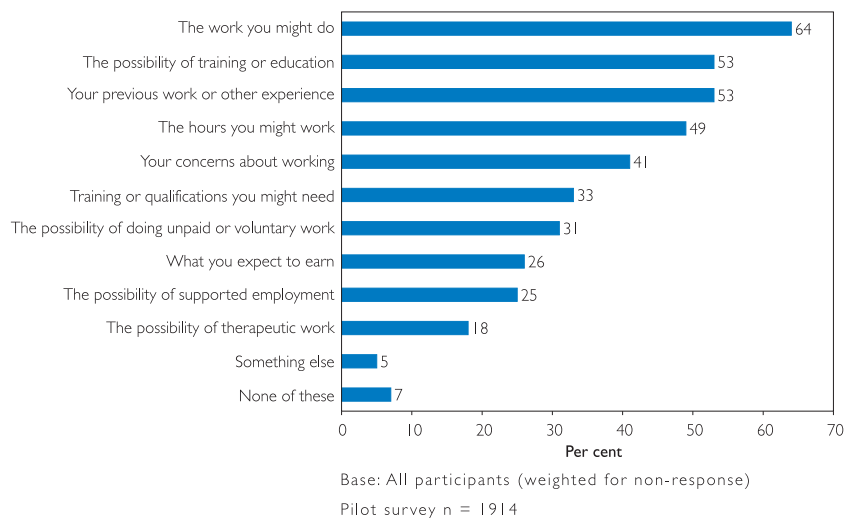
Initial discussion of skills, aptitudes and options was sometimes, clients said, enough to get them going again to make job applications or look for training courses on their own.

People who were critical of the work guidance they had received tended to be people who had some idea of what they wanted to do but felt that the Personal Adviser had directed them towards something else, and those who were despondent about identifying their path of action towards work and felt they had received little help in terms of identifying or articulating their preferences.

There was evidence of greater involvement of occupational psychologists in discussions with clients about work goals and strategies, among later entrants to the pilot service. Those who had spoken to an occupational psychologist generally understood the purpose of this, and were generally appreciative. Some had been surprised at the scope and relevance of the discussion.

By the time of the follow-up interview, clients often had experience of trying more than one funded option, and some had to rethink their original plans, for example when it became clear that an activity did not suit their impairment. People who had withdrawn from courses or left placements valued non-judgmental acceptance of what had happened, and readiness to look at other options. Continuing positive support through 'false starts' and abandoned courses was appreciated and could, in the long-term, help a person towards a more positive outcome.

Most survey respondents had found their discussions about training and work either very (45 per cent) or fairly (28 per cent) helpful. Few found their discussions very or fairly unhelpful (six per cent and eight per cent respectively) and the rest found them neither helpful or unhelpful (13 per cent).

5.4.3 Arranging access to other services

Among clients interviewed in depth, and especially among later entrants, there were many examples of taking part in work-related activities and opportunities which had been arranged by Personal Advisers, and sometimes funded by the pilot service. Some clients had taken part in:

- one-off career days;
- personal development programmes;
- further education courses (BTEC and N/SVQ);
- vocational training courses (computing skills, HGV driving, fork-lift truck management);
- work preparation courses;
- placements in work environments; and
- a residential career development course.

Some of the activities described appeared to be run under contract to the Personal Adviser Service and/or the Employment Service, and some were more *ad hoc* arrangements. Clients often did not know the basis of the arrangements or had not been much involved in aspects of funding. A few people had been told that their preferred option was too expensive, or that they had exhausted the limits of expenditure available for themselves.

Experiences of these activities varied, as we might expect. Achieving a short course could bring a strong sense of personal achievement and motivation to go on to the next stage. People who had not previously been in a work environment enjoyed opportunities of preparing for and taking part in the new experience. The pace of the activity, the match with clients' interest and abilities, and suitability in respect of the client's impairment or health condition were important influences on the perceived usefulness of the experience.

Withdrawals were not unusual. Some people discovered that working conditions were unsuitable; travel arrangements did not always work well. Some found that the course content was too hard, or they could not do what was required. The activity sometimes made conditions worse, for example aggravating spine injuries. The social interactions required were sometimes too hard, or people found their pain or fatigue levels too high. Orthopaedic chairs which had been promised did not always arrive, or proved unsuitable, and apparently could not be changed or adjusted within the timescale required. There were some specific criticisms about low quality courses attended, among later entrants and people followed-up, who spoke of poor management and organisation, and low quality content and teaching. Non-completion of a course or activity arranged by the Personal Adviser could lead to withdrawal from the pilot service. For those who hoped for continuing support, re-establishing communication with the Personal Adviser, and continuity of the pilot service when clients completed work-related activities or withdrew from them were important, and the interviews showed that opportunities for maintaining support had sometimes been lost.

The overall picture of the extent of participation in work-related activities, from survey data, is presented in the following chapter.

5.4.4 Financial information and advice

Depth interviews showed that getting information and advice about benefits and tax credits was sometimes the main reason for getting in touch with the Personal Adviser Service, and people who were not currently in touch could see themselves going back for this kind of information should their circumstances change. Indeed, findings from the survey show that most participants had discussed benefits and financial advice with their adviser (Table 5.3). Frequently discussed was how work might affect availability of benefits and in-work benefits. One-third of respondents said that their Personal Adviser had calculated whether

they would be better off in work. Seventeen per cent had received help with filling in forms for benefits/tax credits. Unsurprisingly, as the number of contacts between the participants and Personal Adviser increased so too did the proportion receiving specific advice (Table 5.3).

Table 5.3 Content of participants' interviews: benefits and financial advice by number of contacts with the Personal Adviser Service

			Number of contacts		
	All	One	2 to 3	4 to 6	7 or more
Affect of work on benefit	67	58	64	73	74
In-work benefits	58	50	56	58	68
Financial help available	44	26	42	48	59
Better off calculation	33	17	34	35	43
Offered help with benefit forms	18	9	16	23	27
Actual help with benefit forms	17	5	15	21	27
Other financial issues	14	8	12	18	18
Other benefits	32	21	32	34	41
None of these	16	23	16	13	13
Base	1070	202	365	282	221

Cell per cent

Base: All participants (weighted for non-response)

People came to the pilot service with various anxieties around moving off benefits towards or into work. There were concerns about whether they would be able to earn as much as they received as an incapacity benefits claimant, or for some, whether they would be any better off. There were fears about their financial situation if they lost a job, or were unable to continue working. People thought they might be reassessed as ineligible for Disability Living Allowance if they demonstrated being able to work. Even demonstrating interest in work, or trying something could it was be believed to lead to reassessment in the 'all-work test' and people who did not feel ready to leave incapacity benefit feared losing their entitlement.

Seeing better-off calculations, being told about the 52-week linking rule or how to access therapeutic work rules provision could be critical in decisions made. While some of the earlier entrants had felt that Personal Advisers lacked knowledge and competence in benefits advice, there was some evidence that this part of the pilot service had been strengthened as it developed. Clients who had met *'specialist benefit advisers'* at or through the pilot service appreciated expert knowledge. It appeared to the researcher, however, that some clients had received wrong information about tax credits.

Practical administrative help with benefit and tax credit applications was especially valued by people with visual impairments, and those who found it hard to understand procedures or deal with what was required. In the

survey of participants half the respondents found the benefits and financial advice received very helpful and about one-third (31 per cent) found it fairly helpful. Just five per cent said it was fairly unhelpful and four per cent very unhelpful, the rest said it was neither helpful nor unhelpful (11 per cent).

5.4.5 Assistance with job-search and applications

Findings from the survey showed that over half the participants (58 per cent) had not discussed specific job-search topics. This might reflect the fact that a significant proportion was not then ready to start looking for work (Figure 5.10). The most commonly discussed issue was where people should look for suitable vacancies.

Figure 5.10 Content of participants' interviews: job-search

Base: All participants (weighted for non-response)
Pilot survey n = 1914
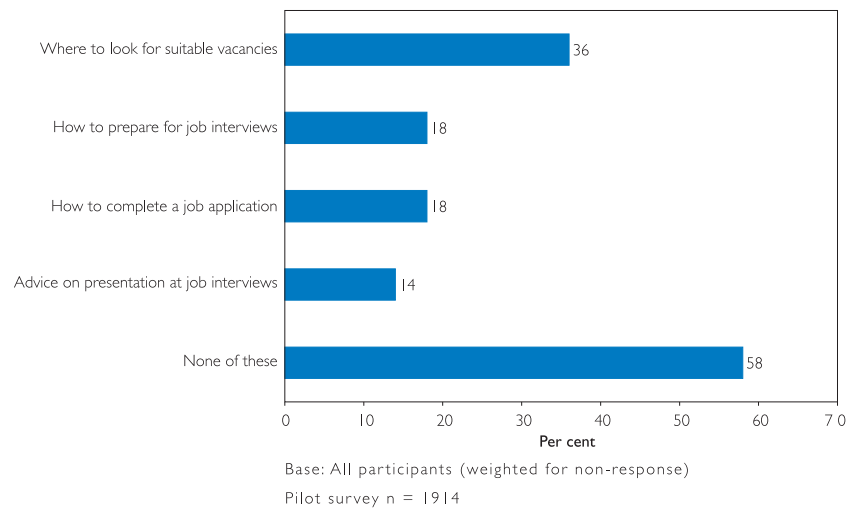
The depth interviews with clients showed a clear pattern among clients across all pilots, and among earlier and later entrants in that most people who moved into a job after contact with the Personal Adviser Service found the vacancy themselves. People who had found that job vacancy themselves, however, sometimes said that they would not have been successfully in getting the job without the help previously received, however, for example in learning how to look for jobs, write applications, or generally increasing their confidence to follow up the work opportunity when it came their way. We saw in Section 3.3.3 that although some Personal Advisers actively sought specific job vacancies for individual clients others preferred the approach of supporting clients while they looked for jobs themselves.

Four-fifths of participants in the survey had found the advice on job-search they received from their Personal Adviser either very (50 per cent) or fairly (31 per cent) helpful. Not unexpectedly, in the depth interviews those whom the Personal Adviser had found jobs were pleased, as was a person who received help identifying how she might work as self-employed. The jobs found for clients by Personal Advisers included work within the Personal Adviser Service itself.

Other clients who were looking for work when interviewed in-depth were also pleased with the help they were getting, especially later entrants. People described their Personal Adviser discussing job advertisements with them; looking at databases and scanning newspapers; referring them to Programme Centres and job-search provider agencies; helping prepare and copy CVs; contacting employment agencies; contacting employers; helping prepare for interviews; going to job interviews with clients, and getting feedback; paying travel expenses, and, for people with particular impairments, assigning a support worker to help in job-search, and arranging an interpreter for interviews. People who felt comfortable about this kind of support and felt the Personal Adviser was trying hard on their behalf were pleased with these activities.

The survey showed that around eight per cent found the job-search advice they had received fairly or very unhelpful (five and three per cent respectively) and 12 per cent found the advice neither helpful nor unhelpful (12 per cent). The qualitative interviews throw light on some of the frustrations and disappointments, which centred around perceptions of too little pro-active help from Personal Advisers, and suggestions perceived as inappropriate, the latter usually described by people looking for specific types of jobs. Feeling *'pushed'* into areas of work or jobs which were perceived as unsuitable because they did not match the clients' skills or aptitudes, or working conditions were hard, in view of their impairment, led to some unhelpful experiences. Some clients did not feel confident enough to decline interviews, or did not want to appear ungrateful or unwilling. Job-search provider agencies and Programme Centres had sometimes proved unhelpful, appearing slow or not well equipped to deal with people wanting specialist niches or professional openings.

People looking for jobs largely on their own were hesitant about what the Personal Adviser might add, and some had declined further help of this kind, or withdrawn from the pilot service at this stage. Reasons for not involving Personal Advisers in current job-search activities included:

- belief that the personal advisers' activities were more limited than their own;
- belief that they were likely to find opportunities through informal contacts with family or friends;
- desire to achieve their job independently;
- concern that their abilities were 'oversold' by the Personal Adviser; and
- fear that association with the pilot service would put employers off.

The fear that employers would discriminate against them if their impairment or health condition was known was quite widespread and sometimes based on recent experiences. In follow-up interviews people described instances of perceived discrimination on the part of potential employers, for example doubts expressed about the possibility of accommodating an orthopaedic chair. One person preferred to work at

a level below her qualification to avoid the medical questionnaire that would be required for her promotion. Clients' awareness of the Disability Discrimination Act and their employment rights appeared to be low, although there was evidence that some later entrants had talked about such aspects with their Personal Adviser. We saw in the interim report (Arthur *et al.*, 1999) that there was also limited awareness and understanding of the Disability Discrimination Act among employers.

Fear among some clients of employer discrimination may suggest greater scope for effective advocacy and liaison work with employers. There are also implications in the development of the job-brokering process.

5.4.6 Provision of direct financial help

The qualitative interviews showed that across most pilots clients had received financial help directly from the pilot service for a similar range of items: funding for training, travel costs, grants to start college courses; costs of CV production and circulation, grants to cover transitions to work, one-off payments to meet business start-up costs, and equipment such as computer hire and adapted chairs. Among later entrants were people who received an unexpected cash payment when they got a job, which had seemed like a present.

It was disappointing to be refused financial assistance for something that seemed important, for example money in advance for travel expenses to interviews, financial help to maintain voluntary activities or a grant to develop a charitable enterprise.

Those who had received financial help directly from the pilot service said this had been important, and it could be a critical factor in decision-making. It was not always clear to clients how such payments had been arranged, and the term Intervention Fund was rarely used by clients. Overall, there was low awareness of this discretionary budget available to the Personal Advisers, and among those who had heard of this, considerable variation about the scope and purpose of this money.

In the context of the financial needs and problems which people discussed, it was not easy for the researchers to understand the basis on which some clients had received financial help from the Intervention Fund while others in similar circumstances had not.

5.4.7 Help or support while in work

The survey showed that a significant proportion of participants said that they had not discussed any of the listed types of in-work support and advice with their Personal Adviser (43 per cent) (Figure 5.11). This may be because many were some distance from starting paid work. The most frequently discussed issues were training or personal support needed while in work; help and support needed to keep a job and adaptations or equipment that might be needed.

Participants aged over 50 years were particularly unlikely to discuss the types of in-work support listed. Over half (54 per cent) of participants aged over 50 had not discussed in-work support. In particular, older participants were less likely to discuss training and personal support and the type of support which may enable them to retain employment (Figure 5.11)

Most of the respondents found discussions about their in-work requirements either very (47 per cent) or fairly (34 per cent) helpful, few found them fairly (six per cent) or very (three per cent) unhelpful and the rest found them neither helpful nor unhelpful (ten per cent).

Figure 5.11 Content of participants' interviews: in-work support and advice required by age

Base: All participants (weighted for non-response)
Pilot survey n = 1914
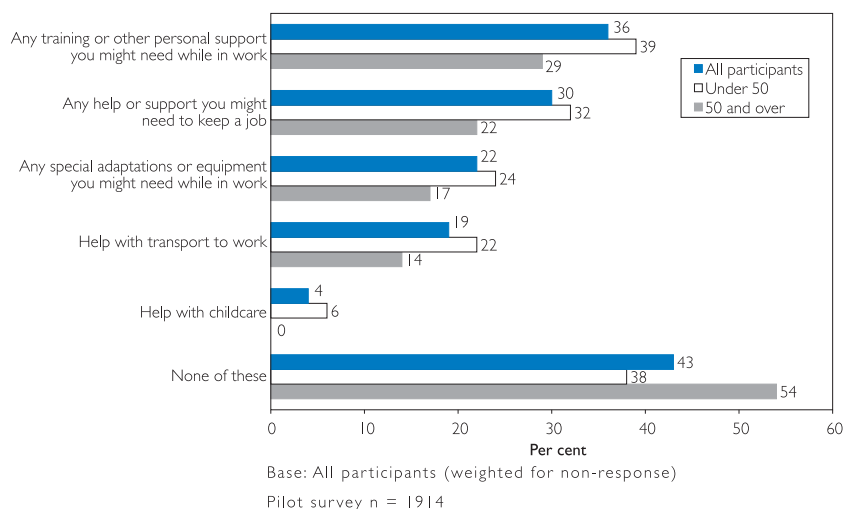
Respondents who had moved into paid or unpaid work[34] since their meeting(s) with a Personal Adviser were asked about the in-work support or advice they received from their adviser[35]. Two-fifths of those who had started work of some kind said they had received further support/ advice from their Personal Adviser whilst in work. For the majority, this contact was initiated by the adviser (63 per cent) rather than by the respondent (37 per cent) and most (93 per cent) found the support/ advice helpful.

The actual advice/support received tended to be general (61 per cent). Information about financial support was cited by eight per cent of participants and information about how to reclaim incapacity benefits using 'linking rules' by just two per cent.

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[34] Includes: paid part-time or full-time work; therapeutic work; supported employment; self-employment; work placement or voluntary work.

[35] Further details on moves into paid work are reported in Chapter 6.

The majority of survey respondents who were working said that they did not want more advice/support from their Personal Adviser (69 per cent). Most of those who did want more advice/support were people who said that they had not received any (76 per cent) rather than those who had received some and would have liked more (24 per cent). Respondents who wanted more advice/support tended to want to maintain general contact with their Personal Adviser (36 per cent), rather than wanting any specific advice/support. A few would have liked more information about their job (13 per cent). Just five people, who had started paid or unpaid work after seeing a Personal Adviser, said that they would have preferred less contact.

Almost one-fifth of survey respondents who had started paid or unpaid work after seeing a Personal Adviser said that they had received support or advice from someone other than their Personal Adviser after moving into work (17 per cent). For about one-quarter of this group (26 per cent) this was their employer, 15 per cent received advice/support from their family or friends, 13 per cent received support from Benefits Agency or Jobcentre staff, 10 per cent from other employees, while the rest received support from someone else (36 per cent). It is possible that other participants would also have identified their employer as having given them support and advice had they been asked this directly.

Depth interviews with clients showed that whether people would have liked ongoing contact and support from their Personal Adviser while in work was related to their previous relationship with the adviser; how much support they had received from him/her previously, and how satisfied they were; whether they saw this as part of the adviser's role, and how they felt about possible repercussions at work of involvement of the adviser. Clients who expected and welcomed on-going contact included clients who anticipated a continuing need for services, such as workplace adaptations or an interpreter. Some people put in touch with another in-work support agency had not always expected this, but found it generally helpful. Having no further contact with a supporting service after starting work could leave a 'gap', especially for clients who had received considerable emotional support from their Personal Adviser, and some would have preferred a more gradual winding-down. Not everybody offered in-work support accepted this however.

5.4.8 Dealing with problems at work

Depth interviews showed that problems which arose for people in work were often related to their health circumstances or impairment. People whose illness or impairment meant that it was still hard to work, for example because of pain, fatigue or symptoms of mental illness, but had found support from understanding employers and colleagues, felt there was little more the Personal Adviser could add. Clients who had not told their employer about their condition when they took the job could find relapse or recurrence of symptoms hard to manage, and were uncertain whether involving the Personal Adviser might make things better or

worse. Going back to the pilot service was also hard for people who had taken courses of action against advice, for example going straight into a job without trying things out first. Some clients worried that employers would get to hear about approaches to the Personal Adviser Service, and that this would reflect badly on the client. But for some people, it just did not occur to them to get in touch with the pilot service when things got difficult. Feeling stressed at work could seem like a 'personal problem' especially among men.

Among those who had sought advice from the pilot service when problems arose at work were people who had received a high level of support from the Personal Adviser, including advocacy and negotiation with an employer to facilitate return to work, support for a client's decision to leave and further support with a care plan and new job-search.

In this study group, most people who had experienced major problems at work eventually left those jobs or were thinking of leaving shortly. Being supported by the Personal Adviser through this, with help in looking for another job or a period of training or work experience was valued. Not everybody who had tried to re-establish support from the pilot service had been successful, and some had been disappointed at a perceived lack of response.

In addition to problems associated with their health or impairment, some people met financial problems. People who moved into full-time low-paid work, and some working 20 hours or less could find that they felt hardly better off financially than when on benefits, if at all. Contributory factors included high working expenses, such as having to maintain cars and being ineligible for Statutory Sick Pay because they were working below the lower earnings limit for National Insurance contributions. People whose hours fluctuated, or who had reduced their working hours when health deteriorated found it hard when their Disabled Person's Tax Credit did not adjust immediately. It seemed possible that some people were not getting full entitlements to in-work benefits and tax credits.

Such people might have used the pilot service for ongoing information and advice about financial support. Personal Advisers might have been able to offer advice about the financial problems but not everybody thought of returning to the pilot service for this kind of help. One person who did go back to talk about his financial situation at the end of his claim for Disabled Person's Tax Credit received wrong advice that he could not apply a second time, and he returned to Incapacity Benefit. Findings suggested that provision and promotion of high quality in-work financial information and advice will be important to sustain jobs.

Chapter 6 is concerned with outcomes for clients, and clients' opinions on the service received. It is useful to conclude this chapter, however, by summarising the views of clients, as to how the Personal Adviser Service had helped, their main disappointments and their overall views.

5.5.1 How had the Personal Adviser Service helped?

The qualitative interviews show that clients perceived the Personal Adviser Service as helpful in a number of ways:

- increasing/maintaining clients' self-esteem, confidence, morale;
- providing reassurance and a sense of security;
- making people feel stronger and more empowered;
- widening horizons, suggesting and arranging new options;
- sharpening goals, focusing efforts;
- enabling people to achieve objectives;
- providing necessary advice and practical help;
- redirecting unrealistic aims;
- maintaining long-term commitment and support.

It was not always necessary to have moved closer to work for people to perceive the Personal Adviser Service as helpful. Greater personal insight, increased self-esteem, or feeling stronger were valued by people who thought they were unlikely to be trying work in the near future.

Across all pilot projects there was general appreciation among clients of the pleasant, polite and friendly approach of all members of the pilot service with whom clients had contact. Personal advisers' skills and characteristics which clients emphasised as important were:

- a friendly, calm, approachable and patient manner;
- ability to listen, and to demonstrate understanding through response;
- valuing and respecting clients, and being non-judgemental;
- showing interest and having rapport;
- making honest assessments and being realistic;
- being positive, and encouraging optimism for client's ability to meet goals;
- making realistic promises and keeping agreements;
- having understanding and empathy about impairment and illness;
- having a thorough knowledge, and being able to offer full, unbiased information and advice.

On the whole, Personal Advisers had demonstrated these characteristics (which, we saw in Section 3.7, were recognised by Personal Advisers themselves as among the range of skills and competencies they needed to work effectively). There could be a preference for a Personal Adviser of a particular gender, and some clients felt that having understanding about impairment was seen as demonstrated if advisers had an impairment

themselves. Friendly informality was seen as a positive characteristic, but at the same time it was important to have professional boundaries. Where there was criticism, this centred around feelings that the Personal Adviser did not understand the impact of the client's impairment, did not listen, put pressure on clients towards particular courses of action or was generally 'over-efficient'.

5.5.2 Constraints and disappointments

In a pilot offering a new approach to a heterogeneous group of people, we would expect mixed experiences and responses. There were a number of disappointments and dissatisfactions.

Gaps perceived in the Personal Adviser Service included lack of access for people in early stages of sick leave, and unavailability of financial help for particular items. People pointed to the lack of a complaints procedure.

As mentioned in Section 5.4.2, people thought they had been dealt with inappropriately if they felt pushed towards courses of action that seemed unsuitable, or had been discouraged from pursuing certain avenues in which they were interested.

Feeling hardly better-off financially in work than when claiming incapacity-related benefits, if at all, led some people to a belief that they had been misled by the messages of the New Deal and the advice of the Personal Adviser Service. Some people did not like the way in which they had been personally represented in their project's local publicity and promotion.

There were disappointments and criticisms about poor quality service. These included problems of access to the pilot service and to individual Personal Advisers. Not everybody was pleased with the personal adviser's general approach and manner, or their understanding of impairment. Some felt the pace of progress had been inappropriate, and some had felt uncertain what was happening. There were some serious criticisms of lack of continuity of service, and problems of maintaining contact, especially among later entrants and people followed-up. Some people felt they had been offered inadequate financial information about tax credits and benefits rules.

The survey provides a further perspective on clients' satisfaction with the service received. Survey respondents who said their Personal Adviser had promised to undertake specific activities on their behalf were asked whether they knew if s/he had actually done these (Table 5.4). Sixty-nine per cent of people whose Personal Adviser had undertaken to speak to a tutor/teacher/lecturer said that this had been done, as did 62 per cent of those whose adviser offered to search for suitable education or training courses.

However, according to clients, Personal Advisers failed to do the things they offered to do in half or nearly half of all cases when the offer entailed (a) helping to pay for something (51 per cent), (b) a referral to another person (46 per cent), or (c) help finding childcare (71 per cent). These activities are especially likely to take time to set up and so might have been ongoing at the time of the survey interview; for the client this could have been wrongly construed as nothing being done on their behalf.

Table 5.4 Whether Personal Adviser did the things they offered to do

Row percent

Whether participants said the adviser did things they had offered to do	Yes	No	Unsure	Base
Say that s/he would be talking to tutor/teacher/lecturer	69	19	13	138
Offer to search for suitable education or training courses	62	27	11	601
Offer to search for suitable jobs	58	26	16	773
Say that s/he would be talking to employers	54	28	18	695
Offer to refer you to see another person to help you	49	46	6	434
Offer to help pay for something you needed to find or keep training or work	44	51	5	411
Say that s/he would be helping you to find suitable childcare	30	71	0	17

Base: Participants who had agreed specific action Adviser would take (weighted for non-response)

5.5.3 Overall opinions

Survey findings show that, overall, participants had good opinions of the Personal Adviser Service (Table 5.5). Over four-fifths said that their Personal Adviser had listened to and understood what they had to say (84 per cent) and were happy with the time spent with their adviser (84 per cent). About three-quarters were pleased with the pace at which things moved (74 per cent) and two-fifths (41 per cent) felt that the scheme had been able to offer them the support and help they needed. A further 26 per cent felt it was too early to say if the scheme had been able to offer them the help and support they required.

There were small but significant differences in participants' opinions of the pilot service depending on their disability score category. Participants with higher disability scores (seven or more) were slightly less positive about the Personal Adviser Service (Table 5.5). In particular participants with higher scores were less likely to think that they had spent the right amount of time with their Personal Adviser. They were also less likely to think that the pace was about right.

Participants with higher disability severity scores were also less likely to feel that they were offered the help and support they wanted. One-third

of participants with a disability severity score of seven or more felt this to be the case compared to 40 per cent of participants with a score of three to six and 45 per cent of participants with a severity score of one or two. Furthermore, participants with a severity score of seven or more were more likely to feel that the Personal Adviser was unable to offer the support and help they wanted (Table 5.5).

Table 5.5 Participants' opinions of the Personal Adviser Service

				Column per cent
Participants' opinions		Severity category		
	All	1-2	3-6	7 and over
How well did Adviser listen to and understand you?				
Well	84	85	85	79
Not very well	11	10	11	16
Neither	5	5	5	5
How happy were you with the time spent with Adviser?				
Long enough	84	88	85	78
Not long enough	12	10	12	16
Too long	3	3	3	6
How pleased were you with the pace things moved?				
Too quickly	7	4	8	10
Too slowly	19	19	18	22
Pace was about right	74	77	75	68
Would you say the scheme				
Offered the help and support you wanted	41	45	40	33
Was unable to offer help and support you wanted	33	32	32	37
Too early to say	26	22	28	30
Base	1875	451	927	385

Base: Participants involved in work related activities[36] since meeting with Personal Adviser

Differences in participants' opinions of the pilot service might be expected between those involved for longer and shorter periods of time. However, the only marginal difference to emerge between participants according to the time they had been involved in the pilot service related to the pace at which things had moved. Those involved for less time (between four and eight months) were more likely to say that the pace was about right than were those involved for longer (between 13 and 17 months) (76 per cent and 70 per cent respectively). Of those who had, according to administrative statistics, exited the scheme 78 per cent said that the pace was about right for them.

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[36] Work related activities include applied for paid work, started paid work, started therapeutic work, started supported employment, started voluntary work, started a work placement, prepared to become self-employed, became self-employed or increased hours of work.

Participants' attitudes towards the Personal Adviser Service were also elicited (Table 5.6). Around half (47 per cent) agreed either strongly or slightly that as a result of the New Deal for Disabled People they had become either more keen to return to work (51 per cent) or more confident about their job prospects (47 per cent). Relatively few respondents agreed strongly or slightly that since being involved they had become more worried about losing their benefits (28 per cent), although about one-third were concerned (strongly or slightly) about their financial situation if they were to work (35 per cent).

Few differences between participants' attitudes towards the Personal Adviser Service emerged when taking into consideration the time they had been involved with it. The only noteworthy difference indicates that people involved for less time (between four and eight months) were more likely to agree, either strongly or slightly, that they had become more keen to return to work (52 per cent) than were those involved between 14 and 17 months (43 per cent). Moreover, those involved for longer were no more likely than those involved for less time to say that they felt more confident about their chances of getting a job (41 per cent and 46 per cent respectively).

Asking clients in the in-depth interviews for views as to which kind of organisation should run the Personal Adviser Service showed much confusion about controlling agencies. People often had little idea about connections between the pilot service, other government departments or agencies, and agencies providing courses or placements.

Table 5.6 Participants' attitudes towards the Personal Adviser Service

Row per cent

As a result of being involved in NDDP I have or did become:	All participants					
	Agree strongly	Agree slightly	Neither agree or disagree	Disagree slightly	Disagree strongly	Base
More confident about my chances of getting a job	26	21	28	9	17	1880
More keen to return to work	27	24	29	9	13	1880
More worried about losing my benefits	12	16	25	21	26	1885
More worried about what my financial situation would be if I were to work	16	19	26	18	21	1882

Base: Participants involved in work-related activities since meeting with Personal Adviser

5.6 Conclusions

This chapter has explained the great diversity of readiness for work, motivations and expectations among participants who approached the Personal Adviser Service pilot projects.

Not all clients perceived major problems in getting or keeping work, but some people perceived a number of problems and obstacles that were currently acting as barriers to moving towards work. Among these

problems were many that have been described by non-disabled people, in addition to considerable problems or barriers associated with the nature of people's illness or impairment, which set limitations on the kind or amount of work which people felt able to do. Problems associated with ill-health or impairment were particularly likely to be described by older people and those with higher scores on a disability rating scale. Also important were problems in finding suitable work, and for younger people in particular, perceived negative attitudes of other people, including potential employers.

In terms of what might be helpful in moving into a job, finding work that was not too heavy or stressful was important to many, as was job flexibility, knowing about the work in advance, and being able to return to benefit if the job did not work out. Most clients had some previous experience of work and some formal qualifications, although these were not always relevant to the current move towards work.

Such diversity among clients in terms of characteristics and requirements underlines the importance of flexibility of the pilot service, and the need to match the scope and pace of support offered to the circumstances of individual clients.

In terms of dealing with the pilot service, access to the pilot project, in terms of venue, location, telephone contact and choice of a home visit could all be important. The amount of contact with Personal Advisers varied, but was not related to the length of time clients had been in touch with the service. One in five participants no longer in contact with the pilot service left because they had found work. However, one in four said they had left because they were dissatisfied. Just losing touch with a Personal Adviser was not unusual, and led to dissatisfaction and some lost opportunities for maintaining progress towards work. There were some serious criticisms about the discontinuities in service, especially among later entrants and people followed up in a second interview.

Younger participants, those with lower scores on disability severity scales and those who had more contact with a Personal Adviser were all more likely to agree to undertake specific activities as steps on the way towards work. Having a written record of what was agreed could be helpful to some participants. In relation to what was discussed with a Personal Adviser, it appeared that participants had essentially similar experiences, regardless of where they lived.

Most participants discussed issues to do with work or training, and this was generally found helpful. Depending on how they used the pilot service, participants had received general support and counselling; had help in accessing other services such as training or education; and assistance with job-search. Those who eventually found a job vacancy themselves often felt that they would not have been successful in getting their job

without the help and support received from the pilot service, in preparing for work and learning how to seek work.

Getting information and advice about benefits and tax credits was sometimes the main reason for getting in touch with the service. Expert knowledge and practical help with applications for benefits, tax credits and grants was highly valued by participants. Financial information and advice could be critical in decisions made about moving towards work. Getting direct financial help from the Intervention Fund could also be a critical factor in decision-making.

Two-fifths of participants who started work had continued to receive some support or advice from the pilot service, but many of those who did not receive such help would have liked some. Problems which arose for people in work were often related to their health condition or impairment. Although some people experiencing problems in work had gone back to the pilot service for further support, this did not occur to everyone, and it could be hard to get a response.

Overall, there are some general implications from findings in this chapter for development and extension of the New Deal for Disabled People:

- The wide variation in characteristics and circumstances among the current clientele means that it is likely to be hard to provide effective help to all. Policy makers face choices about the scope, flexibility, pace and resourcing of the service which are likely to affect access to some groups of people. It will be important to find ways of supporting those clients who require more intensive help over long periods in order to make even gradual steps towards work.

- The diversity in client requirements means that the current 'case-management' model of service delivery requires Personal Advisers with highly developed competencies and skills, across a range of different kinds of expertise. If there is insufficient supply of such people there will be negative impacts on clients.

- The reluctance among some people to explain their illness or impairment to an employer will continue to have an impact on the service that a Personal Adviser can offer. How far 'job-broking' or retention services can be developed will also be affected by fear among some clients of employers' discrimination. There would seem to be scope for effective general education of employers, as well as advocacy and liaison work with employers in extension of the service.

- The structural context of incapacity benefits, wage levels, in-work benefits, tax credits, National Insurance and income tax is of key importance both in clients' decisions about working, and in the financial outcomes. Within this context, provision of timely and accurate information and advice on these issues is critical.

- For some clients the sustainability of jobs is likely to depend on provision of in-work support and advice.

6 CLIENT OUTCOMES

6.1 Introduction

This chapter reflects on findings from the qualitative interviews regarding clients' views on the overall impact of the pilot service (Section 6.2). In addition, activities undertaken since meeting with the adviser are considered. Using the survey data, work related activities (Section 6.3.1), education and training and activities relating to benefits are discussed. The final section (Section 6.4) provides a look at movements off benefit among participants and non-participants. The chapter draws on both survey and qualitative findings. Details of the surveys undertaken and the qualitative interviews conducted can be found in Chapter 4 (Section 4.1.1) and Appendix B.

6.2 Making a difference: Clients' perspectives

Care must be taken in using material from depth interviews with clients to assess how far the policy aim of the Personal Adviser Service was met, in terms of helping incapacity-related benefits recipients move towards paid work. Those interviews were not designed primarily to provide objective assessments of the outcome of interaction with the pilot service. Most people interviewed in depth took part in the research only once, and all were at different stages in terms of dealing with the pilot service, both chronologically and in terms of process and progress. Some of the clients were followed up, but after different periods of time.

However, everybody interviewed in-depth was invited to reflect on the overall impact of the pilot service, thus far, and this section summarises what they said, and, for those to whom we returned, any changes in their views. There are useful insights into which components of the pilot service were perceived as specially important in making a positive impact on the move towards work, and which components slowed or prevented progress.

The follow-up interviews underlined how people's personal circumstances may change, including their health condition or impairment, as may their aims and expectations in dealing with the pilot service. We also learn how clients' interpretations and evaluations of service received may change over time, as the interaction develops and the impact changes.

6.2.1 A positive impact

Most people interviewed in depth, when they first took part in the research, said that the Personal Adviser Service had made some positive difference so far in their move towards work. Again, the group included people at different distances from work, who had received different amounts and kinds of help.

What had made a positive impact in moving them towards work included:

- having a 'kick start';
- continuous contact with a Personal Adviser;
- raised confidence, increased self-esteem;
- identifying a career path;
- attending a training course;
- experience of a work placement;
- direct financial help;
- information and advice about benefits, and financial support;
- being helped to look for jobs;
- receiving help with practical and financial aspects of starting a small business;
- being told about a vacancy, which led to employment.

Among those who said that the pilot service had made a positive difference were a small number who felt that the impact had been considerable. Among later entrants, such people had mostly had considerable contact over a period of time, sometimes with several members of staff.

The follow-up interviews showed that those early entrants who had felt that the Personal Adviser Service had made a considerable or some positive difference in their move towards work had variable experience in the months following. Some had discovered that a chosen course of action was unsuitable and were now investigating other avenues. People who had maintained contact over 12 months and continued to receive support, although not yet in work, valued the long-term commitment and felt they were gradually making positive progress. Long-term support could be effective - there were examples of clients in both Employment Service and contract area pilots who eventually got a job after 12 and 10 months support, respectively.

However, the follow-up interviews also showed some slowing of progress towards work among some of those who had been hoping to build on previous positive steps when they first spoke to the researchers. This was sometimes associated with a decline in health, but clients also pointed to lack of response from the pilot service and problems in maintaining continuity. It was long-term support that some people now realised they needed, sometimes through what they now recognised as false starts, sideways moves, and mistakes. The need for support after getting a job had also become apparent to some. Not everybody who had been working at the first interview had kept their jobs, and problems were emerging for some of those currently working.

6.2.2 Little or no positive impact

When clients first took part in the research a small group felt that the Personal Adviser Service had made no difference in helping them move towards work, and they had low expectations of further help. Most of

these had initially responded to the invitation letter. They were at different distances from work and had received different amounts of help, in terms of number of contacts with the pilot service, and what was discussed and arranged. Reasons for thinking that nothing positive had come about included:

- poor match between clients' interests and abilities and options arranged (work-related activities, job interviews);
- inadequate information or advice about benefits and tax credits;
- slow pace or lack of response from the Personal Adviser;
- breakdown in communication with the Personal Adviser.

Follow-up interviews showed that people who had felt no positive impact when they first took part in the research, especially if they had low self-esteem and low confidence and had not kept in touch with the pilot service, could be no nearer employment up to a year later. However, some of those who pursued their own strategies had found jobs. A previous negative experience with the Personal Adviser Service did not always prevent such people getting in touch again at this point, for example for specific advice and practical help with in-work financial support. Such people then re-evaluated the pilot service according to the response they then received.

6.3 Participants' progression and involvement in work preparation activities

Survey respondents were asked to indicate the work preparation activities in which they had participated since their contact with a Personal Adviser. These were grouped according to job-search activities, work-related activities, education and training activities and activities related to benefits. This section also reports on whether or not participants felt they would have undertaken certain activities had they not talked to a Personal Adviser.

In addition to differences between younger and older clients, differences between respondents with varying severity scores, between those living in Employment Service led pilot areas and contract areas and between those involved with the pilot service for different lengths of time were investigated. These are indicated below where significant.

6.3.1 Job-search activities undertaken since meeting with a Personal Adviser

Overall, 60 per cent of people had started or increased their job-search activities since being in contact with a Personal Adviser.

Looking at vacancies advertised in newspapers was the most common form of job-search undertaken since participants met with a Personal Adviser. Perhaps unsurprisingly, given their greater interest in starting paid work and the fact that they were more likely to have discussed job-search with their Personal Adviser, younger people were more likely to have engaged in some job-search activities than older participants (Table 6.1). Sixty-three per cent of younger people had done at least one of the job-search activities listed compared with 53 per cent of older participants. As well as being more likely to increase their efforts to move towards

work than were older participants (37 per cent and 24 per cent respectively), participants aged under 50 were especially more likely to have prepared their CV (29 per cent and 18 per cent respectively).

Perhaps reflecting their relative closeness to the labour market, participants with severity scores below 7 were more likely to have engaged in each of the job-search activities listed (Table 6.1). Around four-fifths of those with scores of 1-2 (61 per cent) or 3-6 (62 per cent) had done at least one of the job-search activities listed compared with about half (49 per cent) of those with scores of 7 and over. There were few differences in the actual job-search activities undertaken between those with scores of 1-2 and 3-6, the former being marginally more likely to have looked at Jobcentre vacancies than the latter (35 per cent and 27 per cent respectively).

Table 6.1 Job-search activities undertaken since meeting with a Personal Adviser (multiple response)

| | Age group | | | | | | Disability Severity Score Category | | | | | |
| | All | | Under 50 years | | 50 years and over | | 1-2 | | 3-6 | | 7 and over | |
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Looked in the newspaper	827	44	589	45	238	41	215	47	417	45	129	33
Increased job-search efforts	761	40	480	37	142	24	141	31	321	34	105	27
Look at Jobcentre board	548	29	389	30	159	27	156	35	248	27	89	23
Prepared CV	479	25	374	29	105	18	129	29	232	25	75	19
Used ES telephone service	110	6	81	6	29	5	29	7	57	6	14	4
Joined Jobclub	47	3	37	3	10	2	13	3	27	3	4	1
None of these	761	40	488	37	273	47	176	39	355	38	197	51
Base	1889		1308		582		452		932		387	

Base: All participants who undertook any activities after meeting with a Personal Adviser (weighted for non-response)

In terms of involvement in job-search activities, the only difference to emerge between people living in Employment Service led pilot areas and those in contract areas related to their viewing Jobcentre vacancies. Perhaps reflecting the location of more Employment Service led pilots in Jobcentres, participants in these areas were slightly more likely to have looked at Jobcentre vacancies than those in contract areas (32 per cent and 26 per cent respectively).

For each of the job-search activities participants said they had undertaken they were asked whether they would have done the activity if they had not talked to a Personal Adviser (Table 6.2). According to participants, the Personal Adviser Service would appear to have been the most help

for the small number of people who had joined a Jobclub; around two-fifths (41 per cent) said that they would not have done this without having talked to their Personal Adviser. Furthermore, about one-third (32 per cent) of participants who had used the Employment Service telephone service to find a job said that they would not have done so without help from their Personal Adviser. Increased efforts to look for work and preparation of a CV would have been unlikely for around one-quarter (26 per cent and 24 per cent respectively) of people had they not spoken to a Personal Adviser. Some participants said that they would not have looked at Jobcentre vacancies (15 per cent) or in newspapers for job vacancies (nine per cent) had they not seen a Personal Adviser.

Table 6.2 Likelihood of having done job-search activities without having talked to a Personal Adviser

			Row per cent
Job-search activities undertaken	Likelihood of having done activity without talking to Personal Adviser		
	Would have done activity anyway	Unlikely to have done activity without adviser	Base
Looked in newspapers for job vacancies	91	9	826
Looked at Jobcentre vacancies	85	15	544
Prepared CV	76	24	477
Increased efforts to look for work	74	26	618
Used the Employment Service telephone service to find job	68	32	110
Joined Jobclub	59	41	46

Base: Participants who undertook given job-search activity after meeting with Personal Adviser (weighted for non-response)

6.3.2 Work-related, education and training activities undertaken since meeting with a Personal Adviser

This section focuses on work-related, education and training activities participants had engaged in following their involvement with the Personal Adviser Service. These include applications for paid work and preparations to become self-employed, undertaking voluntary work, a work placement, therapeutic work or supported employment and training schemes. In doing so, this section excludes involvement in paid mainstream employment, which is covered in Section 6.4.

In all, 47 per cent of participants had engaged in at least one of the listed work-related activities since meeting with a Personal Adviser. The fact that at least half the participants had not engaged in any work-related activities might reflect their distance from paid work.

Perhaps unsurprisingly given their greater involvement in job-search activities, younger people were more likely to have engaged in some form of work-related activity than those who were older (Table 6.3).

Those aged under 50 were slightly more likely to have applied for paid work (32 per cent) than were participants aged 50 and over (26 per cent) and were more likely to have done a work placement (eight per cent and three per cent respectively). Moreover, 60 per cent of older participants said that they had not been involved in any of the work activities listed compared with 50 per cent of younger people.

The only significant difference to emerge between participants with lower and higher severity scores related to whether they had applied for paid work. Whilst around one-third of those with scores of 1-2 (33 per cent) or 3-6 (30 per cent) had applied, just one-fifth (21 per cent) of participants with scores of 7 or more had made any job applications.

Perhaps reflecting the longer time the Employment Service led pilots had been in operation, participants in these areas were less likely to say that they had done none of the things listed than were people in the contract areas (50 per cent and 57 per cent respectively).

Moreover, participants who had been involved with the Personal Adviser Service for longer were more likely to have undertaken at least one of the work-related activities listed than were those involved for less time. Forty-seven per cent of participants involved for between 14 and 17 months had done at least one of the activities compared with 35 per cent involved for between four and eight months.

Table 6.3 Activities undertaken since meeting with a Personal Adviser (multiple response)

			Age group				Disability Severity Score Category					
			Under 50 years		50 years and over		1-2		3-6		7 and over	
	All											
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Applied for paid work	498	26	363	27	135	23	125	27	248	26	73	19
Started to do voluntary work	167	9	120	9	47	8	47	10	79	8	31	8
Started a work placement	103	5	86	7	17	3	27	6	52	6	12	3
Started therapeutic work	90	5	68	5	22	4	20	4	37	4	29	7
Prepared to be self-employed	68	4	42	3	26	4	17	4	33	4	11	3
Increased hours of work	42	2	34	3	8	1	11	2	17	2	6	2
Started supported employment	24	1	17	1	7	1	4	1	15	2	4	1
Started training or education	396	21	317	24	79	13	95	21	207	22	68	17

Continued

Table 6.3 Continued

	All		Age group Under 50 years		50 years and over		Disability Severity Score Category 1-2		3-6		7 and over	
	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
Looked at training or education	374	20	299	23	75	13	82	18	185	20	80	20
Applied for training or education	199	10	159	12	40	7	46	10	99	11	39	10
Attended basic skills training	193	10	144	11	49	8	49	11	96	10	34	9
Base	1889		1308		582		452		932		387	

Base: Participants who undertook any activities after meeting with a Personal Adviser (weighted for non-response)

Over 80 per cent of participants who had applied for work or prepared to become self-employed since contact with the Personal Adviser said that they would have done so anyway. It is important to remember, however, that in the depth interviews, some participants explained that the Personal Adviser had helped them to make their own job-search activities more effective, for example by more focused search for vacancies or preparation of CVs and interview techniques.

Overall, 40 per cent of participants had started or looked into a training scheme or education programme since being in contact with a Personal Adviser.

Younger people were considerably more likely to have undertaken at east one of the training activities listed than were those aged 50 years and over (46 per cent and 28 per cent respectively) (Table 6.4). Younger participants were especially more likely to have either looked into (23 per cent) or started (24 per cent) some form of training or education programme than were those 50 and over (13 per cent and 14 per cent respectively).

Personal Advisers appear to have been particularly helpful in arranging supported employment and work placements for their participants. Around three-quarters of participants who had started supported employment (74 per cent) or had started or done a work placement (71 per cent) said that they would not have done so without having first spoken to a Personal Adviser (Table 6.4). Furthermore about two-fifths of those who had started therapeutic work (42 per cent) said that they would not have done so without help from their Personal Adviser. Other work activities that participants thought their Personal Adviser had a direct impact on were voluntary work (30 per cent), and to a lesser extent increasing hours of work (19 per cent), preparing to become self-employed (17 per cent) and applying for paid work (15 per cent).

Some participants who had been involved in training activities said that they would not have done a particular activity had they not spoken to a Personal Adviser (Table 6.4). In particular, around half (52 per cent) said that they would not have attended basic skills training and two-fifths would not have started a training scheme or education programme. Thirty-seven per cent of those who had applied for a scheme or programme and 35 per cent who had looked into these would not have done so if they had not seen a Personal Adviser.

Table 6.4 Likelihood of engaging in work-related activities without having talked to a Personal Adviser

			Row per cent
Work-related activities taken	Likelihood of having done activity without talking to Personal Adviser		under-
		Unlikely to have	
	Would have done activity anyway	done activity without adviser	Base
Applied for paid work	85	15	498
Prepared to become self-employed	83	17	67
Increased hours of work	81	19	41
Started to do voluntary work	70	30	165
Started therapeutic work	58	42	89
Started or done a work placement	29	71	102
Started supported employment	26	74	24
Looked into possible training schemes or education programmes	65	35	373
Applied for training scheme or education programme	63	37	199
Started a training scheme or education programme	60	40	396
Attended basic skills training	48	52	191

Base: Participants who undertook a work-related, education or training activity after meeting with a Personal Adviser (weighted for non-response)

6.3.3 Benefits activities undertaken since meeting with a Personal Adviser

Most participants (71 per cent) said that they had not been involved in any of the activities listed that related to benefits (Table 6.5). However, those aged under 50 (31 per cent) were more likely to have undertaken at least one of the benefit activities than were older people (25 per cent); specifically, seeing another person for help or advice (17 per cent and 11 per cent respectively).

Table 6.5 Benefit activities undertaken since meeting with a Personal Adviser

			Age group			
	All		Under 50 years		50 and over	
	Number	Per cent	Number	Per cent	Number	Per cent
Seen another person for help or advice	292	11	226	14	66	8
Applied for a different benefit	170	7	120	7	50	6
Applied for Jobseeker's Allowance	108	4	75	5	33	4
Used benefit enquiry helpline	90	4	63	4	27	3
Applied for a career development loan	11	*	9	1	2	*
Base	1889		1308		582	

Base: Participants who undertook any activities after meeting with a Personal Adviser (weighted for non-response)

The only notable difference in the benefit activities undertaken by participants with varying severity scores related to their claim for Jobseeker's Allowance. Perhaps reflecting comparative closeness to the labour market, participants with lower severity categories (1-2) (nine per cent) were at least twice as likely to have made a claim for Jobseeker's Allowance since seeing a Personal Adviser than were those with scores of 3-6 (four per cent) or 7 or more (two per cent).

Participants who had participated in some sort of benefit-related activity were asked whether they would have done so if they had not seen a Personal Adviser (Table 6.6). About two-fifths said that they would not have seen another person for advice (45 per cent) or applied for a different benefit (43 per cent) had they not see a Personal Adviser. Around one-third would not have made a claim for Jobseeker's Allowance (31 per cent) or used the benefit enquiry helpline (30 per cent) had they not talked to their Personal Adviser. Perhaps for these participants their Personal Adviser had suggested that a claim for Jobseeker's Allowance was appropriate; although the reasons why are unclear.

Table 6.6 Likelihood of engaging in benefit activities without having talked to a Personal Adviser

Benefit activities taken	Likelihood of having done activity without talking to Personal Adviser		Row per cent under-
	Would have done activity anyway	Unlikely to have done activity without adviser	Base
Used benefit enquiry helpline	70	30	89
Made a claim for Jobseeker's Allowance	69	31	106
Applied for a different benefit	57	43	165
Seen another person for help or advice	55	45	290
Applied for a career development loan	47	53	11

Base: Participants who undertook a benefit-related activity after meeting with a Personal Adviser (weighted for non-response)

6.3.4 Work incentive measures

Alongside the Personal Adviser Service, work incentive measures were being piloted in the New Deal for Disabled People Personal Adviser Service pilot areas from April 1999 for one year. These incentive measures included:

- Incapacity Earnings Provision, which allowed people receiving incapacity benefits to earn up to £15 per week without the need for the work to qualify under the therapeutic earnings rule.

- Work Trial, which allows people receiving incapacity benefits to work for up to 15 days, without pay but without effect on benefit, to see how the work suited them.

- Jobmatch payments, which allowed some people moving off incapacity benefits into lower paid jobs to receive an additional £50 per week for six months.

- Jobfinder's Grant, which is a lump sum of £200 available to some people who move off incapacity benefits into work.

Questions about awareness of these measures and take-up were asked in the survey of clients. However, answers suggested high levels of misunderstanding and confusion, for example, 95 clients reported use of Incapacity Earnings Provision, whereas internal monitoring shows that by January 2000 only 20 such arrangements had been allowed across all project areas. Our conclusion was that it was hard to collect such data in a structured survey instrument, and the survey data was not useful.

Knowledge of and use of the measures was explored among some of the later entrants interviewed in depth. An additional qualitative study was conducted in parallel to this evaluation of the Personal Adviser Service pilot projects, focusing on a number of work incentive measures, including

the four above (Corden and Sainsbury, 2001 forthcoming). Findings from this qualitative material throw light on clients' knowledge and use of the work incentives.

There was limited awareness of incapacity earnings provision among clients, and little recollection of discussing the measure with a Personal Adviser. Clients who had used Work Trial, with advice and help from a Personal Adviser, generally said that there had been long-term advantages in being able to try out a job, even if jobs had not continued for long after the trial had ended, for example if health deteriorated. Clients who had received help from a Personal Adviser in applying for Jobfinder's Grant said that the extra money had been helpful, although the availability of the grant had generally not been a strong influence on decisions taken about working. Clients learning about Jobmatch from a Personal Adviser were sometimes attracted as much by opportunities they perceived in this measure for in-work advice and support as by actual money payments, providing further evidence of the importance attached by some clients to receiving in-work support after a move to work.

6.4 Movements off benefits and into paid work

This section begins by looking at movements off incapacity-related benefits in the two-year period prior to the survey interview (the 'observation period'). Overall, 11 per cent of participants and seven per cent of non-participants left benefit at least once during this period.

Survival analysis was used to examine the rate at which participants and non-participants from the pilot survey and national survey respondents left benefit during the observation period (Figure 6.1). The curves show the proportion of respondents remaining on benefit for each month of the observation period.

First concentrating on the pilot survey (Figure 6.1), the line representing participants is always below that of non-participants showing that participants left benefit at a faster rate than non-participants and that, by the end of the observation period, more participants had left benefit than non-participants.

Figure 6.1 Proportion of respondents remaining on benefit each month by participation

Base: All participants (weighted for non-response)

Pilot survey n = 1914
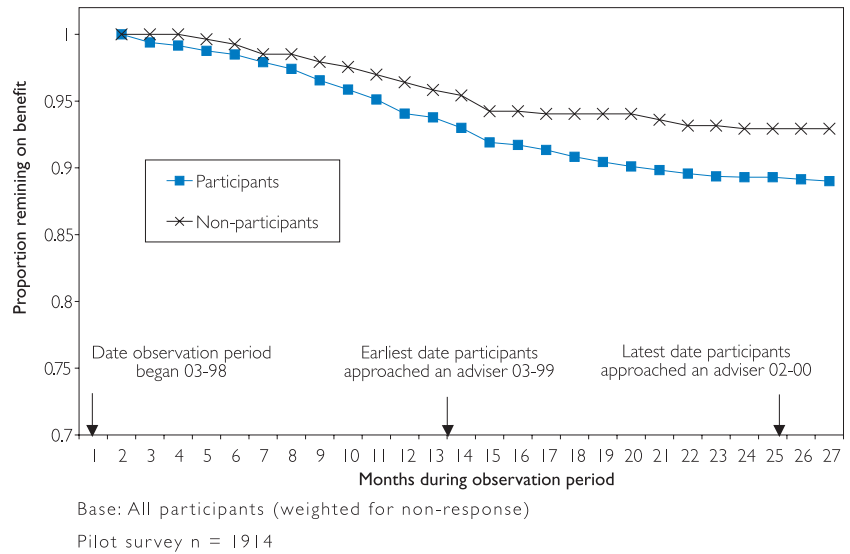
Turning to comparisons with the national survey, in particular, respondents closer to the labour market in the national survey (see Chapter 4), survival analysis was used to compare rates of leaving benefit with participants in the Personal Adviser Service. Figure 6.2 shows that national survey respondents who were closer to the labour market left benefit at a faster rate than the Personal Adviser Service participants and that by the end of the observation period more had left benefit than participants.

Moreover, the rate of leaving benefit is lower for participants after the pilot service commenced (post month 13) compared to the national survey respondents. Possibly, some participants are taking time to review their work choices, drawing upon their Personal Advisers to find more suitable employment before leaving benefit. More likely, it reflects the higher proportion of participants undertaking studying and their desire not to leave benefit until their courses were completed.

Figure 6.2 Proportion of respondents remaining on benefit each month among Personal Adviser service participants and national survey respondents closer to the labour market

Base: Participants in the pilot survey (n = 2557) and national survey respondents closer to the labour market (n = 1240)

National survey face-to-face interviews
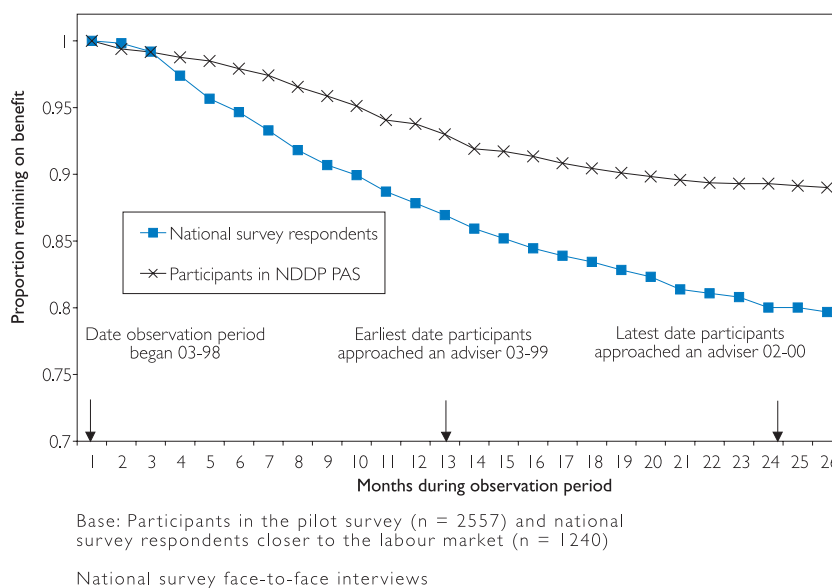
It may have been possible to identify the impact of the Personal Adviser Service on moves into work by comparing the pilot and national surveys. However, exploratory analysis suggests this is not possible because of considerable differences between the areas which cannot be adequately controlled for to produce an unbiased estimate of the impact of the pilot service.

6.4.1 Participants' involvement in paid work since meeting with a Personal Adviser

This section focuses on participants and paid work using the survey data. In particular, it focuses on participants who said they moved into work following contact with their Personal Adviser.

In all, about one-quarter (24 per cent) of participants said they had taken up mainstream paid employment or had become self-employed since meeting with a Personal Adviser. When asked whether they would have started work had they not spoken to a Personal Adviser, about one-fifth (21 per cent) of those who became employees and 37 per cent who became self-employed said they would not (in total 22 per cent). In other words, 78 per cent of participants who obtained employment claimed they would have done so even if they had never contacted the Personal Adviser Service. However, participants' perceptions may not reflect fully the impact of a particular input. People may have over or under estimated what they would have achieved without the input of their Personal Adviser.

Perhaps unsurprisingly, people who had been recorded as having exited the pilot service were significantly more likely to have started paid work after seeing a Personal Adviser than were those still involved with the pilot service. However, the proportion of those exited who had started paid work after seeing a Personal Adviser was still relatively small (32 per

cent). In comparison, 19 per cent of participants still involved with the pilot service had started paid work. For the latter group, no significant differences, in the proportions that had started work, emerged according to the time that they had been involved with the pilot service.

Of participants who had moved into paid employment, 19 per cent were no longer in paid work by the time of the survey interview (Table 6.7). Fifty-four per cent were in full-time work (30+ hours per week) and 27 per cent part-time work (less than 30 hours per week).

Table 6.7 Participants who said they had started paid work since meeting a Personal Adviser according to their work status at the time of the survey interview

Work status at time of survey interview	Number	Per cent
Full-time paid work	246	54
Part-time paid work (16-29 hours)	103	22
Part-time paid work (less than 16 hours)	20	4
Not in paid work	85	19
Base	454	

Base: All participants who said they had started paid work since meeting with their Personal Adviser (weighted for non-response)

Participants with lower severity scores, those with a shorter incapacity benefits duration and those whose health condition or impairment had first affected their activities and ability to work more recently were all more likely to have said that they started paid employment since meeting a Personal Adviser (Table 6.8). In addition, participants with formal qualifications, who were not studying whilst claiming, lone parents and those living in Employment Service led areas were all more likely to have started paid work. Furthermore, participants who had approached the pilot service before receiving an invitation to do so were more likely to have worked after seeing a Personal Adviser.

Table 6.8 Participants in paid work after meeting with a Personal Adviser

		Row per cent
Characteristics of participants who		
had started paid work	**Number**	**Per cent**
Personal Adviser Service		
Invited participants	323	23
Uninvited participants	131	27
Employment Service pilot areas	282	28
Contract pilot areas	172	19
Disability severity category		
1-2	133	29
3-6	195	21
7 and over	54	14
Incapacity benefits duration		
1 to 24 months	178	30
25 to 60 months	153	24
Over 60 months	102	18
Disability affected everyday living:		
Within last five years	231	29
More than five years ago	118	23
Disability affected ability to work:		
Within last five years	272	27
More than five years ago	161	20
Perceived ability to work		
Can not work at all	21	4
Can do some work	423	31
Activities whilst on benefit		
Involved in voluntary work	107	22
Not involved in voluntary work	328	25
Involved in studying	177	20
Not involved in studying	259	27
Gender		
Male	303	24
Female	151	24
Age group		
Under 50 years	336	25
50 years or over	118	20
Qualifications		
Some	330	25
None	123	21
Household type		
Single, no children	75	16
Partner, no children	91	24
Lone parent	41	33
Partner and children	148	28
All participants in paid work	454	24

Base: All participants who said they had started paid work since meeting with their Personal Adviser (weighted for non-response)

Reflecting their increased involvement in job-search activities, participants with lower severity scores were more likely to have started paid employment than were those with higher scores. People with scores of between 1-2 were far more likely to have taken up paid work (29 per cent) than were those with higher scores of between 3-6 (21 per cent) or 7 and more (14 per cent). Furthermore, participants who had begun a claim for benefit within the last two years (30 per cent) were more likely to have started paid work than those on benefit for between two and five years (24 per cent) or more than five years (18 per cent).

Likewise, 29 per cent and 27 per cent of participants whose health condition or impairment had begun to affect their daily living or ability to work, respectively, within the last five years had worked, compared with 23 per cent and 20 per cent of those affected for longer. Most strikingly, whilst 31 per cent of participants who said they were able to do some work had done so, just four per cent of those who said they were unable to work had taken up employment after seeing a Personal Adviser.

Men and women were equally as likely to have started paid work (24 per cent). Perhaps given their greater involvement in job-search activities, younger participants were more likely to have started paid work (25 per cent) than those aged 50 and over (20 per cent). Lone parents (33 per cent) were more likely to have moved into work than either single people without children (16 per cent), people with partners and children (28 per cent) or those with no children (24 per cent). People with qualifications were slightly more likely to have worked than were those without (25 per cent and 21 per cent respectively). However, those who were studying whilst claiming benefit were less likely to have started paid work than those who did not study (20 per cent and 27 per cent respectively); possibly the former were waiting for their course to finish before embarking on paid employment.

Participants who had approached the pilot service before receiving an invitation to do so were marginally more likely to have worked after seeing a Personal Adviser than were those who became involved after being sent a letter (27 per cent and 23 per cent respectively). Finally, participants living in Employment Service-led pilot areas were more likely to have started paid work than people living in the contract led areas (28 per cent and 19 per cent respectively) probably reflecting the longer time the Employment Service led pilots had been operating. A survey of people leaving Incapacity Benefit because their claim was disallowed also found that younger claimants, especially men, (aged under 25 years) had the best prospects of obtaining employment (Dorsett *et al.*, 1998). In addition, possession of a driving licence improved the chances of gaining re-employment. However, unlike this study, qualifications did not confer any advantage. This might reflect differences in the composition of the two samples (Dorsett *et al.*, 1998).

All survey respondents who, at the time of the survey interview, were no longer on benefit and had been in work during the two-year observation period (those who had taken part in the scheme and those who had not) were asked about the first job that they had after leaving benefit.[37] Since relatively few non-participants had left benefit further analyses of this group is limited and subsequent analysis focuses only on participants in the Personal Adviser Service pilot. This section will discuss the socio-economic group of participants' first jobs, the permanence of that job, hours, pay and the duration of the job.

Socio-economic group of first job after leaving benefits

Of those participants who had moved into paid work after leaving benefits, 18 per cent had moved into professional/managerial jobs; 27 per cent had started skilled non-manual jobs; 24 per cent skilled manual jobs; 23 per cent partly skilled jobs and eight per cent unskilled positions. Older respondents (50 and over) were more likely to have started skilled manual jobs since leaving benefit than younger ones (29 per cent and 22 per cent respectively) (Figure 6.9). In turn, older respondents were less likely to have taken up skilled non-manual jobs than were younger people (23 per cent and 29 per cent respectively).

In order to compare pre- and post-benefit jobs, skilled manual and skilled non-manual groups have been combined, as have partly or unskilled jobs to ensure sufficiently large sample sizes. About half of those whose pre-benefit job had been either professional or managerial had returned to this type of job (47 per cent); the rest had taken up skilled manual or non-manual jobs or partly or unskilled jobs.

Most of those whose pre-benefit job had been either skilled manual or skilled non-manual had returned to the same type of job (62 per cent) after leaving benefit. Of the rest, around one in ten (12 per cent) had returned to higher positions in either a professional or managerial capacity and about one-quarter (26 per cent) had taken up partly or unskilled jobs. Of those whose pre-benefit job was partly or unskilled, about half (48 per cent) had returned to this type of job after leaving benefit. Of the rest, two-fifths (41 per cent) had begun a job in either a skilled manual or non-manual occupation and about one in ten (11 per cent) had started in a professional or managerial capacity.

Ten per cent of participants who left benefit and moved into work became self-employed.

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[37] This is not necessarily the job participants said they started since meeting with their adviser reported in Section 6.4.4.

Table 6.9 Socio-economic group of job participants left benefit for

Socio-economic group of job left benefit for	Age group					
	All		Under 50 years		50 and over	
	Number	Per cent	Number	Per cent	Number	Per cent
Professional/managerial	66	17	49	18	14	18
Skilled non-manual	100	27	79	29	21	23
Skilled manual	87	24	60	22	27	29
Partly skilled	85	23	65	24	20	22
Unskilled	29	8	21	8	8	9
Base	367		274		93	

Base: Participants who left benefit and moved into work (weighted for non-response)

Permanence of first job after leaving benefit

The majority of participants had moved into jobs they described as permanent since leaving benefit (67 per cent), around one-fifth had taken up temporary positions (18 per cent) and the rest had begun either a job with a fixed-term contract (eight per cent) or another arrangement (eight per cent). Participants with higher severity scores (7 or more) were marginally less likely to have started permanent positions after leaving benefit (61 per cent) than people scoring between 1-2 (68 per cent) or 3-6 (64 per cent). No age differences emerged.

Participants who had not taken up permanent posts were asked whether they would have preferred to do so. About half of those who had not started a permanent post (46 per cent) said this was because they could not find a permanent job and around one in seven because they did not want a permanent job (15 per cent). The rest (39 per cent) said they had not started a permanent job for other reasons. Of those who had wanted a permanent job, 89 per cent had taken the non-permanent post because they hoped it would help them to find a permanent job.

Hours worked in first job after leaving benefit

Around two-thirds of participants (64 per cent) who had started work after leaving benefit started full-time work of 30 hours or more per week, 31 per cent worked between 16-29 hours a week and five per cent worked for less than 16 hours[38].

Marginal differences emerged between older and younger people in respect of hours worked. Those aged 50 and over were slightly less likely to work full-time after leaving benefit than were those under 50 years (60

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[38] In benefit calculations full-time work includes any work of more than 16 hours a week. Using this terminology, 95 per cent of participants had moved into full-time work.

per cent and 66 per cent respectively), but were more likely to work for less than 16 hours a week (10 per cent and three per cent respectively). The rest worked between 16 and 29 hours per week.

Participants with higher severity scores were less likely to work full-time after leaving benefit than were others. Fifty-nine per cent of those with scores of 7 or more returned to full-time work compared with 67 per cent of those scoring 1-2 and 63 per cent with scores of between 3-6. Men were more likely to return to full-time work after leaving benefit than were women (76 per cent and 43 per cent respectively).

Most of those who had worked full-time before their spell on benefit had returned to full-time work after leaving benefit (66 per cent); and the rest returned to part-time work (34 per cent). Forty-four per cent of participants who had worked part-time before their most recent spell on benefit returned to work full-time after leaving benefit and the rest had begun part-time work again (56 per cent).

Weekly pay in first job after leaving benefit

Participants earned more in their pre-benefit job (median £160) than in the job they started after leaving benefit (median £136).

Unsurprisingly, participants' weekly pay tended to reflect the hours they worked; with those who worked full-time being likely to earn more than those in part-time work. That said, younger people earned less money per week (median £132) than those aged 50 and over (median £141) although they worked for longer hours. Men earned more than women (median £155 and £102 respectively) and those with lower severity scores more than those with higher scores. Participants scoring between 1-2 earned a median of £132, between 3-6 or 7 and more a median of £130.

Duration of first job after leaving benefit

By the time of the survey interview most participants were still in the job they had had after first leaving benefit (91 per cent).[39] Of those who had left, 19 per cent said the job had lasted for four weeks or less, 27 per cent five to 10 weeks, 29 per cent 11-23 weeks and 26 per cent six months or more. On average, participants who were no longer in work spent an average of 12 weeks in that job before it came to an end.

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[39] This is based on the information about their monthly benefit and work activities during the previous two years supplied by the respondents. It differs from the data presented in Section 6.4.4 which is based on what respondents said they had done since meeting with their Personal Adviser and what they said their economic activity was at the time of the survey interview.

As in Chapter 4, a logistic regression model was created to identify any characteristics which made participants who moved into work after meeting with their Personal Adviser different to those who did not move into work. Those characteristics identified were statistically significant once all other social-economic and demographic characteristics of the participants had been accounted for. The final results of modelling participants' involvement in paid work after meeting with a Personal Adviser are given in Appendix F (Table F.2). Characteristics identified as important in determining if participants moved into work after meeting with their Personal Adviser were:

- **Benefit duration**

  Participants with shorter benefit durations were more likely to have started paid work than were those who had been on benefit for longer.

- **Household type**

  Lone parents were almost four times as likely to have worked after meeting a Personal Adviser than were those with partners but no children.

- **Involvement in voluntary work and involvement in studying**

  Those participants who did not study or who were not involved in voluntary work were at least twice as likely to have worked since meeting with a Personal Adviser than were those involved in studying or voluntary work.

Also important was whether participants had been invited to take part or had approached the pilot service before receiving a letter inviting them to do so. Uninvited participants were twice as likely to have worked after meeting with a Personal Adviser.

6.5 Conclusions

During the two years prior to the survey interview, around one in ten survey respondents had moved off benefit. Participants were more likely to have moved off benefit (11 per cent) than non-participants (seven per cent), and had a spell in paid work than were those who had not taken part in the Personal Adviser Service. Length of time on benefit and severity scores were especially important in explaining participants' moves off benefit, with increased severity of disability and longer benefit durations both acting to reduce the likelihood of leaving benefit.

In terms of participants' spells in paid work, those who had approached the pilot service without first being invited to do so were more likely than others to have had a subsequent spell in paid work. In addition, being on benefit for less time (two years or less) and not having studied or done voluntary work whilst claiming increased the likelihood of starting paid employment. People studying or doing voluntary work while claiming may, of course, have been engaged on steps towards paid work.

Chapter 4 has shown that there was wide variation in the characteristics and circumstances of participants with some being more distant from the

labour market. Further evidence of this has been presented in this chapter in the relatively small proportions who had either left benefit or had a spell in paid work after meeting a Personal Adviser. Whilst for some participants a service focused on employment outcomes will meet their needs and expectations, for others progress to paid work will be necessarily slower.

Furthermore, it is important that employment is sustainable. Of the one in four people who had started mainstream employment since meeting with a Personal Adviser around one-fifth had since left this work. This has considerable implications for the in-work support that participants are offered and the types of work they are encouraged to take up. A service increasingly dependent on in-work targets could make sustainable employment more difficult to ensure if Personal Advisers feel pressurised into guaranteeing immediate employment outcomes and if in-work support from Personal Advisers is reduced to meet these guarantees. Continued contact and support once participants are in work should be an important feature of the extended New Deal for Disabled People, as will be any job placement targets that require participants to achieve sustainable employment.

The biggest reported impact that Personal Advisers appear to have had on their participants' outcomes relate to their involvement in programmes and activities that are hard to access without an intermediary. Participants pointed to their having taken part in programmes such as supported employment and work placements as a result of the help they received from a Personal Adviser. However, it is important to emphasise that participants' perceptions may not reflect fully the impact of a particular input. People may under or overestimate what they would have achieved without their Personal Adviser, and thus over or understate the personal adviser's influence. A full impact analysis would compare observed participant behaviour to the *actual* behaviour of a similar set of people who, in fact, do *not* get any Personal Adviser input rather than ask people to imagine themselves in the latter circumstances.

7 EMPLOYERS' EXPERIENCES OF THE PERSONAL ADVISER SERVICE

7.1 Introduction

This chapter explores employer perspectives on the Personal Adviser Service. This qualitative study was carried out in two stages:

- Employment Service led pilot interviews in April-May 1999;
- Contract pilot interviews between April and July 2000.

The findings from the Employment Service led pilots were reported in the interim report (Arthur *et al.*, 1999). This chapter combines the findings of both stages, using the data obtained from the contract pilot areas to build upon those reported earlier. Working with employers from the perspective of the staff of the Personal Adviser Service is discussed in Section 3.4.

7.1.1 The studies

Sixty-four in-depth interviews with employers from 60 organisations were undertaken. In four organisations, separate interviews were carried out with a policy manager and a line manager. Organisations delivering the Personal Adviser Service in each pilot area generated the sample frame of local employers according to criteria set out by the research team (see Appendix B). Potential respondents were approached directly by letter and by telephone call from the research team.

A profile of the study group is given in Table 7.1. As the table shows, the sample included organisations of different sizes within the public, private and voluntary sectors. The organisations were selected to ensure that a diverse range of activities were covered within each sector. There was also diversity in the roles and responsibilities of the organisational representatives interviewed. Respondents in larger organisations were generally those with specialist roles focusing on personnel or human resource issues. As already mentioned, additional interviews with line managers were carried out in some larger organisations. In medium-sized operations, respondents were more likely to combine these functions with other managerial or supervisory responsibilities. Within small organisations, including those in the voluntary sector, respondents were owners or managers who were also responsible for personnel issues. For ease, we refer to all respondents as 'employers' in this chapter.

Table 7.1 The employer study group[40]

| | Number of respondents | | |
	Employment Service Pilots	Contract Pilots	Total
Sector			
Public	10	8	18
Private	18	16	34
Voluntary	2	6	8
Size (Number of employees in UK)			
Small (1-49 employees)	7	9	16
Medium (50-499 employees)	8	8	16
Large (500+ employees)	15	13	28
Nature of involvement with the Personal Adviser Service			
Permanent employee	11	15	26
Placement	6	10	16
Job retention	1	5	6
Launch/marketing only	9	2	11
No involvement or contact apparent	3	4	7

As Table 7.1 shows, respondents in the study group had had diverse involvement with the Personal Adviser Service, principally in relation to: work experience or trial placement; a permanent post which may, or may not yet, have resulted in employment; or both work experience placement and a permanent post. A total of six employers across the sample had been involved with the Personal Adviser Service over a job retention issue. Eleven respondents had had some form of contact with the Personal Adviser Service, which had not yet resulted in any substantive involvement: for example, they had received information about the pilot service, been approached by a Personal Adviser, or invited to participate in the design or launch of the pilot service. Seven employers were unaware of any involvement with the Personal Adviser Service.

7.2 Employers' approaches to employing disabled people

In both stages of the research, two broad categories of employer emerged in terms of their approach towards employing disabled people: those who were already actively committed to employing disabled people and those who were not. The former group particularly included large public and private organisations and voluntary organisations. Some, particularly larger organisations, had in place a number of systems and structures to support the employment of disabled people but commitment could also be heavily influenced by the drive of one individual or the personal commitment of staff generally.

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[40] Since the sample was purposively selected, no statistical inference can be attached to the numbers given.

Employers who were not actively committed included smaller public and private organisations with little experience of working with people with impairments or health conditions and little knowledge of the type of adaptations or support that could make a post accessible to them.

7.2.1 Barriers to employing disabled people

Employers at both stages of the study articulated a number of concerns about employing people with impairments or health conditions. These concerns were shared by both those who were actively committed and those who were not. For some these were seen as minor and easily overcome. For others, these were perceived as real barriers to the employment of people. The principal areas of concern were:

- the ability of disabled people to meet the requirements of the job;
- the amount of time that disabled people would need to take off work on account of their impairment;
- the ability of the working environment to accommodate the needs of disabled people;
- the reactions of others, both staff and customers, to disabled employees.

These employer concerns about employing disabled people are broadly in accord with those experienced, or anticipated, by clients (see Section 5.2.1).

7.3 Initiating contact with the Personal Adviser Service

Contact with the Personal Adviser Service could be initiated either by the Personal Adviser, by the client or by the employer. However, a proportion of the employers interviewed had had no direct contact with the Personal Adviser Service. This may include cases where the employee had had contact with the pilot service but the employer did not know of this and perhaps was not even aware that the employee had an impairment or health condition.

7.3.1 Contact initiated by the Personal Adviser Service

Contact initiated by the Personal Adviser Service could take different forms:

- involving the employer in the pilot at an early stage in the design and set-up of the pilot service or its launch;
- a general marketing of the Personal Adviser Service to an employer organisation with a view to the employer using the pilot service for recruitment or work placement purposes in the future. The approach could be by telephone, by a personal visit or presentation to an individual manager or group of managers about the nature and remit of the Personal Adviser Service. Either the employer or the adviser might then follow up the contact to discuss a specific recruitment need or a potential employee; and
- an approach to the employer about the possibility of arranging a post or work placement for a specific client, or to discuss a potential applicant for an advertised vacancy.

The employers contacted by Personal Adviser Service staff tended to be those who might be expected to be more receptive to an approach by the Personal Adviser Service: public and voluntary sector organisations with a commitment to taking on people with impairments or health conditions, or private sector organisations which had had previous involvement with disability organisations. Some were employers with whom there was an existing relationship. This arose for example where the adviser had had dealings with the employer in a previous post (within another New Deal programme or before the organisation had become involved in delivering the Personal Adviser Service) or where the employer had had contact with the organisation in a different part of the country.

7.3.2 Contact initiated by the employer

Contact initiated by the employer normally occurred in response to a specific need within the organisation: to recruit for a permanent post or a work placement, or to seek advice about, and support for, an existing employee who had an impairment which it was felt was putting their job at risk. The initial contact was often to another agency, usually a Jobcentre, which then referred the employer to the Personal Adviser Service. Direct contact with the Personal Adviser Service about a specific need was sometimes made where a relationship already existed or as the result of marketing by the Personal Adviser Service to the organisation.

7.3.3 Contact initiated by the client

Sometimes it was the client who had informed the employer of the existence of the Personal Adviser Service. Someone applying for, or having been recruited for, a post might tell the employer about the Personal Adviser Service, for example as a source of funding for a post or a way of organising a placement. In one case, an existing employee told his employer about the Personal Adviser Service as a potential source of funding to keep his post open while he was on sick leave.

The model of involvement could have important implications for why employers became involved; what they needed of the Personal Adviser Service; how much involvement they had with it; how much they knew about the Personal Adviser Service, and the extent to which their needs were identified and met. The following sections address these issues.

7.4 Motivations for involvement with the Personal Adviser Service

The reasons for employers becoming involved with the Personal Adviser Service were very varied. Where employers became involved in the early stages of the pilot service this could be to support a strategic aim of increasing the employment of people with impairments or health conditions, to demonstrate a commitment to equal opportunities or to expand the pool of potential recruits especially if finding suitable applicants was difficult.

Where employers were approached by the Personal Adviser Service about the possibility of recruiting a client, particularly if they did not already

have a vacancy, reactions differed:

- immediate enthusiasm and understanding of the possible benefits of involvement, sometimes reflecting the employer's own commitment to employing people with an impairment or health condition;
- greater willingness to consider using the Personal Adviser Service as a source of recruitment and as a way of raising the proportion of disabled people within the organisation;
- less clearly formulated reasons for becoming involved, sometimes talking about a general willingness to help; and
- positive reaction, by smaller organisations in particular, to the possibility of receiving funding for taking on a person with an impairment or a health condition, either as an employee or for a work placement.

Where either the client or the employer initiated the contact, it was usually with a view to meeting a specific need such as accessing support for a post or placement or finding a solution to a job retention problem.

7.5 An overview of the role of the Personal Adviser Service

Employers' requirements of the Personal Adviser Service varied. Some employers required little of the Personal Adviser Service; others required a raft of different types of support. This was partly influenced by the requirements of the post and the circumstances of the client: whether their impairment affected their ability to do the particular job or work placement under consideration; how job-ready the employer felt they were, their benefits situation and their expectations of the post or work placement.

Employer requirements of the Personal Adviser Service were also influenced by their knowledge and experience of disability and their resources for supporting the employment of a person with an impairment or health condition. Employers with considerable experience and with a positive approach were familiar with the issues around disability. They were aware that people with impairments or health conditions could make a real contribution to their organisation and had a realistic view of any adjustments that might be required and the costs involved. In many cases they had access to internal sources of support and funding. These employers sought further specialist advice from the Personal Adviser Service, and advice about the specific adjustments that might facilitate the employment of the client. Those with less experience of, but commitment to, working with people with impairments or health conditions needed information about the implications of different impairments, more general advice about how to make posts accessible, advice about the types of help they and the employee were likely to need, and information about sources of funding.

Employers who had little or no experience of disability issues had many more concerns about employing people with impairments or health conditions. It was apparent, either implicitly or explicitly, from the

accounts of this group of employers that the following needs would have to be addressed before they would consider taking on a person with an impairment or health condition:

- information to help overcome negative views about employing people with an impairment or health condition and to raise their awareness of disability;
- an understanding of the potential benefits of involvement with the Personal Adviser Service;
- clarity about the competencies of the person and about how the Personal Adviser Service could facilitate their employment; and
- assistance in making the business case for employing people with impairments or health conditions within the organisation.

Generally, whatever their knowledge and experience of disability, employers sought or received four specific types of help: assessment of the suitability of the client for the post, and vice versa; access to funding for posts and placements; facilitation of adaptations; in-work support. In terms of service delivery, the main requirements were for: a level and type of support tailored to meet the needs of the individual employer; an effective working relationship with the adviser and the pilot service; a clear understanding of the role and remit of the Personal Adviser Service.

The role played by the Personal Adviser Service varied in the cases described by the employers. In some cases, the Personal Adviser Service had played a marginal role, doing little more than introducing the client and employer to each other. In others its role had been facilitative, providing reassurance, assistance or access to resources which, whilst not crucial to the success of the post or placement, were nevertheless valuable. There were also cases where the Personal Adviser Service's role was seen as central. However, it was not the level of input that was key in determining satisfaction with the Personal Adviser Service but the extent to which the Personal Adviser Service provision corresponded with, and was able to meet, the specific needs of the individual employer. This is discussed further below.

The extent to which employer needs were met was also very variable. In some cases, employers' needs and expectations had been fully met, or even surpassed. This was particularly the case, for example, where the Personal Adviser had taken a proactive role in proposing and arranging extra support over and above that agreed with the employer. In other cases, some elements of employer needs had been met in full while others had been inadequately met: for example, where the client was seen to be receiving regular in-work support whilst the employer's own need for feedback and ongoing contact had not been met. There were also, however, some employers who were generally disappointed with their contact with the Personal Adviser Service, and who felt that the service provided had been inadequate.

There was a clear link between the extent to which employers' needs were fully identified and the extent to which they were met. Identifying needs was dependent on several factors:

- employers varied in the extent to which they were in a position to identify their own needs. Where they were not, they were reliant on a more fulsome and proactive approach from the Personal Adviser Service to identify the support they might need.

- the degree of contact which employers had with the Personal Adviser Service varied considerably, influenced in part by the way in which they became involved. There were particularly low levels of contact between the employer and the Personal Adviser Service where the client had initiated the contact, and sometimes this meant that employers' needs were neither investigated nor expressed.

- employers' overall awareness of the Personal Adviser Service and what it was able to provide was generally lower where the involvement had been initiated around a specific client or placement and higher where the adviser had carried out a general marketing exercise. In these cases, the focus was on the Personal Adviser Service as a whole and what it could deliver rather than on assessing the needs of a specific client for a specific post.

The sections which follow explore these issues in more depth.

7.6 Evaluation of the support provided by the Personal Adviser Service

7.6.1 Assessment and preparation

Help in finding suitable people for posts was a key element of the support provided by the Personal Adviser Service. This was the case whether the employer had already identified a vacancy or was responding to an inquiry by the Personal Adviser Service about opportunities for a specific client, whatever the employer's commitment to employing a person with an impairment or health condition, and whether or not standard selection procedures were used. Across the board, employers were united in their view that what they were after was *'the right person'* or *'the best person for the job'*.

When providing work placements for disabled people, the key issue for employers was sometimes whether they could accommodate someone on a placement. As a result, they had not generally formed a view about the particular skills or characteristics they sought in the person to be placed. However, where employers considered that placements had been unsuccessful, it was often precisely because the individual had lacked the workplace or personal skills that were required by employees recruited for a permanent post.

The Personal Adviser Service therefore played an important role in screening potential clients to ensure that they had the appropriate skills, qualifications or relevant experience to undertake the work, and that they had the requisite personal qualities to fit into the workplace environment. Some employers were very positive about the way in

which this had been done, feeling that the client they had recruited had been *'a model employee'*, showing enthusiasm and commitment and with the abilities and attitudes the employer had sought. Where this happened, permanent employees were viewed very positively and people on placements had subsequently moved into full-time posts.

In other cases, however, employers felt that they had been sent information about clients who did not meet the criteria they had stipulated. Some reported clients withdrawing before the interview or seeming unready for work. This caused speculation amongst some employers about clients being pushed forward to meet targets or performance indicators. By contrast, one employer was surprised that the adviser had provided details about so few clients, and wondered whether the Personal Adviser Service was being over-selective or had misunderstood the employer's requirements.

Employers believed it was important for the adviser to understand fully the requirements of the post and the demands and constraints of the operating environment. Whilst some employers felt that this could be done effectively over the telephone, others felt that this was better achieved through a personal visit from the Personal Adviser. A visit also afforded the adviser the chance to establish a good rapport with the employer. There were examples of employers who felt that advisers had initially referred unsuitable clients, but where the position had subsequently been remedied by a personal visit from the adviser. A theme amongst some employers was that the Personal Adviser Service should be making personal visits to check the suitability of employers for its clients.

Employers also sought help from the Personal Adviser Service in identifying whether any adaptations or support would be required to make the post accessible to an individual. Employers who had limited experience of disability sometimes found it difficult to assess this without more input from a Personal Adviser, and again a personal visit was valued as an opportunity to discuss the post and to view and assess the workplace.

The Personal Adviser Service also assisted by ensuring that both clients and employers were adequately prepared in advance of an interview, or the commencement of the post or work placement. It was particularly important to employers who lacked experience of disability to have detailed information in advance about the nature of the client's impairment and its implications for their abilities and their behaviour. This knowledge could then be used in deciding whether to take on a client of the Personal Adviser Service, for identifying any support needs and to inform and prepare the person's line manager and colleagues.

Some employers felt they had had ample opportunity to discuss these issues with a Personal Adviser, and valued the support and advice they had received. However, there was also a view that sometimes advisers

had held back from providing full details, or had been less than frank in discussing the client's situation. With more complete information, these employers felt they would have handled the initial meeting with the client differently and had a better sense of the support the employee might need. They felt they would have made a more informed decision about where in the organisation the client should work and have been able to prepare colleagues and managers better.

There is clearly a tension here between the needs of employers (who seek information about the client's impairment) and of clients themselves (who may not want this information passed to the employer). This was sometimes - although not always - recognised by employers. Employers generally recognised that whilst negotiation with the client about the amount of information that could be disclosed to the employer might resolve the tension in some cases, the inherent conflict of interests would remain.

Employers considered that it was equally important for the client to be adequately prepared for the post or work placement. Views were mixed about the extent to which advisers were felt to have played a useful role in helping the individual to understand the requirements of the post or work placement. Where it was felt to be lacking, clients had arrived with what the employer saw as unrealistic expectations, which had contributed to the work placement ending prematurely. Such cases were awkward and time-consuming for employers and were counter-productive in meeting their needs. Direct discussion of the structure and funding arrangements of a post or work placement between client and employer had sometimes been satisfactory but in other cases were felt, on reflection, to have contributed to misunderstandings or lack of clarity. Some employers had valued a three-way meeting between themselves, the client and the Personal Adviser to discuss these issues and felt this had created clarity about expectations and shared understanding.

Finally, there were some cases where the employer reported feeling that the client had not been adequately supported in the financial transition from benefits to work. They reported clients being given wrong or contradictory information about their entitlement to in-work benefits or about the Disabled Person's Tax Credit. Although these issues had not directly affected employers, they had been very concerned on the part of the employee and had become involved in helping to sort out their financial situation.

7.6.2 Wage subsidies and placement payments

The Personal Adviser Service was able to assist employers by providing access to wage subsidies and work placement payments. It is clear from advisers' accounts (Section 3.6) that they sometimes used the Intervention Fund to provide support to employers. Employers were generally not aware of how funding was sourced, and there was a surprising lack of clarity about this. However, the following types of financial support for

employees in the workplace were identified:

- the Job Introduction Scheme under which employers are paid £75 per week for the first 6 weeks of employment (with the possibility of an extension);
- supported employment , where wage costs are shared between the employer and the 'sponsor' organisation;
- payments made by provider organisations in support of a placement;
- other wage subsidies, including payment organised through the Personal Adviser Service to help an employer to keep a post open for an existing employee who was on sick leave.

The importance of workplace funding varied considerably. In some cases, particularly for smaller organisations, its role had been very important. It had helped employers to create a post or placement, to increase the salary paid to the employee, or to create a permanent post following a work placement. The following examples illustrate how such funding was able to help. A voluntary organisation had identified a potential post and also a client whom they wished to appoint. The individual concerned had approached the Personal Adviser Service, after discussion with the employer, and obtained funding for the post through the Job Introduction Scheme. This initial funding had then enabled the employee to expand the organisation's activities sufficiently for the post to become self-funding. In the second case the intervention of the Personal Adviser Service had enabled funding for a placement to be extended for a further period to allow the employer time to arrange internal funding to create a permanent post. Finally, funding of a post had helped one employer to demonstrate within the organisation that there was an economic case for taking on a person with an impairment, as well as it being good employment practice. It had also provided reassurance by minimising the risk of a wasted investment in recruiting and training a new member of staff.

In other circumstances, however, funding had played a lesser role, or had not been seen as important at all. For example:

- where the amount payable was too low to influence the decision of larger employers;
- where employers had access internally to whatever financial support they required; or
- where the employer did not feel the client's impairment in any way restricted their ability to carry out the job so that any funding was regarded as a bonus to the organisation.

The point at which the employer became aware of the availability of funding also influenced its impact. In some cases, this did not happen until after the decision to take on the person had been made.

Some employers had been reluctant to accept wage or work placement subsidies where they had been offered. One had refused because of ethical considerations. Some concerns were expressed about marketing literature that had heavily emphasised the financial support available to employers. There was a sense that employers should be encouraged to take on people with impairments or health conditions on their own merits, and concern that *'unscrupulous'* employers would be attracted by the financial incentive but might not provide proper support to an employee. However, for smaller employers it could be critical to the decision to recruit the person with an impairment or health condition, and other employers acknowledged that it might be persuasive if they had doubts about such a candidate, or were considering them against another disabled candidate for whom there would be no funding.

The way in which advisers dealt with the issue of the funding of posts or placements was not always consistent. Financial support was not offered to all employers, but neither did it seem necessarily to be well targeted. In some cases, as noted above, it operated as a bonus rather than as an incentive. Although in most cases where employers were not offered financial payment the employer did not identify a need for financial support, there were some cases where there seemed to have been scope for financial support for the employer. This arose where employers appeared to be somewhat frustrated by the level of support and supervision required by the client and by its impact on other staff.

Finally, comparisons were also made with the higher level of wage subsidy employers received in other New Deal programmes. One employer who regularly recruited New Deal for Young People participants, who brought with them financial support for training, felt obliged to fund, from internal sources, similar training for a New Deal for Disabled People client recruited at the same time. This inconsistency in provision was surprising to them.

7.6.3 Facilitating adaptations and other support

The Personal Adviser Service was able to arrange for employers to receive a range of different support to enable the client to undertake the post or placement or to assist them in the workplace. Such support was generally provided by the Employment Service, or through an Employment Service initiative, although employers were not always clear how the funding had been arranged. However, there was some awareness that support had been provided under the Access to Work scheme and some employers reported that Disability Service Teams had been involved in assessing the type of support they required.

Some larger employers reported that they had already made adaptations, such as improved access, or had rearranged the workplace to create an easier environment for people with impairments. Where the Personal Adviser Service did provide support, this took the form of equipment or adaptations to the work environment rather than major alterations to the

workplace. For the most part, employers were satisfied with the support provided and felt that it had been of benefit to both client and employer.

Employers had different experiences of the way in which advisers provided information about support and funding available to them. Some advisers offered to assess and arrange support as well as organise the funding; others mentioned the possibility of funding as an option; whilst others either did not raise the issue at all or offered it retrospectively after an employer had made alterations. Suggestions for support were generally welcomed as employers were not aware of all the options available. Whilst employers often welcomed advisers taking the initiative in assessing and arranging the support, there was occasionally some reluctance to accept help from the Personal Adviser Service and a preference, particularly among larger employers, for making independent decisions about, and arrangements for, adaptations. There was sometimes a lack of clarity about the terms for funding. Two employers in the Employment Service pilot areas had been discouraged from accepting any help because they understood that they would be obliged to reimburse all or part of the funding if the client left within a year.

Again there were inconsistencies in the provision of support. Some employers had not been offered support and although they had identified no need at the time, felt that in retrospect an offer of support might have proved helpful. Others had been provided with support that they felt was not suitable. This tended to occur where the employer was not fully involved in the assessment and provision.

7.6.4 In-work support The Personal Adviser Service was able to provide various forms of in-work support to employees. It was not always clear from employer accounts how the support had been initiated but it appeared to have come about in different ways. In some cases the employer or client had initiated it. In others, the adviser had taken the initiative in proposing the support. The principal types of in-work support noted were:

- the provision of a job coach or helper in the employee's first weeks at work;
- the provision of a signer;
- the involvement of a Personal Adviser where problems arose in a job or work placement;
- training targeted at raising the levels of personal and workplace skills; and
- more general contact from the adviser to check whether things were running smoothly and whether any help was required.

Where employers were aware of the adviser making direct contact with the employee, this was generally seen as very helpful. Employers felt that this support had helped the employee to settle in the workplace and to become confident, and they felt it demonstrated an impressive

commitment to making the client's experience a positive one. Some commented very positively on the adviser's manner and rapport with the client. However, some employers felt the client had been given insufficient, or no, in-work support. It was sometimes said that the adviser had not seemed to be very aware of the employee's needs or circumstances, or that their manner had been patronising or unfriendly.

There were rather more mixed views about the value of contact between the Personal Adviser and employer at this stage. Again, some employers reported very positive experiences of their contact with advisers and felt it had afforded an opportunity to discuss issues or difficulties that had arisen or to be given advice and information. In other cases where there was little or no contact, it had not been considered necessary by the employer - either because they had found the employee's transition to work unproblematic, or because they felt that it was only the employee who really needed support from the adviser. But there were also cases where the employer would have valued contact with the Personal Adviser, and seemed not to know that this was an option. There were cases where the post or work placement ended prematurely, and where the employer was surprised that the adviser had not been more active in making contact either when problems arose or after the employee had left. Employers seemed sometimes not to have considered that they could initiate contact themselves, and had expected contact to be made by the adviser.

Employers had sometimes been involved in meetings between the adviser and the employee, and again there were different views as to how far they wanted to be involved in this. Some were happy for contact to be with the employee only, and to rely on the employee to raise with them anything that emerged. They thought it appropriate that the employee should take responsibility for leading the contact with the Personal Adviser Service. Others did not want to be involved in meetings between their employee and an adviser, but wanted to be kept informed separately by the adviser. These employers felt that they needed to be made aware whether the employee was experiencing any difficulties, or of ways in which they could provide better support. Employers sometimes described feeling anxious about whether the organisation was doing enough to support the employee in the workplace, and there was some frustration where they felt they were not given enough feedback about this. A third group of employers wanted to be actively involved in contact between adviser and their employee. They saw this as important if they were to resolve issues and to be proactive in supporting the employee. In one case the employer was concerned that the adviser's separate contact with the client was actually undermining the employer-employee relationship. There were also concerns where advisers visited the employee at inappropriate times or without making an arrangement with the employer, or where they wanted to attend supervision sessions where the employer felt this was inappropriate.

Where it had been the client who had initiated and led contact with the Personal Adviser Service, there seemed to be less contact between adviser and employer, and although in some cases this was appropriate it had also sometimes been felt to be unsatisfactory by the employer. One employer commented that communication from the Personal Adviser Service had emphasised what service it could provide for the employee, but had been reticent about support for the employer. This illustrated, once again, the inherent difficulties for the Personal Adviser in having to provide a service to both parties where there was not an obvious match in terms of their respective needs.

7.7 Relationship with the Personal Adviser and the Personal Adviser Service

For the most part employers were positive about the nature of their relationship with the Personal Adviser Service. They described the adviser as helpful, efficient and knowledgeable and felt that their needs had been understood and that they had received the guidance and assistance that they sought. However, some criticisms were voiced about a particular aspect, or aspects, of the relationship, which had diminished the extent to which their needs had been met. A number of factors contributed to the quality of the relationship.

7.7.1 Form of contact

Employers generally welcomed the opportunity to work with an individual's own Personal Adviser. This enabled them to establish rapport with the adviser and to build up a mutual understanding of the client's needs to ensure they received the appropriate support. However, where an employer recruited more than one client from the Personal Adviser Service, they had to develop a relationship with a number of Personal Advisers. This was sometimes seen as problematic and highlighted variations in the quality of the relationship with, and the service provided by, individual advisers. Employers also reported receiving conflicting advice or information where they had had to deal with more than one adviser for the same employee.

7.7.2 Accessibility

Employers sometimes found it difficult to get hold of advisers, and felt this was at least in part because advisers worked from more than one location. There was frustration with answerphones and with messages not being returned promptly, and this raised doubts in their minds about the reliability of the Personal Adviser Service. One employer, who used a wheelchair and who visited the Personal Adviser Service, also noted that only parts of the premises, and thus only some of the staff, were accessible to them.

7.7.3 Knowledge

Employers expected the Personal Adviser to be well versed in the needs of people with impairments or health conditions and how these are best addressed. For the most part, employers felt advisers appeared knowledgeable in this respect. Where advisers had accompanied a client to an interview, employers had often been impressed by the way in which they had related to the client and understood his or her needs. However, there was some criticism of advisers who had seemed insensitive to the

needs of clients or not fully aware of the client's circumstances.

Employers also needed Personal Advisers to be knowledgeable about funding arrangements available for posts and work placements. One adviser had had difficulty obtaining funding for an extension of a work placement, which the employer attributed to a lack of knowledge on the part of the adviser. There was also a need for advisers to be able to give advice to employers over issues such as disability legislation and for them to understand the workings of the benefits system in order to sort out any problems with clients' benefits. As noted earlier, there were concerns where it was felt that incorrect information on benefits had been given to a client.

7.7.4 Efficiency   There were two aspects to efficiency: the efficiency of the individual adviser and the internal operation of the organisation delivering the pilot service. Some employers were impressed with how efficiently the help they needed had been provided, and were pleased that the adviser had made it easy for them to take on a person with an impairment or health condition. But there were also cases where requests for information had not been followed up and where it was felt there had been delays in completing paperwork. Employers' confidence in the Personal Adviser Service was diminished where internal communication did not function effectively, for example, where two separate advisers contacted the same employer independently about providing work placements or where an adviser was unaware that a client was already working for the employer.

7.7.5 Approach   The diversity of employer needs highlighted earlier in this chapter meant that an important part of the adviser role was to assess what it was an individual employer required of the Personal Adviser Service. Some employers, especially those with an active commitment to disability issues, felt they were well able to articulate their needs of the Personal Adviser Service. However, other employers were particularly enthusiastic about advisers who offered advice and suggestions without prompting - who were proactive in their approach. For example, one employer was impressed when the adviser visited towards the end of the client's work placement, suggested that the employer should consider whether to offer the client a permanent post and indicated that funding would be available. The employer acted on the suggestion and felt that, without it, they would not have considered a permanent post.

Equally, however, Personal Advisers needed to be responsive to the employer, and to balance a proactive approach with a willingness to leave decisions to the employer, not appearing to assume what was in the employer's interest.

Finally, employers also valued qualities in advisers such as:

- being sensible and trustworthy, honest and realistic;
- being enthusiastic, positive, confident;
- being professional;
- being dedicated and committed;
- showing an interest in and concern for the client; and
- being approachable and flexible.

7.8 Awareness of the Personal Adviser Service: its role and remit

The ability of employers to identify and access the type of help they needed from the Personal Adviser Service was influenced by their understanding of its role and purpose and of the range of services it was able to provide.

Employers varied in what they knew about the Personal Adviser Service but the level of knowledge was generally low. This was the case even where employers had had a considerable level of involvement with it. It was noted in the interim report (Arthur *et al.*, 1999) that employers in Employment Service led pilot areas often lacked a clear sense of the identity of the Personal Adviser Service: what it was and how it was distinctive from other agencies delivering services for people with impairments or health conditions. The same was also true for employers in contract pilot areas where confusion about the identity of the Personal Adviser Service was compounded by the variety of terms used to describe or introduce it: New Deal for Disabled People; Personal Adviser Service or, quite commonly, the name of the organisation delivering the pilot service. This resulted in some employers seeing the Personal Adviser Service as just one of a number of agencies seeking to place people with impairment or health conditions. Whilst the term 'Personal Adviser Service' did not in itself create problems for employers, its relevance to the client group was only clear when underpinned by a clear explanation of its role.

Another potential source of confusion was the link between the Personal Adviser Service and the New Deal for Disabled People. The term 'New Deal' was often used as an umbrella term to describe any of the New Deals, and more strongly associated with young people or the long-term unemployed than with disabled people. Where employers had placements from more than one New Deal programme, there was a tendency not to distinguish between individual schemes and to refer to them all as 'New Dealers'.

Employers were often unclear about the link between the Personal Adviser Service and other government departments and services: the Employment Service, Disability Service Teams and Disability Employment Advisers. Where employers had had dealings with Disability Employment Advisers or with a Disability Service Team, they were not always sure whether the Personal Adviser Service was dealing with the same, or a different,

clientele. This led to a perception that services were possibly being duplicated unnecessarily, and a lack of clarity about which organisation and individual they were dealing with. This might explain why employers did not always seem proactive in contacting the Personal Adviser Service if a difficulty arose.

In addition to a lack of clarity about the identity of the Personal Adviser Service, employers sometimes had only limited awareness of the range of services it provided beyond the particular form their involvement had taken. They lacked a clear overview of its remit, and of the variety of different ways in which it could help them. Thus, employers were sometimes unaware that the Personal Adviser Service could provide support for permanent posts where their involvement was in relation to work placements, and vice versa. Knowledge of the role of the Personal Adviser Service in job retention cases seemed to be particularly limited, especially where there was an assumption that it was only available to people who were long-term unemployed.

A number of further factors seemed to underpin this lack of clarity about the role and remit of the Personal Adviser Service:

- a perception that advisers might assume that employers were already familiar with the Personal Adviser Service, particularly if they were a large, national organisation or one that was likely to have encountered disability services. This assumption might also be made where literature about the Personal Adviser Service had been sent out in advance. However, as noted below, employers did not necessarily read literature sent through the post.

- the contact between adviser and employer was often focused on meeting the needs of a specific client rather than on the Personal Adviser Service as a whole.

- little supplementary written information was supplied to employers once the involvement had commenced.

- employers in general seemed not to be active in seeking information. It appears that employers did not ask about the Personal Adviser Service either because they assumed it was just another agency or because they did not feel it necessary to enquire. One large employer had a policy of responding to any requests for work experience placements without feeling any need to know about the agency making the request.

There was some evidence that employers received better information about the Personal Adviser Service overall where they were initially involved in a general marketing exercise in the form of a meeting to an individual manager or to a group of managers. This afforded the adviser the opportunity to explain the role of the Personal Adviser Service and its relationship to other government services, as well as a detailed explanation of the full range of services which it could offer employers - including help with job retention.

Employers generally felt that written information about the Personal Adviser Service was important. A number had received literature before their involvement with the pilot service. However, the general message employers gave was that literature was better deployed for employers to consult once they had received a verbal explanation of the Personal Adviser Service rather than as a means of introducing it. They felt they would be more motivated to read about the Personal Adviser Service and what it could offer once an adviser had brought it to their attention and once their involvement related to a specific post or potential employment.

7.9 The impact of involvement

The impact of involvement with the Personal Adviser Service varied. As noted earlier, the role of the Personal Adviser Service was in some cases fairly marginal, limited to introducing the employer and employee to each other, and in others facilitative. However, there were also cases where the Personal Adviser Service had been central in supporting or enabling employment and had provided advice or funding which the employer felt they would not have been able to access alone and on which the post had depended.

Employers also identified a range of broader impacts from their involvement. Some felt that employing a person with an impairment or health condition had improved the service provided to customers with disabilities. It also raised the level of disability awareness within the organisation so that the employer felt more knowledgeable about disability generally, and more confident about employing a person with an impairment or health condition in the future. For employers who had previously had little or no experience of employing people with impairment or health conditions, the impact was that they now regarded such people as potential employees. Indeed, some saw positive benefits in employing people with impairments and health conditions, for example, where they had been impressed by their employee's skills and commitment. A number of employers were now routinely informing the Personal Adviser Service of their vacancies or asking to be given details of other clients who might meet their needs. Some wanted to develop their relationship with the Personal Adviser Service, for example, using it as a source of advice and information about disability issues, involving it in other internal initiatives, developing work placements or accessing job retention support.

Some employers felt the experience had helped with team-building and staff morale, and had improved attitudes towards working with people with impairments or health conditions. Lastly, individual managers felt they had benefited personally through acquiring specialist knowledge and having their expertise recognised within the organisation.

By contrast, some employers found it harder to identify any positive impact of their involvement. This was the case where they felt that the client had not been well matched to the post, where they felt either their

own or the client's needs had not been met, or where initial contact had not led to applicants being put forward by the Personal Adviser Service. One employer who had been critical of the support offered to himself and to the employee planned to use the New Deal for Young People as a source of people for work placements in future rather than the Personal Adviser Service, seeing it as more reliable and with better funding arrangements for training. Beyond this, there was little evidence of employers being unwilling to use the Personal Adviser Service again. However, some felt they would be more demanding or questioning in their future involvement, for example, seeking more contact with the adviser, a personal visit so that their recruitment needs were better understood, more follow-up support for themselves and the employee, better support for the client in moving off benefits and a clearer or more formalised way of working with the Personal Adviser Service.

7.10 Conclusions   This section draws together key emergent findings from the work across the two sets of pilot projects, and highlights implications for the extension of the New Deal for Disabled People.

There were few essential differences between Employment Service and contract pilot areas in employers' accounts. In our sample, a higher proportion of employers in contract pilot areas reported a full involvement with the Personal Adviser Service than was the case in the Employment Service led pilot areas. However, this will be at least partly attributable to the fact that fieldwork in Employment Service led pilot areas took place at an early stage in the implementation of the programme. In the Employment Service led pilots, there was greater evidence of employers being invited to give a general undertaking to recruit clients for permanent posts or work placements than was apparent amongst employers in the contract pilots. In addition, in the contract pilots areas, the use of interchangeable terms to describe the Personal Adviser Service sometimes served to heighten the confusion about the identity and remit of the Personal Adviser Service.

It is clear that employers' attitudes can be a significant barrier to people with impairments or health conditions gaining employment. The study shows that the Personal Adviser Service can play a part in helping to change employers' attitudes towards employing people with impairments or health conditions, by helping to support a positive experience by both employer and employee. However, there remains considerable work to be done with employers in challenging negative stereotypes, the dominance of more severe impairments in their conceptions of disability, and the assumption that impairment is necessarily a constraint on ability and productivity.

The study highlights the heterogeneity of employers, in terms of their attitudes to employing people with impairments or health conditions and their access to internal and external resources. This clearly calls for

approaches that are responsive to the particular circumstances and needs of individual employers. Some employers might be seen as potential barriers to the operation of the Personal Adviser Service, with attitudes and preconceptions that inhibit the extent to which they see people with impairments or health conditions as potential employees. At the other end of the spectrum are employers who might be seen as active users of the Personal Adviser Service, with clear strategic aims which the pilot service can help them to address. Between these two groups are employers who might be seen as potential customers, willing to use the Personal Adviser Service but in need of advice about how it can help them. Advisers will need to form some view of an employer's position on the spectrum in order to gauge the appropriate approach.

There is some evidence that larger organisations and public sector employers have a greater commitment to employing disabled people; have a greater awareness of the issues involved and have better internal resources at their disposal. This may suggest that they are particularly open to an approach by the Personal Adviser Service. However, this is not to say that the pilot service cannot convert more closed employers, for example small private employers, into becoming active users of the Personal Adviser Service. Evidence shows that this can be achieved by initially explaining the positive benefits to the business from involvement with the Personal Adviser Service. This message can be reinforced by making it easy for the employer to accommodate the disabled employee and the promise of active support from the pilot service.

It has been suggested that employers can progress further to become active partners with the Personal Adviser Service in terms of sharing its strategic aims and contributing to the delivery of the pilot service. However, whilst there may indeed be scope for this, Chapter 3 highlights a reticence among employers about becoming involved as a partner in the Personal Adviser Service. There is little evidence from the qualitative work with employers to suggest that they see themselves as, or aspire to be, partners.

Overwhelmingly, employers want *'the right person for the job'*. In relation to permanent posts, they want someone who has the skills required for the job and who will be an asset to the organisation in terms of their job performance and the contribution they make to the organisation in less tangible ways. Their objectives in relation to work placements may be more reactive, but where they do not have a clear sense of their requirements of people for placements, they nevertheless want to be sure that the demands on them in supporting the placement will not be too onerous on other employees, and that the employee will gain from the experience.

Employers also want the engagement of a new member of staff to be a smooth and easy process. Particularly among employers with less

experience of disability issues, there is anxiety about understanding disability itself, how impairments affect people's capacity for work, the type of adaptations or support that might be helpful, and the sort of help that is available. This suggests that there is sometimes a need for a proactive approach - albeit working at the right pace for the employer - in which the Personal Adviser Service plays the lead role in thinking laterally about what is required to support the employment of a client. Among some employers there is a sense of a somewhat passive stance - some reticence about contacting the Personal Adviser Service with questions or to access more support and about seeking support internally. This may be rooted in a lack of clarity of the scheme and what it can offer, in confusion about the multiplicity of agencies and initiatives, in inexperience and uncertainty about how to tackle what they see as a problem, or in a busy and pressured working environment. But it suggests that the Personal Adviser Service may need to work hard to ensure that employers remain engaged and that they are given the support they need, even where the need is perhaps not yet apparent to the employer.

The study suggests that advisers may need to play a variety of roles, with different employers and in different contexts:

- an advocate for the client, and for the idea of employing people generally with impairments or health conditions;

- an advertiser of the Personal Adviser Service, persuasive about how it can help the employer;

- a provider of reassurance and information;

- a facility for the screening of employment opportunities and of potential candidates;

- an assessor of adaptations required or support needed;

- a conduit to sources of funding;

- an active supporter of the post or placement; and

- an educator, making employers aware of their legal responsibilities and of disability issues more generally.

There is some ambiguity in employers' views about the role of financial support, and some evidence that it is not necessarily most effectively used by the Personal Adviser Service. Larger employers are somewhat dismissive of the value and impact of wage subsidies, having their own sources of funding and seeing the sums involved as relatively insignificant. But there are also unfavourable comparisons with the financial support provided by other New Deal schemes. Financial support can be an important part of the offer to smaller employers, sometimes central in creating or facilitating the post or placement. But there remains some unease with the idea of financial inducements, and this perhaps calls for a light-handed touch in marketing information and literature aimed at employers. The point in the process at which financial support is discussed is also crucial if it is to act as an incentive rather than as a bonus. More

generally, this raises questions about how far the Personal Adviser Service should be funding the employment of disabled people, and how far it should be encouraging employers to see this as their own responsibility.

Employers want a personal, professional and efficient service. For their work with employers, advisers need a wide range of skills and attributes:

- a detailed knowledge of the client and their skills;
- understanding any implications of their impairment and of disability more generally;
- the ability to demonstrate an understanding of the requirements of particular employers and posts, and of the business environment more generally;
- an understanding of different sources of financial support and the ability to negotiate access on behalf of the employer; and
- the ability to mediate between employer and employee and to find positive solutions to difficulties that arise.

The evidence suggests that employers felt that their needs were best met when they had a single point of contact within the Personal Adviser Service rather than different Personal Advisers for different clients. Employers generally liked the notion of building a constructive relationship with a named individual within the Personal Adviser Service: someone who had a good understanding of their business and was able to access the full range of services on their behalf. This may be seen to support the idea of having Personal Advisers who specialise in dealing with employers. However, it is important to note that employers also expect advisers to have a good understanding of the client, and to be able to discuss the client's abilities and needs with the employer.

Neither employer nor employee is well served by a post or work placement that fails. But there is some scope for tensions and conflict between the needs that employers have of the Personal Adviser Service on the one hand and that clients have on the other. In our study, they arise in two areas in particular: in the divulgence of information to the employer about the client's impairment or health condition and its implications for their capacity, and in the employers' involvement where the adviser maintains contact with the client once they are in work. These issues highlight the fact that the task of providing a service to both employer and client, where there may not be an immediate match in their interests and needs, is a highly complex one. More clarity about the parameters and purposes of the Personal Adviser Service, and more explicit negotiation of the way in which it works with individual employers and employees, may help to manage this potential conflict. But there may ultimately be some circumstances where an adviser needs to be clear about whether, in a particular situation, it is the employer's or the employee's interests that come first.

Finally, there is evidence of a need for clearer articulation of the remit and the identity of the pilot service - to raise awareness of the Personal Adviser Service, to ensure that employers are clear about where it sits in relation to other agencies and initiatives, to ensure they are aware of the range of support the Personal Adviser Service can provide, and so that employers are clear with whom and with what they are dealing. Clarity of this sort is likely to be helpful in shaping employers' expectations of the Personal Adviser Service as well as in helping them to identify the ways in which it can be of use to them.

8   SERVICES FOR JOB RETENTION

8.1 Introduction

One of the objectives of the New Deal for Disabled People Personal Adviser Service was to 'enable people at risk of losing their job through the onset, deterioration or fluctuation of disability or long-term illness to remain in work'. This chapter explores how the 12 pilot projects interpreted this 'job retention' remit and assesses the different approaches adopted. To inform the Job Retention and Rehabilitation pilots, planned to start in 2001, particular attention is given to the potential for the development of job retention services.

The chapter draws on qualitative research carried out between February and June 2000 with Personal Adviser Service managers, occupational psychologists and with Personal Advisers with direct job retention experience, and on the qualitative interviews with clients and employers. It also draws on findings from case studies of selected approaches to delivering job retention services, conducted between September and December 2000. These involved interviews with local authority personnel staff, health service staff, GPs and clients, alongside further interviews with Personal Adviser Service staff. (Details of these research elements are given in Appendix B).

8.2 How pilot projects interpreted their remit

The Personal Adviser Service pilots, and policy makers issuing guidance, were faced with several difficult operational questions: how to interpret risk of job loss, define the target group 'at risk' and interpret 'remaining in work'.

8.2.1 Defining risk and the target group

Job loss is hard to predict. Individuals' perceptions of the viability of staying in work, the influence of medical advisers, conditions of employment and employers' policies and practices can make job loss more or less likely. Consequently, it is difficult to predict whether intervention will influence staying in work or not. Pilots operated no systematic criteria for assessing risk of job loss or for deciding whether intervention was likely to be successful. Some accepted clients if the job was not immediately threatened where the quality of the client's working life could be enhanced.

Another difficulty was when to intervene in the development of ill-health or a disabling condition. Given the breadth of the objective, pilot activity potentially could involve individuals still reporting for work, experiencing intermittent spells of sickness absence or on extended sick leave. It might involve those who had impairments or suffered from ill-health when they took up work, or who became ill or acquired impairments in work. Policy guidance, indicated by the Employment Service Personal Adviser job description and the Bidding Pack for contract

pilots[41], led most pilots to concentrate initially on those in the latter group who had extended periods of sickness absence - albeit with some differences in interpretation both across and within pilots. As pilots sought further clarification, and advice was handed down from the centre, their scope of activity broadened in different ways.

At the start, Employment Service pilot areas, according to the Personal Adviser job description, were expected to 'provide help for those who have some link with an employer (most typically who are at the stage of being on long-term sick pay or incapacity benefit)'. Pilots interpreted their remit in different ways, however. Initially, two Employment Service pilot areas, mindful of the Employment Service Disability Services Teams' job retention remit, restricted their activities to long-term incapacity benefits recipients who still had a contract of employment, and three focused on individuals in long-term receipt of Statutory Sick Pay (or short-term Incapacity Benefit (lower-rate) if not eligible for Statutory Sick Pay). The sixth Employment Service pilot area set out to support people off sick for any duration, and informally worked with those still on the job.

Most contract area pilots initially adhered to their more precise guidance, set out in the Bidding Pack, to support those on Statutory Sick Pay and at risk of moving on to an incapacity-related benefit (whilst also accepting any incapacity benefits clients approaching them who still had a contract of employment). One contract pilot, however, was clear from the start that the remit included supporting those still in work. Nevertheless, staff reported considerable uncertainty about the scope of their remit and several said their projects had sought guidance from their Department for Education and Employment contract managers more than once, resulting in differences in interpretation across contract areas.

Over time, many pilots broadened their operational definitions, reporting that they had been handed further guidance on what counted as a job retention case. At the time of the fieldwork most pilots believed they could work with clients in receipt of Statutory Sick Pay of any duration, although one Employment Service led pilot still worked only with long-term incapacity benefits recipients, and a second had moved to include those on short-term Incapacity Benefit and was flexible in taking referrals of clients on Statutory Sick Pay.

Several projects were also supporting clients still in work - but whether they counted as job retention cases was not always clear - and it was reported that in Spring 2000 pilot areas were encouraged to broaden

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41 DfEE and DSS (1998) *New Deal for Disabled People: Personal Adviser Service Bidding Pack and Guidance for Applicants.*

their scope to include them, although not all did so. Typically, staff continued to draw a distinction for administrative purposes between support to incapacity benefits recipients who had entered work as Personal Adviser Service clients - which counted as in-work support - and support to new clients who already had a job.

Pilots mostly welcomed relaxations of operational definitions of eligibility. They reported that supporting the continuing employment of clients whose contract of employment was about to be terminated had proved very difficult and staff felt that they could have intervened more effectively at an earlier stage. It should be noted in this context that New Deal for Disabled People Innovative Schemes expressed frustration over the more liberal rule that job retention clients must have received Statutory Sick Pay for at least eight weeks (Tavistock Institute, 2001, forthcoming). For the Personal Adviser Service pilots it had been frustrating and *'bad for the image'* of the Service, to turn away those who did not meet the criteria. Two clients in the qualitative study who had been told they were not eligible because they were not in receipt of an incapacity related benefit expressed disappointment with the Service.

Pilots were concerned about how the relaxed definitions affected the demarcation between their activities and those of Disability Employment Advisers in Disability Services Teams. Employment Service-led pilots in particular had reached local agreements with Disability Services Teams to divide up the client group between the two organisations - with the latter typically dealing with clients still in work, on Statutory Sick Pay and on short-term Incapacity Benefit. Some pilots, including contract pilots, felt that expanding their activities as directed would not only jeopardise good working relationships with Disability Employment Advisers but also confuse employers who were accustomed to working with Disability Employment Advisers.

8.2.2 Defining 'remaining in work'

All pilot areas saw retaining the existing job, or redeployment with the existing employer as the prime aim, with Employment Service led pilots and some contract pilots assuming that the Employment Service Disability Services' definition applied. Most were willing in theory to help a client find a job with another employer if return to the 'old' employer was not possible, but were inhibited by confusion over whether this counted as job retention. One contract area pilot which sought clarification had been told it did not. Another contract area, however, specifically offered to find alternative work in the shape of an 'out-placement' service to the employer.

8.3 Staffing services for job retention

Staffing arrangements were dynamic as pilots tried and changed ways of using staff resources in the light of experience.

Many pilots, especially in Employment Service areas, deployed generalist Personal Advisers to begin with. Particularly in geographically widespread

areas, there was felt to be insufficient demand to warrant specialisation in job retention. Some retained the generic model of working. In others, Personal Advisers who developed particular expertise took on larger job retention caseloads and supported less experienced colleagues, and some Personal Advisers took on responsibility for developing a job retention strategy either within their 'patch' or across the pilot area.

A minority of pilots started by locating responsibility with specific Personal Advisers. Two of those moved responsibility to Personal Advisers within their 'jobmatch' or 'on-going support' team. Others aimed to equip generalist Personal Advisers to work on job retention once they had gained general experience.

By mid 2000 some contract area pilots were complementing their caseworkers with 'employment development advisers' or marketing officers with a brief to promote job retention to employers.

Strong opinions were expressed on the pros and cons of deploying Personal Advisers as generalists and as job retention specialists. Some proponents of generic working felt that it was important to build up personal advisers' experiences in the round and so equip them in a range of skills that would stand them in good stead in the future. Some argued that employers did not want to deal with different Personal Advisers for recruitment and retention, and that a client who moved into work with support from a Personal Adviser may later want to turn to them for help to stay in work rather than to a job retention specialist. Those arguing for specialism in job retention believed that otherwise the service would be spread too thinly and the possibility of special expertise diluted. They felt that job retention activity needed to be 'ring-fenced' to avoid diversion of staff to meeting targets for job placements. Moreover, employers, it was felt, needed a single agency to turn to for job retention support, rather than having to choose from the many agencies providing support to disabled people and their employers.

Some of the arguments about deployment revolved around the skills and knowledge required. One position held was that the Personal Adviser supporting clients 'at risk' needs the knowledge base and the interpersonal and professional skills of the generic adviser working with both clients and employers - a combination which managers and staff acknowledged could be hard to find (Section 2.4.2) - and could acquire, on the job, the understanding of the business environment which employers demanded of them (Section 8.10). Thus, there was a case for an experienced generalist expanding their remit to include support for clients 'at risk' of losing their jobs.

However, the strongly argued opposite position was that job retention is a very different role from getting people into work. It requires special skills in negotiation, often in complex situations involving industrial

tribunals, personal injury claims, trade unions, personnel managers, and it requires knowledge of employment law and human resource management - identified as outstanding training needs - as well as an understanding of the culture of organisations. These skills are the primary requirements, and skills in working with clients can be learnt on the job, it was argued.

Job retention specialists, particularly in Employment Service-led pilots but also in contract pilots, tended to have experience of working as Disability Employment Advisers (as explained in Section 2.4.1, contract pilots had some staff seconded from the Employment Service). Their knowledge of accessing Employment Service programmes, particularly Access to Work, was thought to be a valuable asset. Recognising the importance of understanding employers' requirements and culture, one contract area pilot had appointed staff who had worked in a personnel department and in a mainstream employment agency.

Most Employment Service pilot managers pointed to the importance of having an occupational psychologist in the team to assist with job retention work. Occupational psychologists brought skills used in working for Disability Services Teams. Their input took different forms: carrying a job retention caseload, assessment before passing the case to the Personal Adviser; workplace assessment; job analysis; client assessment; and negotiation. They also offered support and advice to generalist Personal Advisers. Managers thought that occupational psychologists added 'credibility' to the Personal Adviser Service in dealings with human resources directors and senior health service professionals, though interviews suggest that they were accepted for their professionalism and expertise rather than professional identity. As noted in Sections 2.4.4 and 3.3.3, contract pilots made more limited use of occupational psychologists. They were not a significant resource for work with 'at risk' clients and their employers, although most occupational psychologists in contract pilots felt there was considerable scope for their skills to be applied.

Pilot projects tended to take it for granted that job retention was an 'in-house' service, drawing on skills of occupational psychologists and Personal Advisers. But one contract pilot had entered into a contract with a job retention specialist organisation to handle a portion of their job retention cases (though at the time of the fieldwork it had taken on few cases), and one Employment Service area had begun negotiations with a voluntary sector provider to promote the service to employers.

8.4 Levels of activity

Even late on in the pilot, staff had seen only small numbers of clients 'at risk' of losing their jobs. Restrictions on what counted as job retention and unwillingness to tread on the toes of Disability Employment Advisers (who already had responsibilities for job retention) help to explain the small numbers. Staff of only one pilot - an Employment Service area

which supported people off sick for any duration - reported a significant level of success (34 people retained with their employer by the end of May 2000), having given job retention a high priority from the start. In this pilot, the expertise and existing links of staff who had worked as Disability Employment Advisers were thought to have contributed to the level of success. Figures for the NDDP pilots, as a whole, show that by the end of May 2000, 116 people retained with their employer.

Pressure to deal with the influx of clients on long-term incapacity benefits meant little effort had been devoted to developing job retention activities. Staff could be stretched and it could be impractical to 'ring-fence' resources for job retention when demand was comparatively small. Supporting clients at risk of losing their jobs was seen as a lesser priority, with attention focused on targets for getting incapacity benefits clients into work. Contract areas' job retention targets set out in their bids generally were acknowledged to be over-ambitious and probably unattainable, echoing the experience of the New Deal for Disabled People Innovative Schemes (Blackburn et al., 1999). By mid 2000, with the end of the pilot period approaching[42], several contract areas had started to focus their efforts on job retention and were seriously considering more strategic approaches. Among Employment Service pilot areas turning their attention to boosting job retention activity in 2000, some had held back from launching initiatives in partnership with other organisations because of uncertainty about the future of the New Deal for Disabled People Adviser Service. By autumn 2000 the continuation of some initiatives was threatened if partners lost their key contacts when the Personal Advisers involved left for other posts.

Staff in most pilots considered delivering their job retention commitments to be both *'daunting'* and *'difficult'*. Only small numbers of prospective clients came forward through methods used to attract long-term incapacity benefits clients, and reaching more required different strategies which some pilot areas were yet to develop. In some areas, an assumed lack of interest on the part of employers was discouraging and not all pilots had developed separate marketing strategies to attract them, relying instead on general advertising of their services. Work to support job retention was thought by most staff to be more intensive, time-consuming and requiring a level of expertise that took time to develop.

8.5 Strategies to promote take-up

All pilots were trying to reach clients in need of support for job retention in three ways simultaneously:

- through employers;
- by advertising the service to clients directly; and
- through intermediaries such as health professionals, insurance companies and trade unions.

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[42] The pilot period was subsequently extended to the end of June 2001.

Most pilot projects saw employers to be the best source of clients. It was felt that working through employers identified clients whom employers had a genuine interest in retaining, whereas clients who came forward independently could be viewed by employers as *'having an axe to grind'* and their being in touch with the Personal Adviser Service could raise doubts about fitness for return to work.

Focusing on employers had the advantage of promoting the Personal Adviser Service, as retention cases might lead to vacancies or placement opportunities, and of meeting the pilot service objective to 'sign up' Disability Symbol employers. And, pragmatically, larger numbers of job retention outcomes could be achieved via employers. One contract area manager, however, had not actively marketed or targeted employers in order to avoid *'treading on the toes'* of the Disability Services Team already working with employers in the area, and preferred to encourage clients to approach the pilot service.

Several pilots emphasised that employers are also prospective 'clients' who might benefit from advice and practical help to retain staff. Approaching a client via their employer almost unavoidably led to the Personal Adviser Service providing direct support to the employer as well as to the client.

Promotion strategies

Strategies to engage employers were generally designed by pilots themselves, though some had asked the advice of employers in their partnership (Section 2.5.2). The main methods used by pilots, and the evaluations of Personal Adviser Service staff and employers, are outlined below.

- Considerable effort was being devoted to advertising through adverts and editorials in the local press and employer newsletters, and mailshots. Information about retention was usually subsumed within generic advertising material but some pilots had developed a job retention leaflet and were planning campaigns specifically on retention. Staff reported that these efforts had rather little effect. The evaluation of the New Deal for Disabled People Innovative Schemes also found mailshots often had poor results (Hills *et al.*, 2001, forthcoming). If publicity materials had been received by employers they appeared to have had little impact on their awareness and knowledge among employers of what the Personal Adviser Service could offer in the way of support for job retention was not widespread. Most employers conceptualised the pilot service role as supporting disabled people into work. Organisations seeking to recruit staff may not be receptive to information about job retention services, and interviews with employers suggest that their needs relating to recruitment and retention are different.

- A presence, and sometimes talks on job retention, at marketing events such as talks to employer groups arranged by the pilots or by Disability Services Teams, was reported by some staff to have generated a lot of interest in their job retention services. Two employers involved in Employment Service Personal Adviser Service launches (and in steering groups) had not understood that job retention support was part of what it could offer, however. An occupational psychologist presence at marketing events was thought by staff to be helpful, as employers were said to be familiar with tools used by occupational psychologists and so relate well to them.

- 'Cold-calling' aiming to 'sell' job retention specifically or along with the other Personal Adviser services was designed more to raise awareness than to generate specific calls for assistance; a minority view expressed by staff was that cold-calling was effective only if employers had identified a problem with which they needed help. No employer reported having been approached in this way.

- Pre-arranged visits to employers, with talks to managers to present what the Personal Adviser Service could offer, were being developed. Marketing at the right time when a problem had already been identified led one employer to act on the information, and others felt that this type of approach could be useful (Section 8.8).

- Managers expected Personal Advisers to inform employers about the job retention service during contacts relating to recruitment or placement. However, few Personal Advisers in the study said they did so, and contact between the adviser and employer focused on meeting the needs of the specific client (Section 8.8). Employers involved with an adviser in relation to placement or recruitment rarely had been made aware of the Personal Adviser Service job retention role. When they learnt about it through the research interview, employers were *'surprised'*, and sometimes indignant, that they had not been informed. Those who had been informed were interested. A *'sales talk'* by a Personal Adviser made enough of an impression for an employer to store the information for future use. The theory that demonstrating the capabilities of the service through placing clients could encourage take-up of job retention services worked in practice only where employers were given adequate information.

- Approaches to senior personnel managers offering joint working to find solutions to organisations' job retention problems were reported by both staff and employers to be effective, with the latter welcoming a direct approach from a Personal Adviser Service manager demonstrating an understanding of the organisation's problems and requirements.

As already noted in relation to engaging employers in other respects (Section 3.4), finding interested employers was time-consuming and difficult, especially in areas with large numbers of small firms. Tangible returns on investment of time and resources were low, though it was

thought that publicity might have long-term effects if awareness of the pilot service was raised. Overall, few projects could report significant numbers of employers contacting them spontaneously for advice or assistance to retain an individual employee, though a small number of examples were given of organisations looking to the pilot service for assistance with their management of sickness absence, or for a service which could be offered to their employees on extended sickness absence.

Personal Advisers reported finding that employers were not previously aware of any services for job retention. Some smaller employers interviewed in the study were unfamiliar with the concept of support for job retention and could not imagine what sorts of external help might be on offer, even when they had experienced difficulties. One Personal Adviser emphasised the need for a specific strategy to make employers realise that retention is an option worth considering - requiring *a different understanding of their psychology'* than in the usual marketing approach. Stereotypical assumptions that onset of disability means inability to work needed to be challenged.

Targeting types of employer

It addition to general promotion, pilots chose to concentrate efforts on certain types of employer.

Many pilot projects thought that the most effective way of maximising job retention outcomes in the short period of time left for the pilot teams was to target employers with large numbers of staff on sick leave because of generous Occupational Sick Pay periods. Recognising growing pressures on the public sector to reduce the costs of ill-health retirement[43], several pilots had contacted - or were planning to contact - local authorities, health trusts or police authorities, and one or two reported talks with private sector firms. In several instances, pilots already had links with the employers as project partners. A small minority of pilot managers, on the other hand, believed that attempting to involve larger employers would be futile, arguing that they have adequate in-house occupational health provision or generous ill-health retirement packages with which employees were quite satisfied.

Many staff wanted to focus on 'good' employers where the likelihood of achieving results was assumed to be higher - equal opportunity employers, Investors in People and Disability Symbol users. Given the imperative to maximise results with limited time and resources, it is not surprising that pilots ignored 'bad' employers known to be uninterested in legal compliance and keen to 'get rid' of unproductive employees, and often

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[43] For example, the Audit Commission (1997) *Retiring Nature: Early Retirement in Local Government,* London: Audit Commission Publications.

could see working with small employers as a diffusion of effort and less productive because of their limited scope to make adjustments or to redeploy.

It was less usual for managers to think strategically about which organisations were likely to benefit most from the pilot service. One manager aimed to target those employers who were willing to retain staff but unaware of the possibilities and incentives to do so, and to ignore those who are already aware of the benefits of retaining staff and of the need to comply with the Disability Discrimination Act 1995. Another felt that effort was better directed at small private firms lacking policies or internal procedures rather than at organisations with policies and a responsibility to adhere to them. More than one manager referred to the risk of Personal Adviser Service intervention allowing those organisations that do have policies and procedures to abdicate their responsibilities.

Evidence from qualitative interviews with employers with some contact with the Personal Adviser Service confirms that efforts might be targeted at smaller organisations with limited practical knowledge or resources, but also indicates that supporting larger organisations may improve the quality of the service to long-term sick employees.

Large employers, particularly public sector and national private sector retail and service industries, tended to say that they tried very hard to retain staff. They generally felt well served by internal systems or contracted sources of advice and support for job retention. They cited occupational health departments, health and safety advisers, contracts with medical advisers, independent employee counselling services and, in one instance, a company rehabilitation service. It was not unusual for these large organisations to draw on external sources to assist with problems already identified, turning to Disability Services Teams for support from the Access to Work programme, and sometimes for Disability Services Team occupational psychologist advice. Many felt self-sufficient in identifying problems and solutions. However, several could identify ways in which their own resources could be supplemented or improved in order to facilitate the return to work process and improve the quality of support to their employees (see Section 8.8).

Employers in private organisations that were not part of large national companies, and voluntary organisations, tended to try to deal with job retention issues themselves when they arose. In small organisations, owners and managers took complete responsibility, while larger organisations sometimes referred to company doctors. It was unusual for these employers to have used Disability Services Team support. Few believed they could cope by themselves and most identified some need for help with finding solutions to job retention issues.

A minority view expressed was that generalised marketing to employers is not helpful. The likelihood of catching employers at the time that they need the Service is remote, and for that reason it is better to approach the employer through the client. The option of trying systematically to approach the wide population of eligible clients was less favoured because of the diffusion of effort involved and the likelihood of achieving fewer successful outcomes if employers did not want to retain them.

On the other hand, some staff believed that an employee who approached the pilot service for help showed personal investment, that there was a considerable demand from employees for information about available services so that they could promote their case with their employers, and that the way forward was to empower them. They also recognised that clients might prefer their employer not to know about their need for support for return to work, and some examples were given of the pilot service supporting clients to develop the skills to negotiate return to work. Where staff did become involved with the employer, they were less likely to be drawn into supporting the employer as a 'client' and found it easier to advocate for the employee.

According to Personal Adviser Service staff, the invitation letter generated quite a number of enquiries from long-term incapacity-related benefit recipients who still had a contract of employment. The qualitative interviews with clients found that around one in ten of those who had responded to the invitation letter were still on their employer's 'books'. (Not surprisingly, the majority were 'flow' clients, accounting for one in six of 'flow' clients interviewed in that study.) Some staff regretted the lack of mechanism for writing to those receiving short-term Incapacity Benefit and Statutory Sick Pay, and some had hoped to negotiate a way forward with the Benefits Agency believing, incorrectly, that it held a register of Statutory Sick Pay recipients.

In their publicity materials, pilots, at first, tended to subsume information about support to stay in work within general advertising of the pilot service (described in Section 3.2). Recognising that employees who want help to stay in work are not likely to be attracted by publicity designed primarily for long-term incapacity benefits recipients, some pilots were developing materials specifically to appeal to them. Care was needed to avoid attracting individuals who did not fit the eligibility criteria, however, one pilot said that a radio advertisement brought phone calls from 15 people still in work whom the pilot service could not help.

8.5.3 *Promoting the service through health services*

Links with GP surgeries

Pilots tended to place posters and leaflets in places that people on sick leave tend to visit: pharmacies, hospitals and GP surgeries in particular. They reported that rather few clients came forward in response to general publicity of this type. However, practice managers interviewed believed

that leaflets in doctors' waiting rooms could be effective and said they would be willing, if space permitted, to host more extensive publicity, such as a temporary display on the theme of services for return to work. Some practice managers were enthusiastic about the idea, tried unsuccessfully by one pilot project, of alerting patients to the job retention service by small fliers attached to their sick notes but there was some concern that patients might believe that GPs were *'pushing them'* to return to work.

In one pilot area, Personal Advisers manned a display stand in a GP surgery for one week, but the method provoked no immediate interest. Some practice managers commented that patients had been reticent about approaching promotional ventures in a public place. One had experience of a more interactive approach to promoting services that had been effective by engaging patients in informal conversation. Practice managers and GPs pointed out that, because only a small proportion of patients were potential beneficiaries of job retention services, a physical presence on the part of Personal Advisers was viable only in very large practices or 'poly-clinics' - which, importantly, had space to accommodate them. One surgery held open evenings for patients, such as 'well man' events, and would be willing to host an event on services for return to work.

Some pilots hoped to complement publicity in surgeries by spreading the word about the pilot service through practice managers, and there is some small evidence from Personal Advisers of this strategy encouraging clients to approach the pilot service. The research found that practice managers generally would be receptive to information about a job retention service but that perseverance is needed to make contact and to 'sell' the service. Written communication may become lost within the pile of paperwork they have to handle, and practice managers recommended initial telephone contact. A number of pilots chose to focus on raising awareness through talks at local practice manager group meetings and practice managers believed that this would be a particularly useful method.

The survey (reported in Chapter 4) found that only five per cent of participants and one per cent of non-participants who were aware of the New Deal for Disabled People had heard about it from a medical professional. Practice managers, and GPs, emphasised the important role of practice managers as a conduit for information to professional staff in touch with patients. Most practice managers interviewed passed on information to other practice staff, including GPs and Primary Health Care Team members, at practice meetings or through internal circulation, but some used their discretion in deciding what would be relevant to their GPs. While the majority of practice managers were previously unaware of services to support job retention, they felt that the topic was of interest to other practice staff and had no reservations about promoting a pilot service that might approach them. Not all surgeries are open to

promotional visits, and some practice staff said they never received drug company representatives or other agencies offering presentations. However, larger practices in particular were keen to hold internal seminars, which had the advantage of bringing all practice staff together. These were receptive to the idea of a Personal Adviser Service presentation.

Pilots found it hard to get information directly to GPs. The research found that while a few GPs read non-clinical mail, particularly if personally addressed, most discarded it. GPs pointed out that with so many initiatives and services competing for their attention a pilot service needed to have a high profile. They thought that national coverage in the GP press would be an effective way of attracting their attention, and possibly a presence at drug company promotional events. Hearing about the New Deal for Disabled People, though not job retention services, through patients themselves had made an impression on some GPs. Some pilot staff were considering how to contribute to educational seminars for GPs. Many practice managers, and GPs themselves, believed this was one of the best ways of informing GPs, as there is an incentive to attend to obtain 'points' in personal development plans which enhance their level of salary.

Many pilot staff had high expectations of GPs and, as noted in Section 3.2, were disappointed at the small number of referrals from surgeries. Recognising GP's key role in the certification of sickness absence, staff hoped to encourage them to refer patients to the pilot service. Taking a 'top-down' approach, one pilot had entered into a partnership with a Primary Care Group (PCG) in the hope that it might exert an influence with GPs, initially through covering the job retention service in its newsletter. PCGs pointed out that their scope of influence was constrained by national priorities which governed their activities.

While there was thought to be some scepticism among GPs about the value of work as part of the clinical management of illness, the small number of GPs interviewed were committed to supporting patients to return to work which did not adversely affect their condition. They encouraged patients to propose solutions to their employers, and some contacted employers themselves to promote workplace adjustments for return to work. Some people in the study were positive about the role of their GP or consultant in encouraging their return to work and in advocating for them. Pilot staff, and some health service managers, believed that unwillingness to allow a third party to enter the doctor-patient relationship was an obstacle to GPs calling on an external service (echoing GPs' views reported in Ritchie et al., 1993). One GP dismissed the idea of an independent job retention adviser but others were in favour, recognising the limited time they had to understand demands of the working environment and advise patients appropriately as well as the need for expertise in the benefits system and employment law.

GPs interested in making referrals to specialist agencies (such as Disability Services) said they found it difficult to keep track of changes and procedures. There was some antipathy to public employment services which some GPs (and practice managers) felt were part and parcel of the 'social' services (local authority social services departments, the Department of Social Security and Disability Services were not always distinguished) and some suspicion that the welfare to work programme was forcing unfit people to work. One GP believed that the most effective way for a job retention service to engage GPs was to demonstrate that the service had useful outcomes for patients, necessitating feedback to the GP on what had been achieved.

Links with occupational health services

Some pilots were considering occupational health providers as a potential source of referrals, trying to locate a forum of occupational health doctors, for example. An obstacle to direct referral was the occupational health provider's obligation to report confidentially to the employer, but one pilot working closely with a local authority had succeeded in setting up a referral mechanism. Rather few Personal Adviser Service staff had sought to make direct contact with in-house occupational health doctors, usually depending on human resources staff for an indirect link, and the lack of awareness of the pilot service among occupational health providers was identified by some pilots as a problem still to be *'cracked'*.

Links with a psychiatric hospital

A third approach, being tried by at least one pilot, was to identify patients receiving treatment at a psychiatric hospital who still had a contract of employment. Hospital staff saw the Personal Adviser Service occupational psychologist and Personal Advisers as filling a gap in the services it could offer and, importantly, as expert with skills to motivate patients recovering from mental illness, and knowledge of employment law and benefits for return to work. Hospital staff firmly believed that patients still in employment had very different needs and that a specialist job retention service was essential.

8.5.4 Reaching clients via insurance companies

Personal Adviser Service staff who had experience of the partnership initiative with insurance companies were disappointed with it as a source of potential clients. Set-up initially in the Employment Service pilot areas in early 1999, and signed up to in principle by contract pilots at the end of that year, the partnership initiative involved insurers and re-insurers trying to identify beneficiaries who might want to return to their previous job or to alternative work with assistance from the Personal Adviser Service.

After some difficulties over the sifting of possible participants by claims assessors, staff from Employment Service led pilots found it more effective

to do the selection themselves, leading to slightly higher numbers of people it seemed appropriate to contact. Most found the process of contributing to the initiative to be time-consuming and unproductive. When approached, clients were sometimes too ill to think about returning to work, or unwilling to risk the loss of their insurance income. One manager hoped that the initiative might lead to more flexible insurance arrangements to enable a return to work part-time or to guarantee return to benefit should the job not work out.

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8.5.5 Reaching clients though trade unions

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Some pilots were actively seeking the co-operation of trades unions to tap into links to members on sick leave and, in some cases, to counter suspicion of pilots' association with employers' interests (see Section 8.5.2). Details were still being worked out, but approaches under consideration included union representatives acting as 'go-betweens' to gain the employee's agreement to participation, actively promoting the pilot service by sending out leaflets to members and a union possibly acting as a referral agency for an entire sector in one pilot area. In one pilot area Personal Advisers, a Disability Employment Adviser and Benefits Agency staff gave a presentation at a meeting of union representatives, long-term sick employees and personnel officers, and subsequently several employees made enquiries of the pilot service.

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8.6 Problems facing employees

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People on extended sickness absence face many of the obstacles to returning to work articulated by clients in the qualitative study (Section 5.2.1). Service staff and clients themselves acknowledged pain, fatigue and other effects of illness or impairment. Clients were anxious that they would not be fit enough to perform to the standards expected of them and to be self-reliant, or that work would exacerbate their condition and lead to sickness absence. Managers' reluctance to take back people with poor sickness records, their fear of mental illnesses and concern about safety risks were obstacles highlighted by staff and by some employers and clients. Returning to a situation of personality conflicts, to the scene of a workplace accident or to an employer in whom one had lost confidence were common emotional problems, staff thought. Some clients were fearful of the reaction of co-workers, particularly in the case of a mental illness.

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According to Personal Adviser Service staff, job retention clients had a range of occupations, from manual to professional. Most had developed impairments that affected their ability to do their current job - repetitive strain injury, back problems, arthritis, asthma, stress, sensory impairments - and in many instances it seemed that the job had caused or exacerbated the problem. In contrast to the reports of large proportions of people with mental health problems among long-term incapacity benefit clients (Section 3.3.2), staff found rather few 'at risk' clients said they had a mental health problem. One Personal Adviser hypothesised that they would not approach the pilot service as they did not want their employer to know. Employers, on the other hand, highlighted a particular need

for support to accommodate employees with stress and depression at work or returning to work.

According to advisers, employees often ruled out a return to the 'old' job, although sometimes Personal Advisers could see ways of adjusting the job that had not occurred to the client or their employer. Qualitative interviews with clients confirm that long-term sick employees can find it hard to see that their job might be adjusted, particularly a manual job. The idea of redeployment was also inconceivable for some. Clients could be dubious that alternative positions or 'light work' existed or had no confidence in their ability to adapt to an office job after manual work. Moreover, office jobs on fixed wages paid less well, and some clients saw redeployed positions as less secure if the employer were to shed labour.

Personnel managers and Personal Advisers commented on the difficulty of altering entrenched views. GPs who automatically wrote sick notes, and so confirmed the employee's view of the impossibility of return to the employer, were *'the biggest hurdle'* according to one personnel manager. There is no evidence from job retention clients of awareness of the Disability Discrimination Act 1995, and only a minority of Personal Adviser Service staff said they told job retention clients about their rights under the Act.

Both staff and employers felt that often only after occupational sick pay expired (usually after a year) did employees consider return to work options. Qualitative interviews with clients confirm that this can be a key point of decision between accepting medical retirement, attempting return to the employer or pursuing a new career. For example, the prospect of subsisting on Incapacity Benefit alone prompted one client still keen to work to seek retirement on medical grounds so that a pension might be payable. Personal Adviser staff felt that by the time this threshold was reached the obstacles to retention had accumulated. After extended absence the employee could believe the employer had forgotten about them. Alternatively, solutions for retention had been tried and failed, the situation had become acrimonious, and decisions had been made to terminate their employment. Staff saw advantages of active intervention at an earlier stage to plan ahead for return to work, to seek out a position for deployment or to retrain, for example. Some clients interviewed, however, were reluctant to take such steps until they were certain about their fitness for work. Some employees were thought to be sceptical about retraining, suspecting that employers wanted them to leave.

Interviews with clients on long-term sick leave who contacted the Personal Adviser Service found that the concept of external support for job retention was new to them. Most of those who were offered mediation with their employer saw no need for it, mainly because they felt self-sufficient in managing their return to work or had confidence in the arrangements already made with their employer. Some resisted the offer of intervention,

even when return to work proved hard to cope with, because they felt their job might be jeopardised if the employer was alerted to their difficulties. Those clients saw little point in discussing job retention with their Personal Adviser but many of them appreciated the opportunity to discuss alternatives to staying with their employer. However, there were also examples of clients in touch with the pilot service who were unaware that a third party could intervene on their behalf and who would have welcomed such support.

8.7 Problems engaging and working with employers

Educating employers about job retention possibilities, shifting ingrained assumptions and trying to change the culture was time-consuming and very hard work according to Personal Adviser Service staff. A big problem was set attitudes: that simple adjustments could be made, the job redesigned or the person redeployed from manual to clerical work did not occur to many employers, even those regretful at losing the employee.

There were some difficulties in clarifying the Personal Adviser Service job retention role. Occupational psychologists met employers who hoped their assessment would confirm the client's inability to work and so validate their decision to dismiss. Personnel managers were said to be worried that trade unions would interpret Personal Adviser Service involvement as a means of 'getting rid of people'. Unions were reported to be concerned that retained employees would be moved to a lower paid job and have reduced pension entitlements.

A commonly reported obstacle to getting larger employers on board was their assumption that internal resources were adequate. Human resources departments could be reluctant to hand over to an external agency. Problems were encountered in persuading organisations that the Personal Adviser Service could add to existing occupational health provision. A consequence was that the Personal Adviser Service could be called in *'too far down the line'*, when the employer's resources were exhausted and dismissal or ill-health retirement was imminent.

Employer interviews suggest that some employers may be disinterested because they are satisfied with the service they receive from Employment Service Disability Services Teams. Two public sector employers expressed concern about the apparently wasteful duplication of public funding, and added confusion for employers, of having two government-supported agencies.

8.8 Employers' needs and Personal Adviser Services

While only six of the 60 organisations in the employer study had some involvement with a Personal Adviser to support the continuing employment of an existing employee, as many as four out of five organisations interviewed discussed job retention spontaneously or in response to direct questioning. The effects of ill-health or impairment on an employees' capacity to do their job, repercussions for the organisation of sickness absence or reduced productivity, and the capacity

of the organisation to find solutions were issues raised by most large and medium-sized employers interviewed and by some smaller industrial concerns and voluntary organisations. (The perspectives of small organisations with no experience of an employee becoming ill or disabled are missing.) Employers generally said that the organisation, or the respondent personally, was committed to ensuring continued employment of staff who developed long-term health problems or had a deteriorating condition which affected ability to do the job. Many offered examples of efforts to retain such staff. Even those employers who put forward reasons for not recruiting disabled staff expressed a commitment to job retention.

From these interviews, and case study interviews with personnel managers in close touch with a Personal Adviser Service, a picture emerges of a commitment to retention, positive practices and investment of resources in the face of considerable obstacles and gaps in provision. The following section sets out employers' needs for support for job retention, and considers the appropriateness and adequacy of the available service components identified by Personal Adviser Service staff.

8.8.1 Supporting employers' retention policies

Large employers, particularly public sector and national private sector retail and service industries, had organisation-wide policies for retention of disabled people, often part and parcel of their equal opportunities policies. Awareness of the details of policies did not always filter down to managers. Job retention policies could be reinforced, some thought, by aiming for accreditation through Investors in People and the Disability Symbol. Some employers were concerned that they had inadequate systems in place to guarantee compliance with the Disability Symbol job retention commitment, or were worried about the cost implications of restrictions on dismissal should they sign up to it. As noted in Section 8.4.1, Personal Adviser Service staff might target employers likely to sign up to the Disability Symbol, and employers' comments suggest some unmet need for advice and practical support in respect of job retention. Some Personal Adviser Service staff had given talks to large public sector employers about their retention policies.

Although these large organisations were conscious of the possible legal repercussions of breaching the Disability Discrimination Act 1995, they did not see it as driving their job retention policies. Some human resource managers believed there was a need for a good local source of advice on the Act. However, Personal Adviser Service staff, particularly in Employment Service pilot areas, were concerned about the risks to the Employment Service of straying into the *'dangerous ground'* of legal territory when employers sought confirmation that their actions did not breach their Disability Discrimination Act obligations. A solution found by one contract area pilot was to work in partnership with a firm of legal advisers specialising in disability employment law.

Respondents from smaller private sector and voluntary organisations tended to operate informal policies often grounded in obligation or loyalty towards the employee or, more rarely, the employee's right to be retained. As their needs revolved around the individual case, they did not always understand that solutions for the individual might have a wider application in the workforce. Information about services provided, and how to access them, might help to develop job retention policies and practices among smaller employers.

8.8.2 Support with management of sickness absence

Local authorities reported having to meet performance targets to reduce levels of sickness absence, following the 1997 Audit Commission report critical of public sector performance which pointed to the high costs of ill-health retirement. Local authority personnel departments and managers could feel under-resourced for routine follow-up of sickness absence, including home visits, and some felt that skills in counselling and negotiating the return to work process could be improved. Some pilots had plans to locate a Personal Adviser with a local authority or health trust in order to supplement their resources and help to improve their practices. One pilot working closely with a local authority had done joint home visits and arranged for a personnel staff member to attend Disability Employment Adviser training. Personal Adviser Service staff felt there was generally scope to enhance the management of sickness absence, though personnel officers stressed the need for the Personal Adviser Service to understand what they were up against. Supplementing internal resources through direct support to employees on sick leave needed careful positioning of the Personal Adviser Service function - balancing advocacy for the client with realism about what the employer can do - and good communication systems.

8.8.3 Personal Adviser as external facilitator

While many larger employers implemented sickness absence policies which entailed keeping in touch, home visits and referral to company doctors, some organisations had no procedures for follow-up and some of those felt it was up to the employee to initiate contact and identify possibilities such as redeployment. It could be hard to intervene in long-term absence unless the employee signalled a willingness to return to work, and some employers welcomed the idea of an independent facilitator. Even where the organisation had internal resources, they were sometimes considered unsuitable. Two human resource managers saw a need for an external negotiator to act as an intermediary between the absent employee and the line manager, to identify problems with the employee, help the manager to see solutions and avoid putting the employee in a potentially threatening situation.

This unmet need was familiar to many Personal Adviser Service staff providing support to clients 'at risk', particularly those who had approached the Service directly. Meeting the demand has implications for the strategies pursued in identifying clients 'at risk'. As noted in Section 8.4.1, most projects preferred to reach clients through their employers, partly with the objective of maximising successful outcomes.

8.8.4 Understanding the effects of ill-health and impairment

As noted in Section 8.5.1, many large organisations felt self-sufficient in identifying problems and solutions. However, one important problem area they identified was ignorance on the part of managers, and even human resources staff, about how to deal with disabled people, about how impairments affected employees and in particular, how mental health problems affect performance at work. Few were aware of solutions, and welcomed learning from the Personal Adviser Service about disability awareness training.

Employers without internal resources also sought ergonomic advice to identify possible causes of work-related ill-health and solutions, and professional advice on assessing fitness for work and any adjustments required. Smaller employers said they could not afford to purchase professional advice and hoped that the Personal Adviser Service could help in these respects.

8.9 Meeting the costs of retention

Employers using highly trained and specialised staff pointed to the financial benefits to the organisation of retaining them - recouping on investment in recruitment and training, and avoiding the costs of replacement. Accordingly, where the prognosis for recovery and return to the previous job was good, these employers would *invest* in job retention.

Most employers, however, emphasised the *costs* of retention and this emerged as a major theme of the study. Many examples were given of support to return to work: keeping the job open, arrangements for gradual return, reducing the demands of the job and working hours, practical adjustments to the workplace or workstation, redesigning the job, augmenting skills through training, and partial or total redeployment. There was considerable unmet need for external financial support that Personal Adviser Service staff did not always recognise.

8.9.1 Keeping the job open

Keeping the job open was costly, not just because of the costs of Statutory and Occupational Sick Pay. Sickness absence made it hard to staff essential services, such as nursing, without the expense of taking on extra staff. Covering for staff on sick leave drained managers' budgets, led to pressures on existing staff providing cover in addition to doing their usual jobs, and could reduce the quality of their work. Although budgetary pressures in theory could encourage managers to facilitate return to work, in practice they often had limited time to do so. Some tensions were reported between human resources managers who wished to accommodate return to work and departmental managers concerned about overspend who wished to pursue dismissal on grounds of ill-health.

8.9.2 Gradual return to work

Where the costs of cover were met from a centralised budget, managers still faced a financial problem when an employee needed to return to work gradually and extra cover was still required. Some employers would have liked to create new temporary positions for returning employees but could not afford to do so. It was hoped that the Personal Adviser

Service could help in these respects. Some small employers who were willing, in principle, to enable the individual initially to tailor the number of hours worked to their capacity, and increase hours gradually, did nothing because of the perceived absence of state financial support for the employee. Awareness of Disabled Person's Tax Credit (or of Disability Working Allowance which preceded the tax credit) was very low, though Personal Advisers said they were increasingly promoting it to employees returning to work part-time and gradually increasing their hours. If an employee was not eligible for Disabled Person's Tax Credit, the Intervention Fund could be used as bridging finance in such circumstances. (Personal Advisers highlighted the problem facing recipients of Disabled Person's Tax Credit who had to reduce their hours of work and were unable to access a higher award until their six monthly review fell due. In such circumstances the Intervention Fund might be used.)

8.9.3 *Workplace adaptations*

Although large organisations often had budgets for major workplace adaptations, the requirement for minor adjustments to be funded from departmental budgets, and the staff time involved in making them, could add to managers' resistance to contemplating adjustments. Sometimes internal tensions could arise if an individual was seen to be given extra facilities not available to other staff. Some employers had been unaware of the Access to Work programme until they learnt of it from a Personal Adviser, and they welcomed some relief of hard-pressed budgets. Personal Advisers found the Intervention Fund helpful if an employer refused to make the required contribution towards adaptations or equipment provided under Access to Work, and when equipment needed to be put in place more quickly than was possible through the Access to Work programme.

Many Personal Adviser Service staff thought Access to Work the most essential component of the range of supports they could offer employers for job retention. However, as noted in Chapter 2, accessing the programme through Disability Services Teams added administrative complexity, delay, and confused both clients and employers. Some resentment that Disability Employment Advisers had best access to Access to Work, and rivalry between the two organisations, could add to co-ordination problems in the workplace. The researchers heard some strong messages from Personal Advisers that there must be some agreement about how Access to Work is delivered and the involvement of Disability Employment Advisers in an extension of the New Deal for Disabled People.

8.9.4 *Wage costs*

Making changes to the job or workload to accommodate an employee unable to fulfil the previous requirements of the job could entail employing an additional person to take on some of the duties, or paying a salary in excess of that warranted for the job. An ethos of helping people with an impairment or health condition, in the context of team working, meant that staff were willing to share heavy duties, but undue strain on them

could be a concern for employers. It also could be hard to persuade an employee to accept help from co-workers.

Personal Advisers saw the Employment Service Supported Placement Scheme, which can help towards wage costs where productivity is reduced, as an important source of support for job retention. Some employers had received and welcomed such support, but smaller employers said they were still out of pocket when they had to employ extra staff to take over some of the disabled employee's duties. Awareness could be improved. The researchers identified situations where employers might have benefited from the scheme but were unaware of it, or uncertain about whether the employee's disability was severe enough to qualify.

8.9.5 Training

In some instances, the employee's main need was for training to update skills (such as IT skills) after an extended period of sickness absence. Limits on departmental training budgets tended to restrict possibilities, and sometimes could mean that the individual had to be redeployed so that the cost was borne by another part of the organisation. As funded opportunities for training people in employment were limited, pilots tended use their Intervention Fund. Funding training was thought by Personal Adviser Service staff to be a useful way of countering employer reluctance to consider redeployment. Opportunities for training on the job could be limited if adaptations were needed, and some employers and Personal Adviser Service staff regretted that the Access to Work programme was not used for short-term training.

8.9.6 Redeployment

Although there was often an organisational commitment or will to consider redeployment, some employers said there were few opportunities. If the work of the organisation was specialised, such as professional and administrative work, alternative positions simply did not exist. Finding suitable work for an employee with mental health problems could be especially difficult. Employers were sometimes unable to identify stress-free work (for example, for someone with a heart condition) or 'light' work (for someone who lacked physical stamina) or safe working areas (for someone with a visual or hearing impairment). Some employers were concerned about the risk to the employee and the potential liability of the employer should there be an accident.

There was some criticism of occupational health advisers who found an employee unfit for their existing job and merely recommended redeployment, and employers wanted more detailed advice on the types of work the individual was deemed capable of doing. The Personal Adviser Service was thought useful in this respect.

Respondents pointed to the lack of external support for redeployment. It could be hard to persuade other departments within the organisation to take on an employee known to have a poor sickness record without a financial incentive. It was suggested that the Job Introduction Scheme

be expanded to help encourage other departments to redeploy where they had doubts about the individual's ability to do the job. Some employers hoped for some kind of 'job trial' arrangement with no costs to either the parent or the host department. Employers who had taken clients on placement through the Personal Adviser Service hoped that similar arrangements might be made for returning employees. Although some Personal Advisers mentioned the possibility of using Work Preparation for redeployment, in practice it was seldom used. Employers appeared unaware of support worker provision, such as 'job aides' available to disabled employees through Access to Work, and although Personal Advisers referred to the use of job coaches or support workers it was not clear that they had been used to support redeployment.

8.9.7 Outplacement

Some employers felt that out-placement (helping an employee to plan a career move outside the organisation) might be the best solution for the individual but impossible for the organisation to provide without a dedicated budget. As noted in Section 8.3.2, some pilots were constrained in offering help to find another job because they believed it might not 'count' as job retention. The one contract pilot which offered such a service found considerable interest from a local authority uninterested in taking up services for job retention: in return for a commitment to retain the individual for six weeks the Personal Adviser Service undertook to find an alternative position with another employer. Some Personal Advisers were working with clients wishing to make a fresh start with a new employer - notably clients with diagnosed mental illness - and such solutions in the best interests of the client might be promoted if restrictive operational definitions were relaxed.

8.10 Conclusions

This section considers the implications of the study findings for the development of job retention services.

8.10.1 Assessing success: client outcomes

At first sight, the level of success appears disappointing. However, many pilots, initially at least, were constrained by operational definitions which led them to focus on clients who had been away from work for considerable periods, sometimes for one or even two years. Clients often were identified *'too late in the day'*. Personal Adviser Service pilots welcomed new possibilities to intervene at an early stage of sickness absence. At that point return to the employer can be planned for, even if absence is likely to be prolonged, and clients encouraged to take a positive outlook. A return to the 'old' employer was not always the best solution for the client or the employer but again many pilots felt constrained by operational definitions from proposing alternative employment. The New Deal for Disabled People Innovative Schemes, on the other hand, were more comfortable with their broader definition of job retention (Hills *et al.*, 2001, forthcoming).

If an extended, or new, job retention service is to be evaluated 'success' needs to be better defined. The objective of the New Deal for Disabled

People Personal Adviser Service pilot was defined in terms of preventing job loss (which is impossible to measure in this evaluation) and outcomes in terms of return to the employer. However, the *underlying* rationale for intervention (as indicated by the contract pilot areas' brief, though not so precisely by the remit given the Employment Service areas) was to prevent people leaving paid employment and entering the incapacity benefits system from Statutory Sick Pay. This does not appear to have been well understood and interpretations of their remit, combined with demarcation of responsibilities between the Personal Adviser Service and Disability Services Teams, meant that many pilots were serving clients who had *already* claimed incapacity benefits.

The implications of this are:

- If success were defined in terms of preventing movement from Statutory Sick Pay to incapacity benefits, then a job retention service would be freed up to work with anyone with a spell of sickness absence who considered him or herself to have problems in sustaining existing employment, and solutions could include moving to another job. Potential clients could be informed of the service at 'trigger points', such as those used for the management of sickness absence, if employers were required to record and make available a register of recipients of Statutory Sick Pay.

- This proposal may leave out of the picture people still in employment, including those entering work through the New Deal for Disabled People, whose need for support to maintain their employment is not manifested by sickness absence. For them, current distinctions between 'job retention' and 'follow-up support' are unhelpful. There is a good case for a single in-work support service. This might be attached to the extended New Deal for Disabled People (which is expected to concentrate on the stock of incapacity benefits claimants) or to a job retention service, for example, an enhanced and more specialised version of the service currently provided by Disability Employment Advisers.

8.10.2 Engaging general practitioners

Engaging general practice staff seems to require not just persistence and tenacity but also knowledge of individual surgeries' policies and practices. Most of the general practice staff who agreed to take part in the research were keen to help to raise awareness among patients and staff if the methods were appropriate to their practice. Tapping into GP personal development programmes may be an effective way of increasing GPs' knowledge of job retention services which they might then share with their patients. Raising direct referrals is another matter. GPs in the study seldom made referrals to agencies outside the health care field, however, and a shift in attitude to working with organisations with social objectives may be needed.

8.10.3 Mobilising employers

Despite the emphasis on achieving measurable client outcomes, Personal Adviser Service pilots recognised that job retention outcomes for clients can be achieved in the longer-term by mobilising employers - by raising

awareness of the possibility of job retention, encouraging good retention practices, helping them to identify solutions and supplementing their staff resources.

This implies that:

- the design of any new service for job retention needs to allow for direct work with employers; and
- the impact of this activity needs to be evaluated alongside client-based measures of effectiveness.

8.10.4 Service boundaries

Pilots' activities were inhibited because Disability Services Teams have a brief for job retention. Employment Service led pilots in particular were reluctant to compete for clients and employers, and all pilots wished to avoid jeopardising working relationships with Disability Employment Advisers who are the gatekeepers to services essential to job retention (notably Access to Work and the Supported Placement Scheme).

Employers, and clients, can be confused by the proliferation of agencies offering services to retain people with impairments or health conditions. Employers welcomed Personal Adviser Services that served as a conduit to external sources of support.

This would suggest that:

- if new services for job retention are to be developed, a single point of access to them may be needed.
- any new services for job retention will need easy access to Employment Service programmes for disabled people. This might mean seconding Disability Employment Advisers to independent providers or conferring honorary Disability Employment Adviser status to accredited staff. In the case of Access to Work, application procedures and delivery processes might be simplified so that clients can take full ownership. Alternatively, Employment Service programmes might be purchased in the marketplace.

8.10.5 Financial support for job retention

Employers identified many mismatches between their needs and available external resources. Programmes designed to promote employment of people with impairments or health conditions have limited utility in keeping them in work. A shift in focus to keep such people in work requires a reorientation of financial support.

This could be achieved by:

- extension of the Job Introduction Scheme to support redeployment;
- ring-fencing Supported Placement Scheme wage-funding for job retention;
- making Access to Work available for short-term training on the job;
- providing support to employers to create positions for gradual return to work;

- providing work placements and work trials for returning employees; and

- providing short-term support workers for re-introduction to the workplace.

8.10.6 Staffing services for job retention

Pilots' decisions about staffing job retention services were constrained by the primary requirement to provide services for long-term incapacity benefits recipients. Key skills were determined in part by the focus on retention of employees with extended absence from employment.

The findings suggest that job retention services need, as priority, staff with:

- first hand experience of employing organisations, a sound understanding of the business 'culture' and the ability to speak the 'language' of human resource managers *and* trade unionists;

- working knowledge of employment law;

- negotiation skills;

- ability to access financial support appropriate to employers' needs; and

- interpersonal skills to understand, support, and possibly advocate for, clients.

The objective in this chapter is to synthesise and reflect on the findings already presented so as to draw conclusions about the value of the Personal Adviser Service and to help inform the development of a national strategy or programme.

Reflecting this goal, the chapter is divided into two. The first describes the evolution of the pilots over almost two years focusing on their implementation, clientele and achievements while the second identifies lessons that can be learned from the pilots and issues that require further consideration.

While no concerted attempt is made to explain variations in the effectiveness of individual pilots, reference is made to particular pilots when reporting administrative data.

9.1 The experience of the Personal Adviser pilots

9.1.1 Partnerships and strategic management

The Employment Service led pilots were established in autumn 1998 and the contract pilots about six months later in spring 1999. The interim report (Arthur *et al.*, 1999) necessarily reported primarily on the early experience of pilots led by the Employment Service. It concluded that the Personal Adviser Service, typically comprised of a manager and a team of Personal Advisers with administrative support, had been satisfactorily established and that clients generally valued highly the support and advice they received although problems of access were encountered by a minority. Response to the letter inviting participation was low and the pilot service had not achieved a clearly differentiated presence among relevant professional groups or employers; work with the latter group was complex, difficult and sometimes lacking in emphasis and coherence. After a slow start, caseloads were increasing and, partly reflecting this and a reappraisal of the objectives of the pilot service, the emphasis of service delivery had shifted to one focused very largely on encouraging people into work. Earlier a more holistic, client-centred approach had been more common in which Personal Advisers were willing to work with people who were a long way from the labour market. They sought to encourage such clients in the direction of work and highly valued intermediate outcomes, such as increased social participation, unpaid experience of work and attending courses.

It is now apparent that the contract pilots followed a similar initial trajectory and that many of the defining characteristics were still present at the end of the evaluation period (Chapter 2). The emphasis on employment outcomes remained, although the contract pilots also tended initially to adopt a holistic approach which some retained as an important subsidiary perspective. Client satisfaction continued to be high, perhaps especially

during the early stages of clients' contact with their Personal Advisers, but uptake remained low (three per cent responded to the invitation letter with the same number coming forward through other routes). Also, employers and clients still found difficulty in identifying how the Personal Adviser Service differed from, and related to, other agencies concerned with disability and employment matters.

The Employment Service led pilots sought to build partnerships with service providers and other relevant organisations after their formation, and typically established advisory or steering groups as mechanisms to generate initial advice and continuing involvement (Section 2.5). The tendering procedures adopted for the contract areas emphasised partnerships and consortia were established ahead of being awarded contracts to run the Personal Adviser Service. The different approaches to establishing the pilots did not generate the radical differences in working practices that might have initially been anticipated and a convergence was evident.

Consortia did not always emerge spontaneously in response to the Invitation to Tender in the contract areas and were sometimes brought together by the Employment Service. Elsewhere certain agencies took the lead in mobilising players, typically tending to be wide-ranging in their involvement of local organisations, but rather inexplicit in the roles that each agency was to play. In each case, a single organisation held the Personal Adviser Service contract with the Department for Education and Employment but formal contracts for membership of consortia were non-existent.

Over time the partnership groups in contract areas and the advisory groups in Employment Service areas shrank in effective size as some members became disaffected or ceased to play an active role (Section 2.5.2). This typically happened when it became apparent that members were not central in the work of the Personal Adviser Service or when they differed from the lead organisation in the interpretation of their respective roles. Lead organisations also tended to consolidate the authority that they had as contract holders and the influence of partnership and advisory groups tended to reduce and be replaced by a smaller number of active members. It was rare for anyone outside the lead organisation to be involved in management functions or non-strategic decision making.

The roles played by partners tended to be quite distinct (Section 2.7). They included:

• developing and providing services and advice for clients more or less as sub-contractors;
• acting as brokers facilitating smooth liaison with various welfare agencies either strategically or for individual clients;

- providing access to jobs and work placements, as clients of the pilot service or as intermediaries; and
- contributing to the strategic management of the Personal Advisory Service as a whole.

The same roles were performed by members of advisory committees in Employment Service areas but here, as in contract areas, all but the last were also fulfilled by people and organisations that were not formally associated with the pilots.

Despite the bias to inclusiveness, health trusts, Community Mental Health Teams and GPs rarely participated. At the end of the monitoring period a number of the pilots were seeking to move towards partnership working with local authorities and health providers as a result of the Joint Investment Plan initiatives.

Likewise, private sector employers were involved in a partnership group in only two areas. Managers felt that employers lacked sufficient interest and time to become involved, and were sometimes said to be sceptical based on their experience of other New Deals. The main roles of employers as partners were as sources of advice or promoting the pilot service among other employers rather than as a source of direct placements.

In summary, although no one pilot was identical to any other in terms of structures and strategic management, there were marked similarities between contract and Employment Service pilots.

9.1.2 Day-to-day management and delivery

There were also important similarities between the Employment Service and contract areas in the way that the pilots were run on a day-to-day basis (Section 2.2). This may reflect the shared policy objectives and the fact that the Employment Service led pilots served as models from which contract partnerships could learn. There was also a tendency for some of the Employment Service and contract pilots to move away from the model of a generalist Personal Adviser towards increasing specialisation (Section 2.4).

a) Shared experiences

Both types of pilot moved from a set-up phase, establishing the infrastructure, through an early client-centred, holistic phase, in which enhancing employability was an objective itself, to an outcome phase when getting clients into work became the overriding goal. In some contract areas this last transformation was still being accomplished at the end of fieldwork, triggered by a growing recognition of the demands of outcome-orientated funding. Employment Service and contract area managers also reported receiving in spring 2000 exhortations to complement the focus on outcomes with a greater willingness to be innovative.

Increased specialisation was partly stimulated by the move away from the holistic approach, although it happened earlier in the lives of the contract pilots such that it occurred almost contemporaneously with similar changes in the Employment Service areas. It also resulted from the large span of knowledge and expertise required of a generalist Personal Adviser and the desire to play to the strengths and aspirations of existing staff. Even so, the generalist approach was retained in some areas, either because of its intrinsic value or, more often, because specialisation was difficult in localities where large geographic distances demanded the provision of peripatetic services.

Mostly specialisation was by function - intake, client development, job-search, job retention with some pilots contracting certain functions out to provider organisations (Section 2.4.2). Certain pilots, on the other hand, had staff specialising in work with clients with severe mental health problems and learning difficulties and others who had special expertise in, for example, social security benefits. Also, some pilots had developed specialisation more than others resulting in a growing diversity in the organisation of the Personal Adviser Service.

Another aspect of specialisation that added to diversity was the use made of occupational psychologists. Conceived as an integral part of the Personal Adviser Service when the Employment Service led pilots were first established, they had in some cases assumed management and development functions in additional to their specialist roles. Three of the contract pilots had *ad hoc* arrangements for access to occupational psychologists from the Employment Service or elsewhere but one contract pilot made no use of this specialism.

Over the period during which specialisation increased, the balance of manager's work shifted from internal issues and 'hands-on' management towards performance monitoring and service development (Section 2.3). The former tasks were increasingly delegated to often newly-appointed deputy managers.

The growing emphasis on job placement meant more filtering of clients while increased specialisation typically caused clients to have dealings with more staff that, if not well handled, could have had the effect of eroding continuity of the pilot service. Strategies for recruiting clients were extended over the study period but otherwise the methods of working with clients did not change greatly nor vary between individual pilots (Section 3.3).

The limited response to the invitation letter (Section 4.2) convinced managers and Personal Advisers that supplementary promotion was required. Generic and focused advertising techniques included advertising on local transport, and in job pages and feature articles in local newspapers, and in GPs' surgeries (Section 3.2). Some pilots experimented with

'open meetings', especially in the early stages, and a range of promotional visits to support groups in the community likely to be in touch with potential clients. The contract areas revised the letter of invitation and distanced themselves from government in their promotions. In fact, the overall take-up scarcely altered over the pilot period and managers recognised that it was very difficult to establish the effectiveness of particular means of advertising, although at least one partnership organisation reported instigated systematic monitoring. However, there is evidence that later in the piloting period clients were being referred by a wider range of organisations and professionals, including social workers, day centre staff and substance abuse counsellors as well as Jobcentres, Disability Employment Advisers and business enterprise centres.

Whereas at the time of the interim report only one pilot had a policy of accepting clients only if they were perceived to have a good chance of finding work in the short- or medium-term, by the end of fieldwork this practice was widespread. Potential clients seeking voluntary work or requiring the assistance of health or social services were also likely to be referred to suitable third parties rather than being added to the caseload. However, in November 2000 contract areas were still caseloading slightly more applicants - 69 per cent compared with 64 per cent in Employment Service pilots; indeed, in the Mercia East and Newham contract areas 87 per cent and 89 per cent of applicants respectively had been accepted onto the caseload (Section 4.2).

Once accepted onto the caseload, some clients were encouraged to move towards work at a faster pace than in the early days of the pilots. To facilitate this, Personal Advisers might limit the range of options presented to clients to those likely to ensure a work solution quickly. They were also less likely to suggest frequent face-to-face meetings; this freed them to seek to place further people in work (Section 3.3.3).

Personal Advisers differed in their approach to job-ready clients (Section 3.3.4). The more common approach was actively to seek employment on their client's behalf. Others encouraged clients themselves to undertake job-search, believing that they needed to take ownership of the process. Individual Personal Advisers tended to adopt the same approach with most clients and Personal Advisers in the same pilot could be using either strategy, although the latter, 'empowering' strategy was perhaps more prevalent in contract areas.

Overall, 73 per cent of participants reported that their Personal Adviser offered to act on their behalf - 41 per cent to look for jobs, 37 per cent to approach employers and 32 per cent to seek out suitable training or education courses - and over 50 per cent said that they actually did so. Early entrants to Employment Service led pilots were more likely to be assisted than later ones but Personal Advisers in Employment Service led pilots were equally likely to act on a client's behalf as those in contract areas.

The range of interventions used by Personal Advisers did not vary over the course of the pilots; confidence building, training, developing presentation skills, work experience and in-work support were all utilised. However, the fact of dealing with more job-ready clients means that Personal Advisers will have made less use of services to support clients who were apparently a long way from employment (Section 3.3).

The work-focused nature of Personal Advisers' interaction with participants is evident from the latter's recollection of their (first) interview (Section 5.4). Ninety-two per cent recalled a discussion of work or training, 67 per cent in-work support, 41 per cent job-search and presentation skills and 84 per cent financial or benefit matters.

Personal Advisers appreciated the voluntary nature of the pilot service which was felt, especially by staff in Employment Service led areas, imparted a distinctive, positive culture that promoted good relations with clients. They also believed (rightly) that clients appreciated being more in control of their own destinies than would have been the case had the scheme had been compulsory (Sections 3.8 and 5.3.3).

Another change that Personal Advisers reported was a reduction in the amount of the in-work support that they were able to offer, something that had occurred because of the increased focus on the target of placing clients in work (Section 3.3.5). The proactive approach that was sometimes seen to have characterised the early days of the pilots had been replaced by a more passive stance in all but one of the pilots. Personal Advisers believed that this meant that they might not be identifying emerging problems. However, when problems were identified Personal Advisers could often act quickly, for example, using the Intervention Fund.

In the early months of the Personal Adviser Service, especially in the Employment Service pilots, Personal Advisers only rarely initiated the closure of a case. This later changed with the increased emphasis on outcomes; and clients making little or no progress towards work and those who failed to follow agreed progress plans were increasingly, in the jargon, 'exited'. Personal Advisers reported that they tried to make 'exiting' a positive experience, referring clients to other agencies or inviting clients to return if work became a more viable option (Section 3.3.6). Sometimes, however, clients themselves appeared to be uncertain as to whether or not they were still engaged with the Personal Adviser Service. This phenomenon, which did not disappear as the pilots matured, caused some clients to feel rejected and discouraged others from returning to the pilot service when circumstances altered. The increased tendency not to follow up clients placed in employment may well have increased the number of people feeling that they had lost touch with the Personal Adviser Service (Section 5.3.3).

Although pilots had initially differed in the emphasis given to employers, by the end of the fieldwork all the pilots recognised employers to be their clients as well as incapacity-related benefit recipients even if the latter were generally given priority (Section 3.4). They therefore had to understand how employers ran their businesses and their needs in relation to recruiting and retaining staff. Equally, though, Personal Advisers agreed that there was need for extensive promotion aimed at employers about the Personal Adviser Service and disability issues more generally. Personal Advisers were aware of examples of ignorance and prejudice among employers - an observation reinforced by the research interviews conducted with employers - and most pilots had organised special events and advertising aimed at employers. However, most contact between the Personal Adviser Service and employers took place in relation to the placement of specific clients.

b) Differences between Employment Service and contract areas

According to what clients said, Employment Service and contract areas differed in only a few respects, and it is important not to exaggerate these differences. First, although advisers in contract pilots were no less likely to discuss employment options with participants than those in Employment Service ones, clients in the latter were more likely to report undertaking work related activity after their Personal Adviser interview (Section 6.3.1). Fifty-seven per cent did so compared with 43 per cent of participants in contract areas. These findings are consistent with the more holistic, less work-focused approach that more contract area staff were still articulating at the end of fieldwork. However, it needs also to be recognised that the clients interviewed in contract areas would on average have been seeing Personal Advisers for shorter periods and, as a consequence, might have been less 'job-ready' for this reason alone.

The second area of difference reported by participants was in terms of the formality of the progress plan (Section 5.3). Ostensibly such a plan is formally agreed when a client is added to the caseload but at the time of the interim report numerous Personal Advisers in Employment Service led pilots considered this procedure to be too bureaucratic and not conducive to confidence building. It also did not fit well with clients who wished to use selective aspects of the pilot service. Some Personal Advisers preferred verbal agreements, meaning that some clients were not given a copy of their plan. This pattern persisted and, overall, 58 per cent of participants in Employment Service areas either did not know whether a plan had been written down or else had not been given a copy. Personal Advisers in the contract areas, however, were much more likely to get participants to agree to a written document and to give them a copy. Fifty-six per cent of such participants could recall this happening compared with only 32 per cent in Employment Service areas. This probably reflects the philosophy of engagement encouraging the self-autonomy of clients exposed by some of the contact pilots, possibly linked also to their more holistic approach.

Another difference between Employment Service and contract pilots, this time identified from interviews with staff, was their interpretation of the remit to support people at risk of losing their jobs for reasons related to ill-health or disability to remain in work. At first, most Employment Service pilots focused on prospective clients absent from work for extensive periods, with two pilots actually restricting their scope to individuals on long-term Incapacity Benefit who still had a contract of employment. Most contract pilots tended to view the main target group as people with shorter periods of sickness absence or coming to the end of their period of eligibility for Statutory Sick Pay, though one included people still at work. Over time, the initial central guidance - which had encouraged the focus on long-term sickness - was relaxed, and by spring 2000 all pilots were being encouraged to include clients 'at risk' who were still reporting for work within their remit. Pilots welcomed the chance to intervene at an earlier stage of sickness absence, but if pilots, Employment Service areas in particular, had reached demarcation agreements with Disability Employment Advisers (who worked with clients other than those on long-term Incapacity Benefit) the scope to extend their remit could be limited. As a result, there was some divergence between Employment Service and contract areas, with the former more likely to be focusing on clients with extended periods of sickness absence.

Perhaps not surprisingly, the most success was reported by the pilots who used the least restrictive definitions and included clients still in work or off sick for shorter periods. The scale and salience of job retention work was limited in both Employment Service and contract pilots, despite the latter having contractual targets. By Spring 2000, few could report figures of successful job retention outcomes in excess of single figures, though one Employment Service pilot which had prioritised job retention from the start reported over 34 successes.

Finally, Employment Service and contract pilots differed in their approach to staff recruitment (Section 2.4.1). The former mostly seconded staff from either the mainstream Employment Service or disability services while contract areas recruited from a much wider range of backgrounds, although partnership organisations that had experienced staff were valued for this reason. The widespread use of secondments was often a function of the short-term nature of the pilots.

To summarise, pilots approached the task of running the Personal Adviser Service in very similar ways. On balance, the growth in specialisation and the stronger focus on employment outcomes caused Employment Service and contract pilots to converge rather than diverge in terms of management and delivery, although the precise implementation of specialisation introduced an element of heterogeneity across all the pilots.

9.1.3 Clientele The heterogeneity of New Deal clients in terms of their personal characteristics, the nature of their health condition or impairment and

the problems perceived in moving into work was already apparent at the time of the interim report. It was confirmed by the research interviews with later entrants and by follow-up interviews with those already interviewed (Chapter 4).

Clients, 'participants', entered the scheme by one of three routes:

1 In response to a letter of invitation sent to all people receiving incapacity related benefits and the other eligible benefits for more than six months either at the beginning of the pilots or at any time thereafter.
2 By approaching the pilot service on their own initiative.
3 Via referral from another agency.[44]

Invited and uninvited participants had very similar characteristics to each other except that the latter were on average somewhat younger - 24 per cent of the latter group were aged under 30 compared to 21 per cent of the former - and tended to have been on benefit for a longer time (Section 4.3.6).

People approached the pilot service with a vast range of different health conditions and impairments and 50 per cent often had more than one. Taking only the main reported condition, 28 per cent suffered from depression, anxiety and similar conditions, 20 per cent reported muscular-skeletal problem and 18 per cent a back condition. Eight per cent circulatory ailments but no other condition was reported by more than three per cent of participants. Fifty-seven per cent of participants had a health problem or impairment that had first begun to affect their ability to work at least five years earlier and 32 per cent had received benefit for this length of time. The prevalence of mental illness among the client population came as a surprise to staff early in the pilots (Arthur *et al.*, 1999) but the survey evidence points only to a very small decline in their numbers over the course of the pilot. Increased specialisation of staff, noted above, was one response to the large numbers of people with mental health problems and the special skills required by Personal Advisers in responding to their needs.

No evidence was available on the severity of clients' conditions and impairments at the time of the interim report. Administering the OPCS/ONS severity scale, a measure of people's ability to perform a wide range of activities of daily living rather than a test of incapacity for work again revealed a substantial spread of experience. Six per cent of participants did not reach the minimum OPCS criteria and 25 per cent had a comparatively low score of between 1 and 2 on a 10-point scale of increasing severity. Twenty per cent had scores of 7 or more.

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[44] Management information does not distinguish between the last two categories.

Most participants had extensive work experience although this experience was not necessarily recent or, of course, directly relevant to work that they might be able to do in future (Section 4.3.4). Sixty one per cent of participants had had steady work throughout most of their life and 62 per cent had held their last job before claiming benefit for over ten years. Only three per cent had never worked. However, 15 per cent had had work repeatedly interrupted by ill-health and another 16 per cent had either suffered spells of unemployment or mainly done casual work. Moreover, 32 per cent of participants had been out of work for more than five years when they approached or were referred to the Personal Adviser Service. These very different work experiences combined with clients' current health status and aspirations to determine employability within the context of local labour markets. Compared to the labour force as a whole, a disproportionately large number of participants had previously worked in low skilled occupations, at least in the job that they were in immediately prior to claiming benefit. However, the participants were very similar in occupational status to Jobseeker's Allowance clients (McKay *et al.*, 1999).

Not surprisingly, a large majority of participants - 72 per cent - felt able to work; they had after all decided to participate in the Personal Adviser pilots (Section 4.3.5). Nevertheless, a sizeable minority did not. One in five of these - accounting for almost six per cent of all participants - was convinced that they would never work; they had often approached the pilot service because they believed that they had to or because they needed benefits advice or reassurance. One in ten of those unable to work were sure that they would be able to work within six months and slightly fewer within 12 months. If Personal Advisers concurred, these might well have been eligible for caseloading, especially during the early period of the pilot. One in 11 (nine per cent) of those saying that they were currently unable to work felt that they would do so again, but not within 12 months, and another 54 per cent were unsure. In total, therefore, 63 per cent of all participants were either unsure about the possibility of ever working or saw it as being a year or more away. Working with this group might have proved very time-consuming for Personal Advisers although not necessarily unproductive.

Devising methods and systems to respond to the diversity of clients' aspirations, impairments and health conditions presented the central challenge of the Personal Adviser pilots. In no small measure, the pilots were successful in this as the following section demonstrates.

9.1.4 Achievements   The achievements of the pilots can be assessed from a number of perspectives: the establishment of working practices, the response of clients to the pilot service, the uptake and throughput of cases, the numbers of people being placed into work and the impact on the local fabric of service provision.

a) Effective administrative systems

It is clear that all the pilots were able to establish themselves and develop a service that was, generally speaking, well received by clients (Section 5.5.3). As already noted, although there were elements of innovation in service delivery, the 12 pilots tended to converge in terms of operating styles over the pilot period. It is even possible that further convergence will have occurred since the main fieldwork as a consequence of increasing caseloads and the growing impact of employment-related performance targets on those contract pilots still adhering to a more holistic approach.

Staff, themselves, at all levels seemed to agree on the overall strengths of the Personal Adviser model, namely: the flexible, client-centred approach; voluntary participation; the ability, in principle, to respond quickly; and the use of the Intervention Fund to allow flexibility.

The principles of partnerships and partnership working were also applauded (Section 2.8). Partnerships enabled organisations to share ideas, expertise and information, to work jointly on promotion and marketing, to enhance the efficiency of client referrals and to avoid duplication of services. However, as noted above, the practice sometimes proved to be less satisfactory especially when there were misunderstandings about the roles, capabilities and capacity of the various partners (Section 2.7). Management and advisory groups did not always function well. The number of referrals was initially hard to predict and some pilots were slower than others in referring clients to partnership and other organisations. Pilots were sometimes resistant to pay for new or adapted services, using existing services instead which inhibited the development of additional services. It was also sometimes difficult for small organisations to lay on new services because Personal Adviser Service pilots preferred to contract on a per capita rather than a fixed cost basis. Holding together a partnership and taking it forward required a substantial investment of management time.

b) Client satisfaction

Reflecting well on the administration of the Personal Adviser Service, 84 per cent of participants reported that their Personal Adviser spent long enough with them, listened and understood them (Section 5.5.3). People appreciated the personal contact, assistance with job-search and practical and financial assistance. They liked being able to progress at their own pace, valued control over what happened and took comfort from knowing that they could return to benefit if things did not work out. Some felt the impact that the Personal Adviser Service had had on their lives was considerable.

Clearly, though, the pilot service was not able to assist everyone: 33 per cent of participants said that it had not provided the help and support

that they wanted and another 26 per cent said that it was too early to know. Those who were not helped tended to have had fewer interviews and, indeed, 28 per cent had had only one interview, suggesting that they may not have been caseloaded. Likewise only 24 per cent of those saying that they had not been helped had had four or more interviews (compared with 51 per cent of other clients) indicating that they may have dropped out or been 'exited' early. Those who said that they had not been helped tended to score slightly higher on the severity index - 25 per cent had scores of 7 or more compared with 18 per cent of those saying that they has received the help that they wanted. Similarly marginally more were aged 50 or more (36 per cent compared with 29 per cent).

It should be noted also that 25 per cent of people no longer in touch with the pilot service had left because there were dissatisfied with it - more than the number who had left because of finding work. Most of these, not unnaturally, were people who found that the pilot service could not help them and who were not caseloaded or else did not stay with the scheme for long. However, 26 per cent had had at least seven interviews suggesting that well-formed relationships had broken down.

Illustrations of the dissatisfactions of some clients emerged in the qualitative research. Some found access to the pilot service difficult and contacting their Personal Adviser problematic (Section 5.5.2). Some complained about the general approach of their adviser and, while the general impression was that ways of working with mentally ill clients were much improved, some clients still felt that understanding of their impairment had been lacking. Among later entrants and people followed up in the research there was growing dissatisfaction at the lack of continuity and problems of maintaining contact. Whether this was the result of increased specialisation, rising caseloads or the outcome orientation of the pilot service is impossible to say.

It seems also to be the case that Personal Advisers were not always able to deliver what they had promised, or at least what participants thought that they had been promised. Around a quarter said that their Personal Adviser had not followed up on their offer to talk on their behalf to employers or to seek work or training for them in other ways. Almost half had not yet been referred on to another person as promised while over half said that they had not received the financial help offered to find work or training although, from the personal adviser's perspective, this may simply have been because no opportunity had yet arisen.

Some of the early excitement about the potential of the Personal Adviser Service had also subsided when clients were re-interviewed. Some had found that their initial course of action had been inappropriate, some who had found work had discovered themselves little better off financially. Others had experienced only limited progress, sometimes the result of a relapse, but also sometimes due to lack of response from the pilot service.

Some, though, although not yet in work, had valued the long-term support that they had received and others had satisfactorily found work after many months of intensive assistance.

In part, of course, people's assessment of the administration of the pilot service was influenced by its success in meeting their goals, be it employment or otherwise. When first interviewed for the interim report, it was too early for many respondents to make judgements about final outcomes. The somewhat greater number of concerns expressed at the second interview is to be expected but should not be ignored.

c) Employer satisfaction

Qualitative evidence on employers' attitudes and response to the Personal Adviser Service revealed that awareness of the pilot service was slight and detailed knowledge almost entirely absent (Section 7.8). The Personal Adviser Service was unlikely to be employers' first port of call for recruitment, but there was a need to alert employers to what it could offer. This, from the employer's perspective, included: the assessment of the suitability of clients for posts, access to funding, facilitation of adaptations and in-work support.

Employers' assessment of the pilot service was largely positive. They valued, and mostly obtained advisers who were accessible, knowledgeable, efficient and proactive in terms of offering constructive appropriate advice and suggestions (Section 7.7). When employees succeeded in appointing clients who had proved to be model employees they were naturally well satisfied. Occasionally, though, employers complained of being sent potential recruits who were unsuitable and seemingly unready for work. Some also felt that Personal Advisers could have contacted them earlier when things went wrong and did not initiate contact themselves.

Some employers felt that the Personal Adviser Service gave greater priority to the needs of disabled people than to employers, and there were real tensions in personal advisers' dealings with their two sets of clients (Section 7.6). In particular, some disabled people did not wish employers to be aware of their impairment nor for Personal Advisers to act as advocates or conciliators. This meant that Personal Advisers were sometimes forced to be less than completely honest with employers.

d) Uptake

While the pilot service was proving largely satisfactory to clients and employers using it, uptake at the end of fieldwork was still low (Section 4.2). At the end of November 2000 the proportion of people responding to their letter of invitation was only three per cent as it had been at the time of the interim report. This uptake was augmented by a similar number of people referring themselves or being directed to the pilot service from referral agencies, around four per cent.

Within both the Employment Service and contract pilots, the combined uptake varied from between five and 10 per cent of the number of invitations sent out. It is not possible to say how far this variation was due to different promotion strategies adopted in the pilots. However, while uptake within the Employment Service areas was lowest in areas of highest unemployment, this was not so in the contract areas where uptake was lowest in Bedfordshire and Mercia East, neither of which suffered high unemployment. This pattern suggests that unemployment was not the critical factor determining variations in uptake.

What is evident is that the people who used the Personal Adviser Service were noticeably closer to the labour market than those who did not (Sections 4.3 and 4.4). They were less likely to be aged over 50 or to score high on the severity scale[45], and more likely to have academic or vocational qualifications, a driving licence and access to a car. More participants also had a partner who was working, which might mean that they were more able financially to work part-time or in a comparatively low-paid job. In similar vein, participants were more likely to cite self-respect, enjoyment and the wish to make a contribution as factors in their desire to work. Perhaps not surprisingly more participants than non-participants said that they were able to work, although the multivariate modelling indicated that this was almost entirely due to differences in the severity scores recorded for respondents in each group.

It is clear, therefore, that the Personal Adviser Service was quite successful in attracting claimants who were most job-ready. However, a significant number of non-participants shared similar characteristics to those of participants and so, solely on the basis of information collected in the survey, might equally have made use of the pilot service (Section 4.6). Five per cent of non-participants felt that they would be able to work within six months, a further two per cent within seven months to a year and another five per cent were confident that they would work sometime. Another 34 per cent were unsure whether or not they would work again. Reaching just those seven per cent who believed that they could work within a year would have more than doubled the uptake of the pilot service.

Personal Advisers were convinced that reaching this group would require repeated contact rather than a one-off approach. There was also a need for advertising and promotion to alert both the public and specialists of the potential value of the pilot service. Some people did not perceive themselves as 'disabled', and thus did not identify themselves among the group to whom services for disabled people are promoted. Ultimately, of course, the choice of whether to respond remains that of the person receiving benefit. However, the low awareness of the pilot service that persisted has to be overcome if coverage is to be substantially increased.

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[45] In the multivariate modelling severity, as measured by the OPCS/ONS scale, just failed to attain statistical significance.

e) Employment success

The key goal of the Personal Adviser Service was, of course, to help people find or return to work and, according to administrative data, about 26 per cent of all the people who had had a first interview had found employment by November 2000. The survey data indicate that one-quarter (24 per cent) said they obtained paid work since meeting with a Personal Adviser (Section 6.4.1).

However, of these participants one-fifth (19 per cent) were no longer in paid work at the time of the survey interview. The proportions gaining work will no doubt have continued to rise as clients benefit from training, work experience and all the other forms of support provided by the Personal Adviser Service.

Naturally, some clients would have found work even if the pilot service had not been available, especially those who were most job-ready. Indeed, Personal Advisers who had worked as Disability Employment Advisers reported working with Incapacity Benefit recipients in their previous employment (Arthur *et al.*, 1999). Some participants credited the pilot service with stimulating them to take steps towards work that they might not otherwise have done (Section 6.3.2). Fifty-two per cent of those attending basic skills training said that they would not have done so without input from their Personal Adviser. The same was true of 42 per cent of those starting therapeutic work, 30 per cent of those doing voluntary work and 37 per cent of those who began a training scheme or education programme.

Moreover, the reported impact of the Personal Adviser Service was even greater for those services which were perhaps most difficult to arrange without an intermediary, namely supported employment or a work placement. Almost three-quarters of people engaging in these activities said that they would not have done so without the intervention of their Personal Adviser.

The individual pilot areas varied markedly in terms of their 'success' in getting clients into work (Section 4.2). Within the Employment Service led pilots, 38 per cent of the applicants and referrals who were ever interviewed by Personal Advisers in the Eastern Valleys pilot were in paid work in November 2000, as were 31 per cent of those in Bristol East and Bath. (These figures are based on administrative returns.) The corresponding figures for Sandwell and Central Sussex were 22 per cent and 19 per cent respectively. Within the contract pilots, which had of course been in existence for a shorter time, 33 per cent of applicants and referrals interviewed in Newham had found jobs, as had 29 per cent of those in South Tyneside. This compared with 16 per cent in Bedfordshire. Variation in these 'success' rates does not appear to be directly related to differences in local labour market demand.

Pilots also varied markedly in the proportion of caseloaded clients that were employed by November 2000, but there was no evidence that stricter policing of access to caseloads had any impact on effectiveness. An unsurpassed 61 per cent of the clients who were caseloaded had found employment in Eastern Valleys in a pilot that accepted 63 per cent of applicants on to the caseload. But, whereas a similar proportion of caseloaded clients were in work in both Bristol and Bolton (40 per cent and 46 per cent respectively), the former pilot caseloaded 78 per cent of applicants - the highest among Employment Service led pilots - and the latter just 56 per cent (the lowest). Similarly, the contract pilots recording the highest and lowest proportion of caseloaded clients who had obtained work by November 2000 (South Devon and Newham) were respectively ranked sixth and first in terms of the proportion of applicants caseloaded. Whatever criteria were used to caseload applicants, they did not in themselves determine the number of clients who subsequently secured work.

The participants most likely to find paid work after meeting with a Personal Adviser were, as might be expected, those who were most job-ready (Section 6.4.1). These comprised younger people with qualifications who had been claiming benefits for comparatively short periods. They had low severity scores and illness or impairment had only begun to affect their daily living and ability to work within the last five years. Even so, 14 per cent of people with severity scores of 7 or over and 18 per cent of people who had been receiving disability benefits for over five years had found work.

In this context, it is noteworthy that the approach that pilots adopted differed markedly between older and younger participants (Section 5.4). The advice that the former received was much less work-focused. Fifty-four per cent of participants aged over 50 did not remember any discussion of the possibility of in-work support (compared with only 38 per cent of younger ones). They were similarly noticeably less likely to recall receiving advice on benefits or even help with approaches to job-search. Personal Advisers less often offered older participants training or education courses, financial support or other practical help. The fact that some participants aged over 50 did receive these services shows Personal Advisers recognised that employment could be a viable outcome for people of this age, but the evidence suggests that they felt time and resources could be more profitably directed towards younger people.

f) Service provision

Finally, while there is no quantitative evidence as to whether or not the pilots resulted in increased service provision, pilot managers and Personal Advisers believed that new demands for training and other services had been met by existing providers rather than by new ones (Section 2.5). For example, enrolment on existing courses had been increased, additional

courses laid on and some courses adapted for individual clients. New courses had occasionally been established. However, the time and cost of setting up new provision and uncertainty about the long-term future of the pilots were major impediments. In some pilot areas necessary provision, such as confidence building schemes and basic literacy courses, was still lacking.

Reviewing the evidence as a whole, it is clear that the Personal Adviser service was implemented and managed effectively by both the Employment Service and the contract pilots. While each implementation was unique the similarities were more marked than differences. For the most part, the pilot service was well received and valued by the people who used it and by employers. Uptake - though similar to that of other voluntary New Deal programmes - remained disappointingly low despite some creative local initiatives to boost it, and any substantial impact on the employment levels of clients had not become apparent by the end of the monitoring period. The number of clients leaving the scheme as the result of dissatisfaction, although a minority, should nevertheless give rise for concern.

9.2 Learning from the experience

The intention in this section is to reflect on the experience of the Personal Adviser Service with the aim of informing future policy development.

9.2.1 Key skills, outsourcing and organisation

Within the overall goal of encouraging and supporting people on incapacity-related benefits to obtain work, the Personal Adviser Service had to respond to the needs and circumstances of a very diverse client group ultimately by connecting them with employers whose needs and circumstances were equally, if not more, diverse. The challenge required the pilot service to provide a flexible, comprehensive, timely and effective service simultaneously to both groups.

In designing and providing this service the pilots had to accomplish eight basic, though interconnected, tasks or functions that were duplicated for people with impairments or health conditions and employers as clients:

1 Recruitment
2 Provision of advice
3 Assessment
4 Preparation
5 Placement
6 Follow-up and in-work support
7 Management
8 Administration

A unique set of skills and resources was required to successfully undertake each of these 16 functions comprising of a knowledge base, and professional and technical expertise. Table 9.1 illustrates the requirements.

It is evident that such a vast range of expertise is unlikely ever to be invested in one organisation, let alone in every Personal Adviser (Section 3.7). Contract area partnerships sought to recruit partners with varying capabilities, Employment Service led pilots created advisory groups with a range of expertise. Specialisation, primarily by function, tended to supplant the generalist Personal Adviser. No single or best practice model evolved, not least because partnerships and managers sought to make best use of the resources and expertise at their disposal.

Table 9.1 Examples of knowledge and expertise required by Personal Adviser Service

Client		Examples of knowledge and expertise	
		Disabled person	Employer
Recruitment	Knowledge base	Population characteristics	Local employers
	Professional expertise	Disability awareness	Understanding of business interests and concerns
	Technical expertise	Marketing and publicity	Marketing and publicity
Provision of advice	Knowledge base	Benefit rules	Employer incentives
	Professional expertise	Eligibility calculations	Applicability of incentive schemes
	Technical expertise	Application procedures	Application procedures
Assessment	Knowledge base	Impairment awareness	Business plans and recruitment history
	Professional expertise	How to identify aspirations abilities and barriers	How to assess commitment
	Technical expertise	Criteria for case-loading	Liaison criteria for employers
Preparation	Knowledge base	Range and scope of training providers	Incentives and support available to employers
	Professional expertise	Counselling and listening skills	Counselling and listening skills
	Technical expertise	Appropriateness of training and other support	Employment law
Placement	Knowledge base	Details of benefit and tax credit systems	Job requirements
	Professional expertise	Liaison and brokering skills	Liaison and brokering skills
	Technical expertise	LMS and case management packages	Application and access procedures for employer support and incentives
Follow-up and in-work support	Knowledge base	Sources of in-work financial and other support	Sources of in-work support
	Professional expertise	Assessment of likely threats to employment	Conflict resolution
	Technical expertise	Ability to access or provide support	Ability to access or provide support
Management	Knowledge base	Organisational and personnel management	External relations
	Professional expertise	Team building skills	Liaison and networking
	Technical expertise	Resource management	Quality assessment and assurance
Administration	Knowledge base	Public and private sector practices	Public and private sector practices
	Professional expertise	Stress management	Time management
	Technical expertise	Computer literacy	

Most pilots tried to retain continuity with one agency or partner taking responsibility for managing each person through the entire process although latterly with increasing specialisation, this meant the client having to deal with more than one person. Functions that were most likely to be sourced from without this one agency (and, on occasion, from outside the partnership) were mainly to do with preparation - notably writing of curricula vitarum and training for interviews - although in one pilot a partner had been engaged to recruit employers (Section 2.5.3).

While no single organisational model became dominant, large partnerships aimed at comprehensive coverage tended to be unstable compared with smaller ones comprising of active partners (Section 2.3). Clarity of roles and expectations was important and helped support the commitment and trust that bound effective partnerships together. Partnerships tended to have a lead organisation that typically held the pilot service contract and received and apportioned finance to the other partners. Junior partners did not universally approve of this system and there were issues of accountability with respect to the provision and quality of services that were confounded by the lack of formal sub-contracts between partners.

It is clear, therefore, that the Personal Adviser Service was a complex service to deliver. Specialisation may often be essential but may necessarily be bought at the price of continuity (Section 9.2.4b). Again partnerships and inter-agency working may provide preferred models but demand effective management.

9.2.2 Barriers to becoming involved

Pilots had to recruit participants, employers and suppliers and recruiting all three proved to be difficult.

a) Participants

The problem of low uptake was already evident at the time of the interim report and attention drawn to the fact that non-participants were typically much less job-ready than participants, having been without work for longer and being less well qualified. Some non-participants may not have been thinking seriously about work at the time that they were invited to join the Personal Adviser Service and for them the publicity probably had little salience. It is striking that response to the letter of invitation remained static while referrals only rose marginally despite the more innovative recruitment tried in contract areas. Job retention cases remained relatively rare (227 cases by November 2000), not least because activities were hampered by restrictive administrative definitions of job retention.

Personal Advisers frequently argued that people needed to hear the message more than once and in different ways. Some suggested that repeated letters of invitation were needed and that mass media advertising was essential to increase social awareness of the pilot service. These suggestions

accord well with evidence that disabled people's aspirations to work vary over time for many reasons including fluctuations in their condition. Also, it is known that people discuss decisions of the magnitude of returning to work with respected others before taking action. It is widely assumed that people in receipt of disability benefits will never work again and it may prove necessary to challenge successfully this social belief before clients, their significant others, and employers presume that people with impairments or health conditions who want to should work.

This may entail changes in the benefit system and its administration and the enforcement of anti-discrimination legislation as well as social education about the nature of disability and mass marketing specifically to raise awareness of the Personal Adviser Service. The work-focused gateway to be implemented under by the new Working Age Agency is one such change. Presenting involvement with the pilot service as one means by which employers could meet their legal obligations with respect to equal opportunities and anti-discrimination legislation is another. It might also be apposite to collect and use administrative data so as to promote the pilot service to people with impairments or health conditions at times when they might be more likely to be considering the possibility of working. However, staff in the pilots were clear that the scheme should remain voluntary so that clients were free to join and to end participation when they wanted with no coercion or threat of benefit loss.

b) Employers

Employers played a number of roles in the Personal Adviser Service, notably as clients, providing jobs and work placements, and occasionally as members of advisory committees giving strategic advice and promoting the pilot service to fellow employers. While the latter two roles were important, they were usually dependent of the enthusiasm and goodwill of individuals. Hence, this section focuses on recruiting employers as clients of the pilot service.

Employers' principal demand was to find the right person for the job and they welcomed efficient, hassle free ways of attaining this. Meeting this demand required Personal Advisers to understand the requirements of a post, the competencies and capabilities of the disabled person to be placed, and the additional resources available to minimise the cost to the employer. A successful placement could cement a relationship although the infrequency of recruitment meant that this investment might only be recouped with large employers making many appointments. An unsuccessful placement could be costly for the pilot service; bad news probably travels wider and faster than good news between employers just as it does in other networks. While all the pilots had recognised the importance of viewing employers as their clients, work with them still took second place to activity with people with impairments or health conditions.

However, it was evident that being efficient was insufficient alone to establish the Personal Adviser Service as a first port of call for employers. Even if employers had heard of the pilot service, which was rare, they were often unclear as to its functions or how it related to other services (Section 7.8). Awareness of a Personal Adviser Service to support job retention was low. Although larger employers seeking to retain personnel might generally be supported by their internal resources or Disability Services Teams, other employers indicated a range of areas in which they would welcome external support. They also identified some mismatches between what the Personal Adviser Service was offering and employers' needs, particularly in the area of costs.

Although the partnerships and Personal Advisers were convinced that they offered a unique service that was more responsive and less constrained by bureaucracy, there may be a case for reviewing all employment-related services offered to people with impairments or health conditions to confirm their coherence as a comprehensive network of provision. If, found wanting, a full range of services could be marketed to employers as a comprehensive package including the specialist Personal Adviser Service. A 'one-stop' point of access might prove attractive to employers. Alternatively, there could be a case for integrating support for people with impairments or health conditions into mainstream provision for employers rather than creating a 'special' service that could even serve to reinforce undesirable stereotypes. With such a system there would still need to be specialist back-up services beyond a generic 'front door' and regular and sensitive training for front-line staff.

While employers had a common goal in recruiting staff, they differed markedly in the extent to which they believed a person with an impairment or health condition could ever be the 'right' employee for them. Fear of, and evidence for, discriminatory practices was widespread although many employers had a strong commitment to progressive employment practices. The pilots were required to address discriminatory practices both in the context of finding employment for individual clients and more generally to encourage the employment of the client group. It is evident that the pilots were neither adequately resourced nor well adapted to the latter objective. A probable long-term, concerted national campaign to change the culture of employment practice is required involving both encouragement and legal enforcement. While the Personal Adviser Service would have a role to play in this, its overall effectiveness would be enhanced by the wider change in culture.

c) Service providers

A goal of the Personal Adviser Service was to increase service provision. As already noted, success in this area was limited. The availability and range of training courses and other work-related provision accessed by the Personal Adviser Service, such as educational courses and work

placements, varied markedly from place to place, but shortages were common and quality was sometimes deficient. Providers required funding streams that were reasonably secure and long-lived to justify investment in new provision, and the short projected life of the pilot probably limited its effectiveness in stimulating new initiatives. Also, as already noted (Section 9.1.4a), small organisations preferred to contract to provide services on a per capita rather than fixed cost basis.

It is clear, therefore, that the barriers that inhibited disabled people and employers from becoming clients of the Personal Advisor Service and other agencies becoming suppliers were very different and would need to be addressed in different ways. As implemented in the pilots, the pilot service was uniquely and solely responsible for tackling these barriers. For any extended or national implementation to be more successful, it is imperative that the activities of the pilot service be supported by a range of multifaceted policy initiatives that enhance the likelihood of breaking down the barriers to participation.

Medical practitioners were remarkable for their lack of involvement in most of the pilots. They were not truly a supplier or a customer of the Personal Adviser Service but potentially could have been a valuable source of referrals. General practitioners were regularly consulted when Personal Advisers were unclear about a client's prognosis or potential but there were several barriers to achieving active participation. These included the unwillingness of some doctors to allow a third party to enter their relationship with patients, scepticism about the value of returning to work and about the role of agencies offering non-clinical interventions. Some pilots were considering trying to involve occupational health doctors but their need to report confidentially to employers acted as a further obstacle

9.2.3 Gaps in provision   Personal Advisers valued being able to use the Intervention Fund to ease clients' moves towards or into work. However, use of the Intervention Fund highlights some of the gaps and discontinuities that currently exist within social security arrangements and Employment Service programmes, which might be addressed separately.

Clients sometimes lacked comparatively small sums of money to meet diverse needs for clothes, work equipment, travel costs, fees for training and education or to facilitate self-employment. There are already existing programmes and schemes to help people meet some such costs. For example, a one-off Jobfinders' Grant of £200 was available during 1999-2000 to help clients meet the costs of starting work. Business Start-up Allowances were available to some people trying to set up a small business. The various programmes each have their own rules and procedures, however, and Personal Adviser Service clients could be out of scope of eligibility and/or need more speedy access to payments than the programmes allowed. As an example, people offered higher-paid work

and thus not entitled to a Jobfinder's Grant could still face problems in meeting initial costs of starting work. Immediate opportunities to join courses might be missed if people had to wait for funding applications to be fitted into the next annual budget round of the grant-giving authority. In situations such as these, Personal Advisers used the Intervention Fund to fill the gap between need and provision.

The Intervention Fund was also used to defray expenses that might otherwise have been incurred by employers, such as special equipment or adaptations, and to provide financial incentives to employers. Some programmes already exist to provide financial support to employers, such as Access to Work and the Job Introduction Scheme. Again, however, Personal Adviser clients could be out of scope for such support for employers, for example some people requiring adaptations or equipment to enable them to work on a trial basis, or being unable to use the Job Introduction Scheme for redeployment with their existing employer. Where an employer was unwilling to contribute financially towards Access to Work support for an existing employee, or where delays in approval or delivery of the support threatened to jeopardise the job, the Intervention Fund could be called upon. The Intervention Fund was sometimes used to extend the subsidy period beyond the six weeks of the Job Introduction Scheme.

Although there were a number of measures designed to smooth the path from incapacity-related benefits to work, and reduce financial insecurities and perceived risk, in practice these did not always work as well as Personal Advisers and clients had hoped. Personal Advisers felt that the security offered by the 52-week linking rule introduced in 1998 could be undermined by certain changes in clients' circumstances during the period in work.

Different interpretation of benefits rules and different approaches to discretionary decisions by Benefits Agency staff could reduce confidence and/or security. Examples included refusing permission for clients to do therapeutic work, which had been set up with advice from a Personal Adviser, or bringing forward a Personal Capability Assessment. Current 'differences in culture' between key government agencies and the Personal Adviser Service contributed to some tensions for the pilot service and some problems for clients.

9.2.4 Scope for improving outcomes

Specific policy implications of the research are collated at the end of each of the previous chapters and many identify scope for improving policy outcomes. Often they are based on good practice observed or striven for in the pilots. The intention, here, is to reiterate some of the more important and strategic ones.

a) Recruitment

A higher response to the letter of invitation would almost certainly have required Personal Advisers either to be more discriminating in the clients that were caseloaded or to reduce the intensity of support that they offered. On the other hand, the survey evidence indicated that many more people than applied were enthusiastic about work and seemingly had the potential with support to do so (Section 4.3.5).

It has already been suggested that engaging people with impairments or health conditions who did not respond to the invitation letter may require a shift in the culture of expectations among the client group, professional groups with whom they interact, employers, and the general public. This requires a public education initiative on many fronts, perhaps embracing, but not restricted to, an advertising campaign. Both the moral and the business case for employing people with impairments or health conditions has to be articulated more clearly and the relevance of the Personal Adviser Service to employers promoted. At the same time the existing legal framework should be used to ensure that people are able to exercise their employment rights. The presumption that people with impairments or health conditions generally do not work needs effectively to be challenged.

Larger number of people with impairments or health conditions making the transition to paid employment could have substantial resource implications. Limited resources - like performance targets - would lead to tighter recruitment criteria. Under these circumstances, selecting the most job-ready claimants as clients might be counter-productive since they would be more likely to secure work even without the support offered by the pilot service, thereby limiting its overall effectiveness in the longer term.

b) Continuity

Whereas clients early in the pilots had little conception of the New Deal as a developmental programme to help people into work, latterly they did (Section 5.3.4). They welcomed the continuity but equally were upset and their confidence eroded when the process broke down. Uncertainty about what was to happen next was widespread and could result in withdrawal from the programme, lack of progress and dissatisfaction. An eighth of clients ceasing to have contact with the pilot service said that they had simply 'lost touch' with it.

Continuous contact is problematic with increased specialisation as it increases the likelihood that clients have to deal with a variety of staff and agencies. Nevertheless, it is imperative that clients are kept well informed of the personal adviser's intentions and expectations and not left, for example, by themselves to have to re-contact the Personal Adviser Service after a training programme. In this context, it is noteworthy that, whereas

progress plans had been more salient to early clients of the contract areas than they had been in Employment Service led pilots, the qualitative interviews suggested that this differential may not have been maintained for later clients.

c) Follow-up support and job retention

Although towards the end of the evaluation period some contract pilots were found to be focusing on in-work support, other pilots and Personal Advisers had reduced or limited the post employment support offered due to the pressure of other demands. They described adopting what might be termed a passive rather than a proactive response to in-work support and it is notable that certain employers also felt that they should have been approached earlier by Personal Advisers when problems arose in the workplace.

While some clients did not need such support, others did and 40 per cent received it. Certain clients found work difficult to sustain due to pain, fatigue and anxiety; others encountered financial problems or felt little better off financially. While there is no way to be sure, some of the 20 per cent of people who left the employment might possibly not have done so had they received additional support.

In-work support is not always easy to deliver. Clients may see continued reliance on an adviser as humiliating and contact can be unwelcome if the employer is unaware of any health problem. Clients who have not followed a personal adviser's advice may find it difficult to return when things do not work out. Equally, though, it is not evident that structure of financial incentives favoured more active post employment support.

In some respects, there are natural links between follow-up support to clients taking up work with assistance from the Personal Adviser Service and support to other individuals who experience difficulties on the job for reasons related to illness or impairment. Both highlight meeting the needs of both employers and employees, drawing on similar service components, and can entail the Personal Adviser acting as a broker between employer and employee in the workplace. Both mean that the pilot service can support employers to meet their job retention commitment. So, there is a good case for combining the functions within a single in-work support service. However, the management of longer-term sickness absence - where most Personal Adviser Service job retention activity has been focused - requires a different and possibly more exacting set of competencies, with employers identifying more discrete needs.

However, the most challenging problem concerning retention remains the early identification of clients potentially 'at risk'. The contract pilots moved quite rapidly to adopt receipt of Statutory Sick Pay rather than Incapacity Benefit as a criterion for initiating retention work, but

employers' responsibility for short-term sickness removes the possibility of creating a centralised register of 'at risk' cases. Consequently the pilot service is reliant on employers and employees both identifying needs and being aware that external services exist to support job retention. Again, the promotional activities of the Personal Adviser Service need to be complemented by public education to change expectations. If this fails, there might be opportunity in the redrafting of employer manuals for Statutory Sick Pay and the Disability Discrimination Act to suggest that employers take particular actions, perhaps referral of employees to the Personal Adviser Service, after given periods of ill-health or increasing impairment. Consideration might even be given to the appropriateness of creating a register of people who might benefit from retention services.

d) Quality assurance

There was some concern among Personal Advisers about the poor quality of some training and other forms of client support and, in light of complaints from clients, managers were considering implementing systems of monitoring and quality assurance. It is understood that such contracts as existed between partners and between partnerships and other suppliers did not include specific quality standards.

Given that a significant minority of clients had no formal qualifications and many others had limited recent work experience, training was a key item in the personal adviser's repertoire of support and discussed with the majority of clients. Requirements were very varied, embracing foundation work preparation courses, through vocational training to further education and access was often restricted according to time in the academic year. Withdrawal was not unusual when for any of a wide number of personal, social and health-related reasons clients felt that they could not cope and this sometimes triggered a withdrawal from the Personal Adviser Service. However, what most concerned Personal Advisers were complaints about the quality, content and management of courses, something noted by later respondents in the fieldwork (Section 5.4.4).

As might be expected, undertaking training tended to reduce the likelihood that a person work during the study period and this is no direct reflection of the quality of training received (Section 6.4.4). What is important is whether training is likely to improve the employment prospects of clients in the longer term which Personal Advisers generally believed that it would.

It was also apparent that there was no formal mechanism for the redress of grievance open to clients of the Personal Adviser Service. As already mentioned, a quarter of clients ceasing contact with the pilot service had done so because they were dissatisfied with it. The cause of dissatisfaction mentioned included problems of access, criticisms of the approach of

certain Personal Advisers and lack of understanding of impairment. Discretionary decision making is open to abuse - although there was no evidence of this occurring. It also necessarily raises equity issues and it is important that informality of approach is not allowed to undermine accountability.

Accessibility - stairs, lifts, doors, security staff, lighting, toilet accommodation and the location of offices - were major issues for some clients. So was their ability to contact Personal Advisers and it is vital that use of mobile phones by staff is disciplined and systematic.

e) Staff training

Despite increasing specialisation, the role of Personal Adviser remains very challenging and demands an enormous span of professional and technical skills as well the ability to cope, in and with, stressful circumstances. To be successful it is self-evident that Personal Advisers require adequate training and professional recognition. Ironically, but understandably, managers were concerned about stress-related ill-health among Personal Advisers (Section 3.10).

Employment Service Advisers received a three-week package of training provided to Disability Employment Advisers and two weeks of specialist training, with further *ad hoc* training as determined necessary. Staff in contract areas received training assembled locally and spoke more about on the job training, pooling expertise and shadowing experienced staff. Staff also learned from secondees - although managers found that secondees often encountered considerable challenges accommodating to the diverse cultures evident across the pilots. None of the training was accredited and the only professionally trained staff were occupational psychologists. Some managers said that in recruiting new Personal Advisers, they would be looking for staff with as many of the required skills and knowledge as possible.

A shortage of suitably qualified staff may constrain future policy development and thought should be given to ensuring that training is appropriate and that career development opportunities are provided for Personal Advisers.

f) Partnerships and relations with government agencies

Partnerships often came together quickly in response to the Invitation to Tender. As already noted, the tendency was sometimes to involve as many agencies as possible to be able to provide a comprehensive service. Partnerships that felt themselves to be successful were those that had detailed local knowledge, had worked previously with at least some partners, had clarity of purpose and a shared understanding of roles. The

common understanding was difficult to achieve given the short lead-time allowed for submitting tenders and setting up the pilots.

In the light of this experience, it is clear that time allowed for building partnerships ahead of letting contracts would smooth early implementation and yield lasting returns in terms of effective and responsive delivery of the Personal Adviser Service.

g) Remit and targets

Personal Advisers were convinced that the pilot service, because of its flexibility and approachability, offered a new and important resource for people with impairments or health conditions and society as a whole. Equally though, its function was to fill gaps in existing provision created by restricted eligibility criteria, resource constraints and imperfect implementation. The finding that three-quarters of those moving into work said that they would have done so anyway combined with the fact that clients generally greatly appreciated the input they received from the pilot service points to the importance of practical assistance. The kind of assistance that was rated highly by clients included help with how to engage in job-search, accurate benefits advice, practical support arrangements for taking a job and subsequent liaison with the employer. Many of these support services are already provided by other agencies.

One unique remit of the Personal Adviser Service was to reach people further from the labour market than those recipients of incapacity related benefits who might, in the past, have approached a Disability Employment Adviser seeking the possibility of work. It is possible, though, that the emphasis given to employment outcomes might have reduced the effectiveness of the pilot service by supporting people who would have obtained work anyway, duplicating existing services and responsibilities and neglecting potential clients for whom the pilot service could provide additional benefits not provided elsewhere. This would have led to the pilot service only marginally increasing the speed of return to employment by those already close to the labour market, while not addressing the needs of people who might eventually return to work given the availability of long-term support.

9.3 Conclusions   The story of the Personal Adviser Service pilot is one of considerable though incomplete success. The 12 pilots, six led by the Employment Service and six comprising partnerships of organisations, successfully established an entirely new service to assist people with impairments or health condition to find or remain in work. For the most part, those who used the pilot service valued the assistance and support that they had received, and the evidence from clients is that the performance of staff improved over time.

There were inevitably some deficiencies in the system. Some clients were not happy with the pilot service that they received and clients increasingly reported a lack of continuity in the pilot service with some people losing touch entirely. A few people opted out of the pilot service because they were dissatisfied.

Despite some creative local initiatives the pilot service failed to attract the level of participation that might have been hoped for. The response to the letter of invitation was less than that of other voluntary New Deal Welfare-to-Work initiatives, and it seems unlikely that uptake would ever increase appreciably without a concerted campaign to change the culture of expectations regarding the employment of people with impairments or health conditions.

Although over a fifth of clients had found employment by June 2000, there was no evidence that the Personal Adviser Service had by that time significantly increased the movement of disabled people into paid work. This may simply be a reflection of the short period allowed for monitoring in relation to the time taken for people with impairments or health conditions to be equipped to return to work. Also, of course, certain intermediate activities, such as attendance on training courses, typically temporarily inhibit the return to employment. Moreover, there is at least a suspicion that the Personal Adviser Service raised the salience of employment as an option even among people in the target group who did not respond to the invitation to use the service. They were more likely to take up employment than incapacity benefits recipients living elsewhere.

To the extent that the pilot service did not increase the proportion of people with impairments or health conditions moving into work, this may again reflect broader cultural constraints. The Personal Adviser Service, as implemented in the pilots, was required simultaneously, and in comparative isolation, to recruit people with impairments or health conditions, to encourage employers to employ them and to entice other organisations to supply the necessary training and support services. What may be needed is an approach in which a Personal Adviser Service is but one element in a concerted multifaceted strategy to increase employment opportunities for people with impairment or health conditions.

Finally, it is possible that in increasingly concentrating attention on people with impairments or health conditions who were already close to the labour market, the potential effectiveness of the Personal Adviser Service was undermined. To the extent that a large proportion of this group would have found work in any case, the pilot service may have achieved less than if it had supported those who might not have secured work without additional support.

This appendix presents selected summary labour market indicators for the New Deal for Disabled People pilot areas[46]. They provide a description and limited assessment of the context in which the New Deal for Disabled People operated.

The indicators relate to:

- Unemployment rates (calculated using the claimant count statistics). The unemployment rate has traditionally been the most widely used socio-economic indicator at local level. It is sometimes used as an indicator of social distress, but is interpreted here mainly as an indicator of labour market imbalance.

- Inactivity rates for persons of working age (from the Labour Force Survey).

- Employment rates for persons of working age (from the Labour Force Survey).[47]

- Employment by sector (using employee data from the 1998 Annual Employment Survey).

A more detailed assessment of the local labour markets is provided in Green *et al.*, (2001).

A.1 Unemployment rates   Aggregate unemployment rates on a monthly basis over the period from January 1997 to April 2000 are shown for each of the 12 pilot areas and Great Britain (Figures A.1 and A.2).

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[46] The pilot areas are Benefits Agency Districts. However, a 'best-fitting' exercise conducted at the outset of the project showed that Benefits Agency Districts do not 'nest' easily into other geographical areas for which local labour market data is more readily available. Partly this is due to the presence amongst the pilot areas of several inner city areas (which do not form functional local labour market areas), and also relatively small parts of metropolitan areas. Based on the results of the 'best-fitting' exercise, a decision was taken to make use of unitary authority areas and local authority districts for most labour market analyses.

[47] These are the converse of non-employment rates for persons of working age.

Figure A.1 Unemployment rates – Employment Service pilot areas

Source: JUVOS claimant count
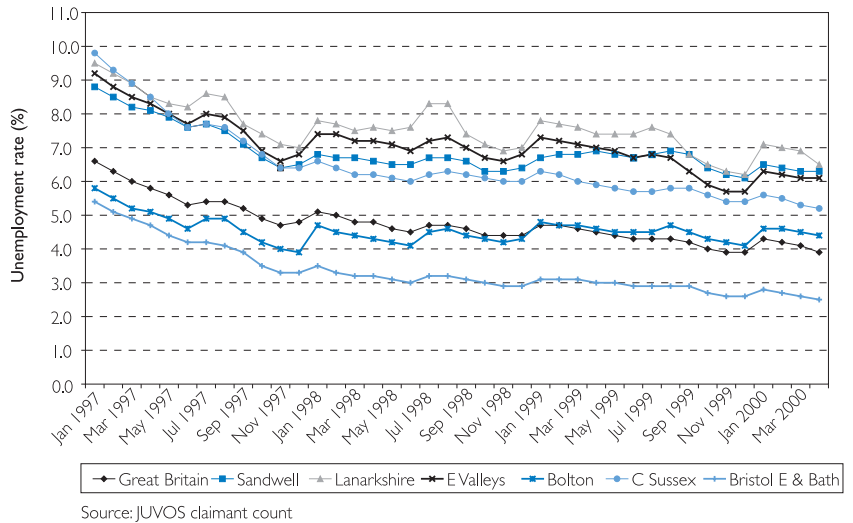
- All pilot areas experienced a gradual decline in unemployment rates, with most of the decline occurring prior to September/October 1998.

- Unemployment was much higher in Newham than elsewhere.[48] Along with Lanarkshire, Eastern Valleys, Sandwell and South Tyneside (high unemployment/inactivity areas) and Central Sussex (a medium unemployment/inactivity area), unemployment remained higher than the Great Britain average throughout the period.

- Bristol East and Bath, North Yorkshire and Bedfordshire had unemployment rates consistently below the national average.

- Bolton and South Devon experienced unemployment close to the national average for at least part of the period.

Figure A.2 Unemployment rates – Contract pilot areas

Source: JUVOS claimant count

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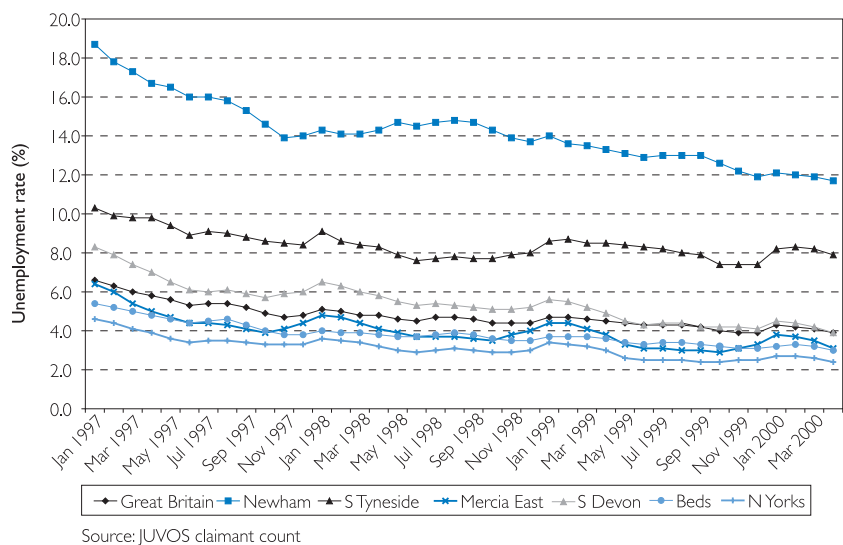
[48] It should be noted that Newham does not form a functional labour market area.

Unemployment in Lanarkshire and South Tyneside (both high unemployment areas) fell less rapidly than elsewhere whilst that in Bristol East and Bath (a low unemployment area) fell more than the national trend resulting in a relative widening of the 'gap' between these high and low unemployment areas. Conversely, in Bolton, South Devon and Central Sussex (medium unemployment/inactivity areas) unemployment rates converged towards the national average.

A.3.2 Inactivity rates for persons of working age

Figures A.3 and A.4 show inactivity rates expressed as an index (with the Great Britain inactivity rate assigned a value of 100) for persons of working age on a quarterly basis over the period from the spring quarter 1997 to the winter quarter 1999/2000[49]. Over this period the aggregate inactivity rate for persons of working age in Great Britain remained approximately stable at around 79 per cent, while there was a reduction in the number of unemployed.

Figure A.3 Indices of inactivity rate for persons of working age - Employment Service pilot areas
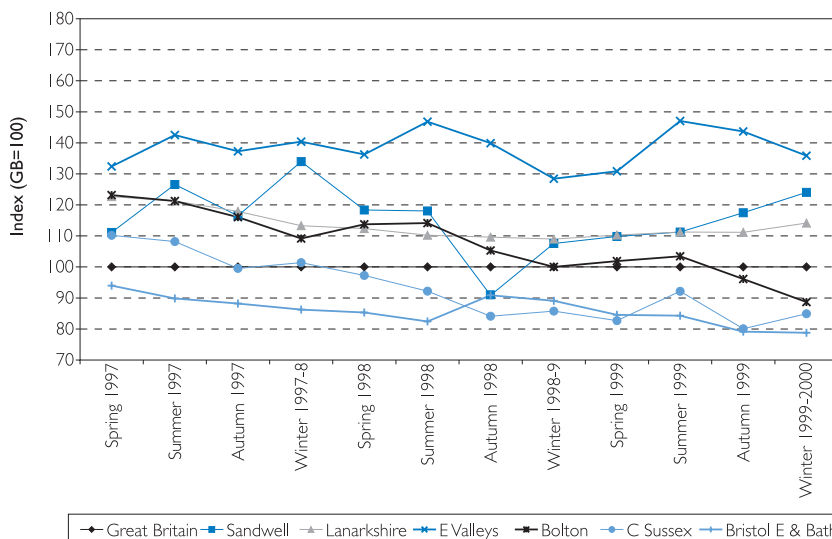
Source: Labour Force Survey

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[49] The data presented here are taken from the Labour Force Survey. Due to sampling variability in the LFS at local level, some caution should be exercised when interpreting the values/trends shown.

Figure A.4 Indices of inactivity rate for persons of working age - Contract pilot areas
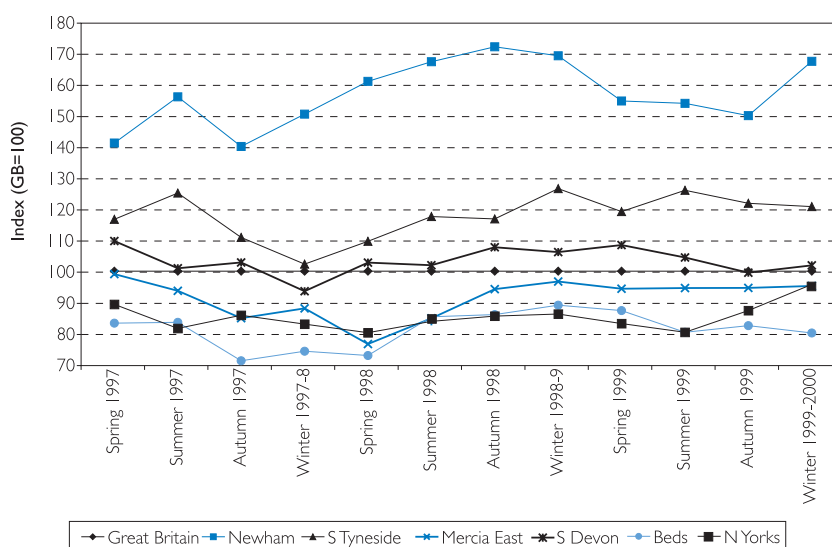
Source: Labour Force Survey

- Eastern Valleys, Lanarkshire, Sandwell, Newham and South Tyneside display inactivity rates higher than the Great Britain average throughout the period.

- In Bolton the inactivity rate was higher than the Great Britain average until winter 1998/9, and then dipped below average from autumn 1999.

- In Central Sussex there was a decrease in the aggregate inactivity rate over the period, in contrast with relative stability across Great Britain as a whole. The inactivity rate was below the Great Britain average from spring 1998 onwards. This contrasts with above average values in 1997.

- In Bristol East and Bath, North Yorkshire, Bedfordshire and Mercia East the inactivity rate was consistently lower than the national average.

In general, there is a difference in inactivity rates between pilots in the north and south of the country. This is consistent with other research showing that inactivity rates tend to be higher in northern Britain.

A.3.3 Employment rates for persons of working age

Employment rates for persons of working age (that is, the share of the population of working age in employment) on a quarterly basis over the period from the spring quarter 1997 to the winter quarter 1999/2000 are shown in Figures A.5 and A.6. Over this period the employment rate across Great Britain rose from under 73 per cent to over 74 per cent. In Figures A.5 and A.6 the employment rates are expressed as an index (with the Great Britain inactivity rate assigned a value of 100).

Figure A.5 Indices of employment rate for persons of working age - Employment Service pilot areas

Source: Labour Force Survey
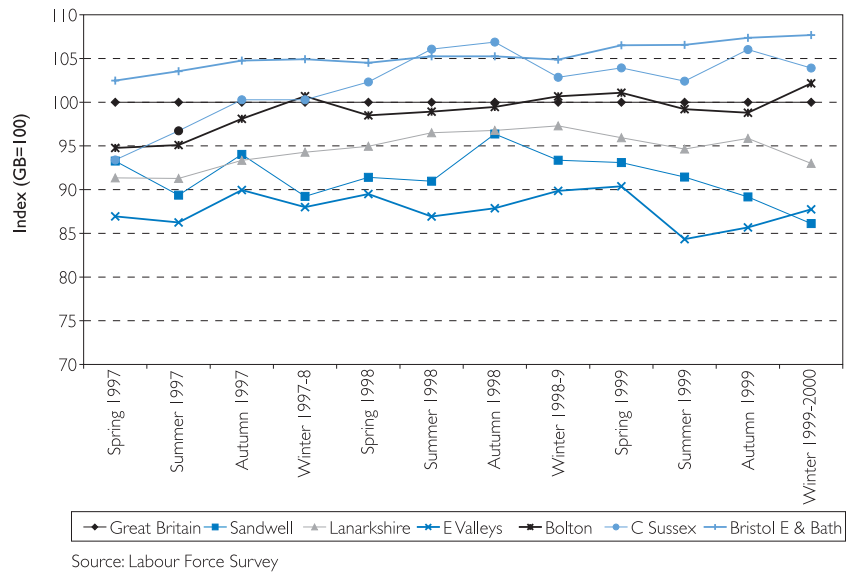
Figure A.6 Indices of employment rate for persons of working age - Contract pilot areas

Source: Labour Force Survey
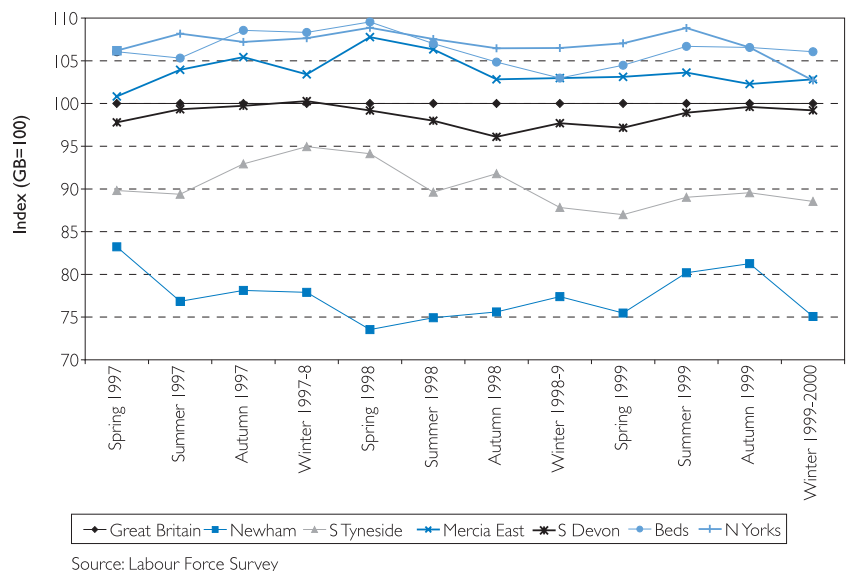
- Bristol East and Bath, North Yorkshire, Bedfordshire and Mercia East all had aggregate employment rates in excess of the national average over the entire period.

- Central Sussex had an employment rate above the national average from 1998 onwards.

- Newham, Eastern Valleys, South Tyneside, Lanarkshire and Sandwell had employment rates below that for Great Britain, with the former two areas registering employment rates at less than 90 per cent of the national level for most of the period.

This section presents key indicators from the 1998 Annual Employment Survey (AES). This source provides the most up-to-date information available on the industrial disaggregation of employment at the local level.[50] The AES covers employees in employment only. The industrial structure has implications for the job opportunities in a local area, in terms of both occupations and the full-time/part-time nature of vacancies.

Figures A.7-A.14 show the percentages of total employees in the four sectors accounting for the largest single shares of employment in Great Britain in 1998:

- Manufacturing (Figures A.7 and A.8) - nearly 18 per cent of total employees in Great Britain, of which 93 per cent worked on a full-time basis and 72 per cent were male.

- Wholesale and retail trade (Figures A.9 and A.10) - 17 per cent of employees in Great Britain, with a workforce evenly split between males and females, and part-time employees accounting for over a third of the total.

- Real estate, renting and business activities (Figures A.11 and A.12) - over 14 per cent of employees in Great Britain, with a similar gender and full-time/part-time profile to the wholesale and retail trade.

- Health and social work (Figures A.13 and A.14) - over 10 per cent of employees in Great Britain, with women accounting for 79 per cent of the total employees, and 43 per cent of employees working on a part-time basis.

Figure A.7 Percentage of total employees in manufacturing, 1998 - Employment Service pilot areas
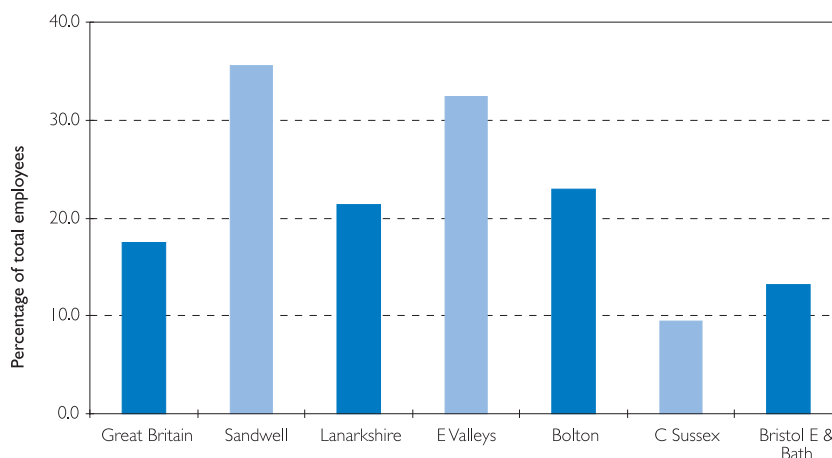
Source: Annual Employment Survey, 1998

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[50] Some data on employment are available from the Labour Force Survey, but at the local level there are constraints of small sample size when industrial disaggregations are employed.

Figure A.8 Percentage of total employees in manufacturing, 1998 - Contract pilot areas
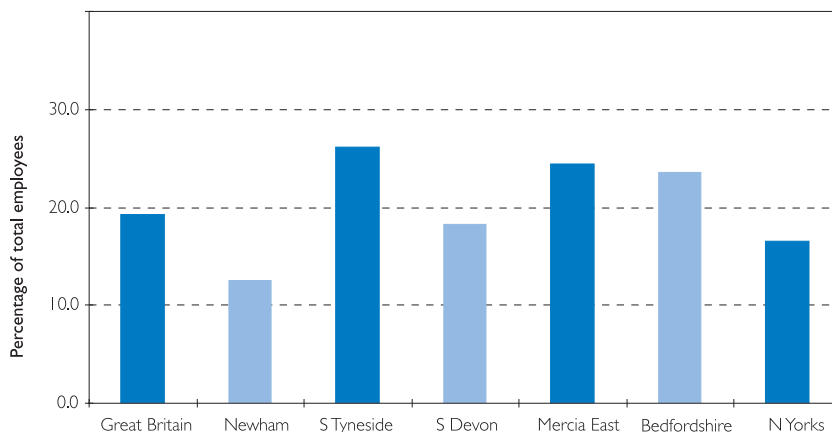
Source: Annual Employment Survey, 1998

• Over a third of total employees in Sandwell were engaged in manufacturing, compared with less than a fifth across Great Britain as a whole. Eastern Valleys, Bolton, South Tyneside, Lanarkshire, Mercia East and Bedfordshire also had larger than average shares of employment in manufacturing (in excess of 20 per cent of total employees. Central Sussex had the smallest share of employees in manufacturing (less than ten per cent of the total) followed by Newham (at just over 11 per cent of total employees). In Bristol East and Bath, North Yorkshire and South Devon the share of employees in manufacturing was lower than the national average.

Figure A.9 Percentage of total employees in wholesale and retail trade, 1998 - Employment Service pilot areas
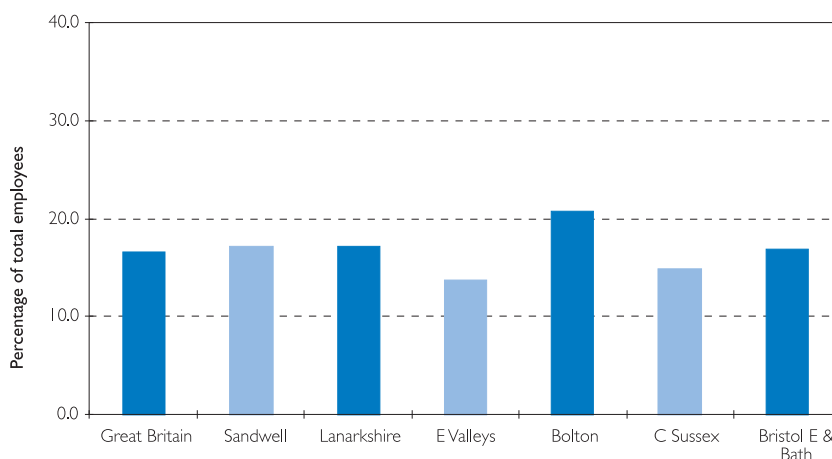
Source: Annual Employment Survey, 1998

Figure A.10 Percentage of total employees in wholesale and retail trade, 1998 - Contract pilot areas

Source: Annual Employment Survey, 1998
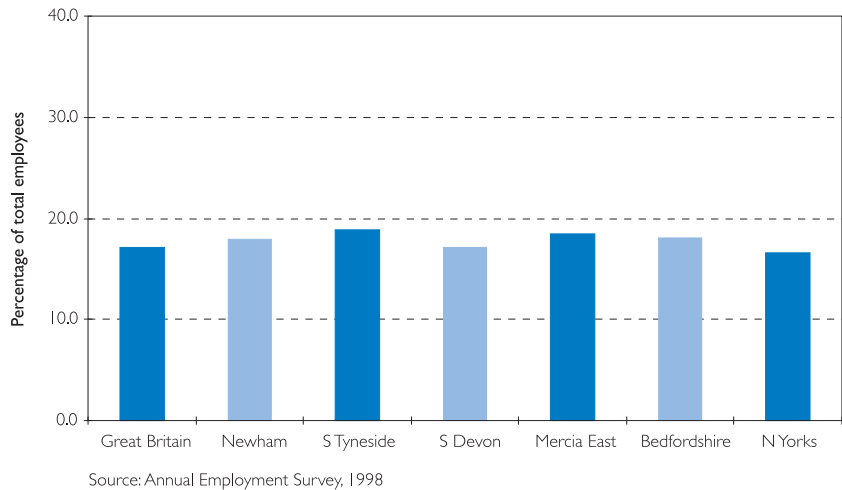
- The wholesale/retail trade was more evenly distributed across the pilot areas. Bolton had the largest share of employees in the wholesale and retail trade (with over 21 per cent of total employees in this sector compared with just over 17 per cent nationally). South Tyneside, Mercia East and Bedfordshire each had in excess of 18 per cent of total employees in the wholesale and retail trade. Only Eastern Valleys and Central Sussex had appreciably smaller proportions of employees in the wholesale and retail trade than across Great Britain as a whole.

- Real estate, renting and business activities accounted for a higher proportion of total employees in Bristol East and Bath, Bedfordshire, Newham and Central Sussex than in the other pilots (although only in the first three of these areas did the share of employees exceed the national average). The sector was particularly poorly represented in Eastern Valleys, Mercia East, Lanarkshire, South Tyneside and South Devon.[51]

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[51] This lower than average share is typical of more remote, largely rural areas, and also of areas with a tradition of extractive and heavy manufacturing industries.

Figure A.11 Percentage of total employees in real estate, renting and business activities, 1998 - Employment Service pilot areas

Source: Annual Employment Survey, 1998
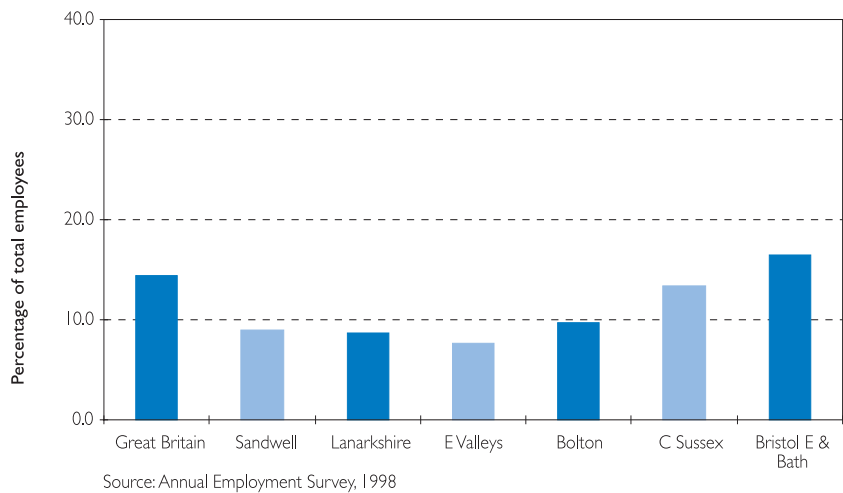
Figure A.12 Percentage of total employees in real estate, renting and business activities, 1998 - Contract pilot areas

Source: Annual Employment Survey, 1998
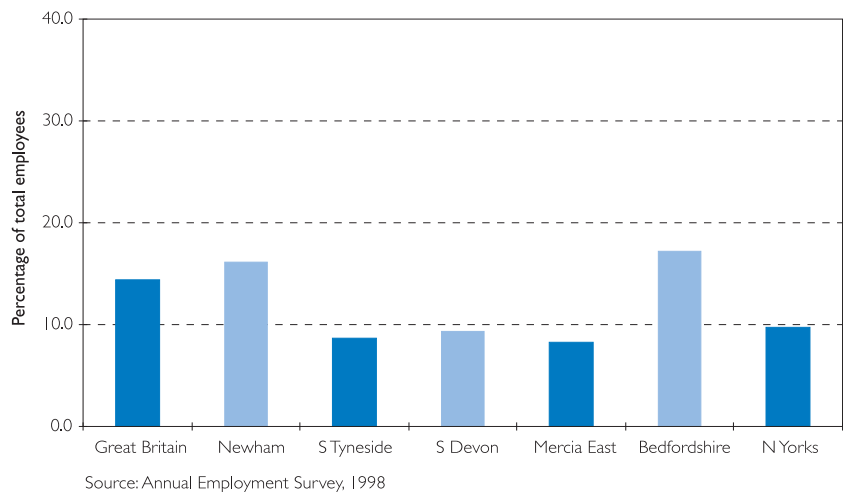
- South Devon, Central Sussex, Eastern Valleys, Lanarkshire, Bristol East and Bath, South Tyneside and North Yorkshire had the largest shares of employees in health and social work. Only Bedfordshire and Sandwell recorded a significantly smaller proportion of total employees in health and social work than across Great Britain as a whole.

Figure A.13 Percentage of total employees in health and social work, 1998 - Employment Service pilot areas

Source: Annual Employment Survey, 1998
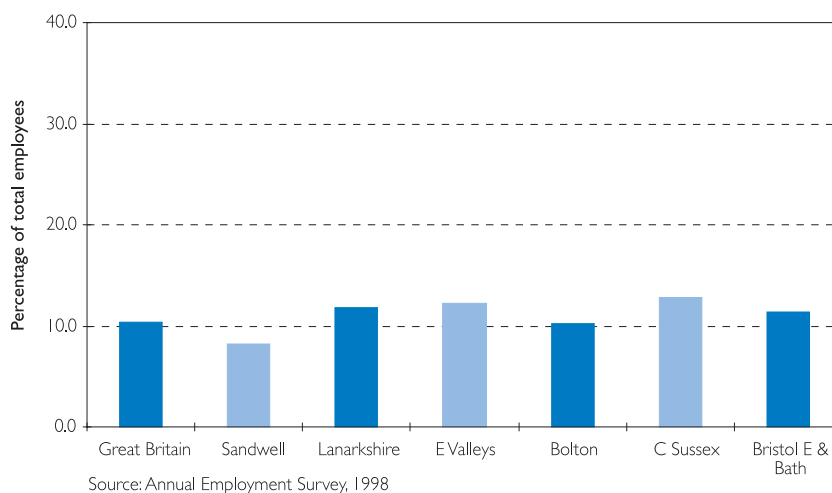
Figure A.14 Percentage of total employees in health and social work, 1998 - Contract pilot areas

Source: Annual Employment Survey, 1998
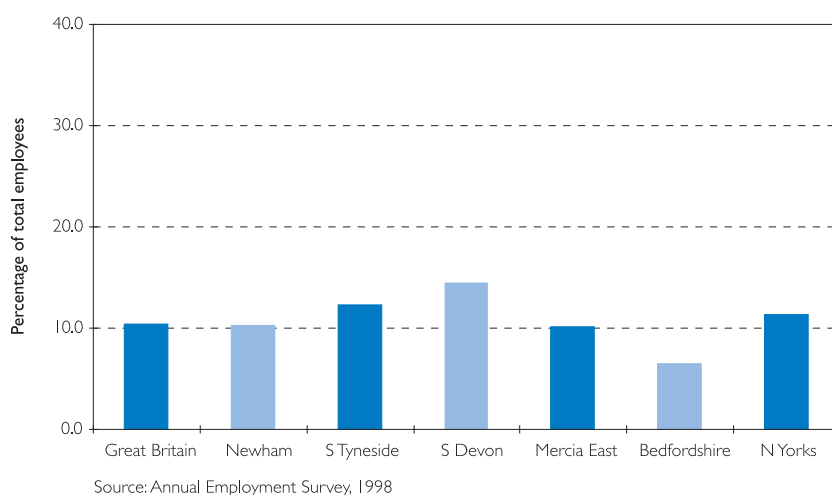
A.5 Summary

This section summarises the key characteristics of the pilot areas in Table A.1 and presents 'pen portraits' of each of the pilot areas.

A.5.1 Pilot area pen portraits

Sandwell is a heavily urbanised area in the West Midlands conurbation. People from minority ethnic groups comprised a greater share of the population in 1991 than across Great Britain as a whole. The industrial base rests heavily on manufacturing, and this sector remains much more important in employment terms than nationally. Associated with this is a marked concentration of employment in manual occupations, while professional and managerial occupations are under-represented relative to the national average. Partly reflecting the under-representation of services, female economic activity rates are below average. Unemployment rates and unemployment/vacancy ratios were consistently above the national average over the study period.

Lanarkshire covers a number of cities and towns (including Motherwell and Hamilton) to the south and south-west of Glasgow. A higher than average proportion of the population lived in the social rented sector and the proportion of households without access to a car was above the Great Britain average in 1991. Unemployment and inactivity rates have remained consistently above those recorded for Great Britain, and the incidence of limiting long-term illness amongst the population of working age has remained substantially higher than nationally. Unemployment fell less rapidly than the national average. The employment structure of Lanarkshire is biased towards manufacturing industry and non-manual occupations.

Eastern Valleys comprises the eastern part of the South Wales Valleys, including towns such as Ebbw Vale and Merthyr Tydfil, and the Rhymney and Cynon Valleys. It is one of the most distinctive of the 12 pilot areas by virtue of substantially higher than average inactivity rates and long-term limiting illness. While the unemployment rate has remained consistently higher than that for Great Britain, it was the contribution of high levels of inactivity to non-employment that was the most distinctive feature of this area. Although the proportion of unemployed leavers moving off the claimant count was similar to that for Great Britain, the share moving onto Incapacity Benefit was much larger than average. Relative to the Great Britain employment profile, manufacturing and public service industries and manual occupations are strongly represented in Eastern Valleys.

Bolton is an urban centre within the Greater Manchester conurbation. It was categorised as a medium unemployment/inactivity area at the outset of the pilot, but between 1997 and 2000 the unemployment rate has risen to exceed that for Great Britain. The industrial and occupational structures in Bolton are weighted more towards manufacturing industry and manual occupations than across Great Britain as a whole.

Central Sussex covers Brighton, Hove and Lewes and surrounding areas in Sussex. Despite being characterised as a medium unemployment/ inactivity area, unemployment rates on the South Coast are amongst the highest recorded in southern England outside London, and the unemployment rate for Central Sussex was somewhat higher than the national average. Long-term unemployment has also been entrenched, although there was a more marked reduction in long-term unemployment locally than nationally in recent years. Once the older than average age profile has been accounted for, performance on health-related indicators (such as the Standardised Mortality Ratio) is more favourable than the national average. Central Sussex has a greater than average share of the population from managerial and professional socio-economic groups. The industrial structure is dominated by services, with a particular relative concentration of producer service sectors (including finance and business services).

Bristol East and Bath displayed consistently lower than average unemployment and inactivity rates during the 1990s. Between 1997 and 2000 the relative decline in long-term unemployment was more pronounced than the reduction recorded nationally. On virtually all labour market indicators Bristol East and Bath registered a more favourable performance than the national average. A greater than average share of employed residents are in higher level non-manual occupations, and within the service sector producer services are strongly represented. In socio-demographic terms the population profile was similar to the national average in 1991, and car ownership levels and the incidence of owner-occupation was higher than average. The prevalence of limiting long-term illness and disability was below average.

Newham, located on the eastern edge of Inner London, emerged as the most distinctive of the 12 pilot areas. An inner city area with a youthful age structure and substantial ethnic minority population, it exhibited a residential unemployment rate approximately three times the national average between January 1997 and April 2000. Economic activity rates were lower than average. The industrial profile of employment was characterised by greater than national average concentrations in transport and communications, financial services, public services and other services, and an under-representation of employment in manufacturing. In occupational terms there were higher shares of employment in clerical and secretarial occupations and for plant and machine operatives than across Great Britain as a whole.

South Tyneside is a high unemployment/inactivity urban area located between Newcastle upon Tyne and Sunderland. A long-standing high unemployment area, it displays a greater than average incidence of long-term unemployment, coupled with higher than average inactivity rates and a greater than average incidence of limiting long-term illness among the working age population. Unemployment fell more slowly than average between 1997 and 2000. The occupational profile is biased towards semi-skilled, unskilled and skilled manual occupations, while in industrial terms there was a greater concentration of employment in construction, manufacturing, health and social work than nationally.

Mercia East in eastern England is a predominantly rural area, exhibiting an unemployment rate slightly lower than the national average. A key feature of the local economy in this area, where agriculture and tourism were relatively important, was the seasonal nature of employment opportunities. In aggregate terms, long-term unemployment was a less severe problem than nationally. A higher than average economic activity rate for males contrasted with a rate below the national average for males. Manufacturing accounts for a slightly larger share of employment than the national average, as does semi-skilled and unskilled occupations, while there is a marked under-representation of producer services.

South Devon may be characterised as a typical resort and retirement area with an older than average population profile. In 1991 owner-occupation and private renting were more prevalent than average. Despite the categorisation of South Devon as a medium unemployment/inactivity area both unemployment and inactivity rates were slightly higher than the national average for most of the period. A greater than average share of employment in personal and protective service occupations underlines the importance of tourism in the local economy.

Bedfordshire had a younger than average age profile in 1991, with a particular concentration of residents in the younger working age groups. Levels of car ownership and owner-occupation were above the national average. As befits a low unemployment/inactivity area, unemployment rates were consistently below average, and employment rates were higher than average. There is a greater than average share of employment in manufacturing than the national average, yet in contrast with some of the other pilot areas characterised by relative concentrations of manufacturing, the proportion of the workforce employed in managerial and professional occupations is greater than the Great Britain share. There is also an over-representation of employment in education and in the wholesale/retail sector. The incidence of limiting long-term illness was lower than that recorded for Great Britain.

North Yorkshire displayed a consistently lower than average unemployment rate and unemployment/vacancy ratio, and experienced a larger than national average decline in long-term unemployment in the late 1990s. A greater than average share of people leaving the claimant count entered employment than was the case across Great Britain as a whole, and this was reflected in economic activity and employment rates above the national average. Despite an older than average age profile, the incidence of limiting long-term illness was lower than average. Service and primary industries dominate the industrial structure, and a greater share of employment is in managerial and professional occupations than across Great Britain as a whole.

Table A.1 Selected economic characteristic of the pilot areas relative to Great Britain

Pilot area	Unemployment rate	Inactivity rate	Employment rate	Main industrial sectors
Employment Service				
Sandwell	High	High	Low	Manufacturing
Lanarkshire	High	High	Low	Manufacturing
Eastern Valleys	High	High	Low	Manufacturing and public services
Bolton	Average (but rising)	Varied	Average	Manufacturing
Central Sussex	High	Varied	Varied	Services including finance and business
Bristol East and Bath	Low	Low	High	Services including finance and business
Contract areas				
Newham	High	High	Low	Transportation and communication, financial services and public and other services
South Tyneside	High	High	Low	Construction, manufacturing and health and social work
Mercia East	Low	Low	High	Manufacturing
South Devon	Average	Average	Average	Personal and protective services (tourism)
Bedfordshire	Low	Low	High	Manufacturing, education and wholesale and retail
North Yorkshire	Low	Low	High	Services and primary industry

APPENDIX B   EVALUATION DESIGN AND METHODOLOGY

The evaluation blends qualitative (Section B.1) and quantitative (Section B.2) approaches. These approaches are outlined below together with a description of the OPCS/ONS severity scales used in the analysis (Section B.3).

B.1 Study design and research methodology for qualitative research studies

B.1.1 Use of qualitative methods

The main evaluation objectives for the qualitative studies were to explore perceptions and experiences of the Personal Adviser Service among four key groups - Personal Adviser Service staff, service users or clients, employers and partner organisations. The nature of the research objective suggested a qualitative research design using mainly in-depth interviews. Group discussions were used as an additional element in the study of Personal Advisers, to enable the sharing of experiences and views, identify differences and act as a stimulus to further thought among respondents.

The function of qualitative research is not to provide data that is statistically representative but rather to describe, clarify and explain. The open-ended and responsive questioning techniques used in qualitative research were felt to be particularly suitable for encouraging participants in the study to describe their attitudes and behaviour, and to explain why they held certain views or took certain courses of action.

Qualitative research seeks to provide explanations of attitudes and experiences rather than quantify the degree to which they exist among any particular group. Qualitative samples are designed to provide robust explanations and to generate conceptual frameworks applicable to the broader population. Samples are therefore selected purposively to achieve a range and diversity among the population under study. The sampling design and strategy for each study, as well as details about the recruitment and conduct of the fieldwork, are given below.

Topic guides were designed for each study in consultation with the Departments. The purpose of these was to guide the interview in a way that ensured coverage of all relevant areas, while allowing an exploratory and responsive style of questioning.

B.1.2 Method of analysis

Based on both tape recordings and the verbatim transcripts, a detailed content analysis of the qualitative data was undertaken. The analysis was undertaken using 'Framework', an analytic tool developed by the National Centre. The first stage of the analytical process involves reading through the verbatim transcripts to identify the principal themes and sub-themes emerging from the data. A thematic matrix, consisting of six or seven A3 charts, is drawn up using the themes and sub-themes identified. Serial numbers for individual respondents are entered at the side of the charts.

The material from the transcripts is then transferred onto the charts under the appropriate headings and against the serial number for the particular respondent. Each block of material on the charts has a page reference back to the verbatim transcript.

This method of analysis can be adapted to take account of themes that arise as the analysis develops, in that headings can be added or subtracted as required. It also allows for within case analysis, to see how expectations and perceptions help to shape behaviour and attitudes, or for comparisons to be made between cases.

A similar approach was taken with the analysis of the group discussions with Personal Advisers. Themes and sub-themes were identified and material from the transcripts entered on to charts (without identifying contributors). The thematic material from the groups was juxtaposed with that from the interviews, rather than amalgamated within a single charting system, in order not to lose the different emphases emerging from the two studies.

B.1.3 Site visits Twelve visits were made to each of the areas delivering the Personal Adviser Service. The six Employment Service pilot areas were visited between December 1998 and February 1999, and the six areas led by partnerships between July and September 1999. Each visit lasted one day. Within local offices, interviews were held with pilot managers and some of the Personal Advisers either singly or in groups. In some instances, interviews were also held with occupational psychologists and administrative staff. In the pilots led by the Employment Service, interviews with Personal Adviser Service staff were supplemented by contacts with respondents from other organisations identified by the pilot manager as having essential interests in the operation of the scheme. In most instances, representatives from at least two key service providers were interviewed in each of these six pilot areas.

The discussions covered many aspects of the Personal Adviser Service. The principal aims of the site visits were:

• to explore how each pilot area had established and operated the Personal Adviser Service, highlighting particular commonalities and differences between and within areas;

• to gain an understanding of the *structure* of service provision within each locality.

Using tape recordings and extensive field notes, two research proformas were completed for each of the Employment Service led localities and one for the other areas. One covered the pilot office (completed by all 12 pilot areas) and the other the perspective of the other organisations (completed by Employment Service led pilot areas only).

The main part of this study was carried out through in-depth interviews with 16 representatives from organisations working in partnership with the Personal Adviser Service, within four of the pilot areas. The study also drew on data collected from in-depth interviews with the pilot managers in each area. The interviews with managers provided a greater breadth of knowledge about partnership arrangements but less depth of information within the eight areas not selected. Details about the methods used for the pilot manager interviews are reported in Section B.1.5.

Design and selection of sample

The sample was designed in consultation with the Departments, and based on information about partnership working in each area that had been gathered in interviews with pilot managers. It was decided to carry out the research in three contract areas and one Employment Service led area. While contract areas were deliberately set up to involve organisations in a partnership, initial evidence showed that pilots in Employment Service areas were also working in partnership with a range of organisations. Ideally, more than one case study would have been conducted in the Employment Service led areas, but it was decided to focus the relatively small number of overall interviews in a limited number of areas.

The aim was to select four pilot areas that differed from each other in a number of important ways, to enable comparison and in-depth exploration of arrangements in each area. The areas and individual organisations were selected on the basis of a small number of key dimensions. This information had been identified from the pilot managers and was therefore determined by their use of the term 'partnership'. The following dimensions were represented within the four areas:

- type of lead organisation: one local Employment Service, two non-profit organisations, one private sector organisation;
- one rural area, one inner city, one urban and one mixed area;
- involvement of a range of different types of partner organisation;
- number of partners: two areas had a smaller number (less than five) and two a larger number of partners;
- different ways of working with partner organisations were represented (for example, joint development of services, provision of advice/ information, involvement in management functions, seconding staff); and
- manager's appraisal of effectiveness of partnership working: three where manager felt partnership was working well, one were it was felt not to be working so well.

Within each area, in-depth interviews were conducted with four representatives from partner organisations. These were selected on the basis of information provided by the pilot manager, so that the selection of organisations was guided by local partnership arrangements. The aim

was to achieve a spread of different types of organisation across each area, representation of the Benefits Agency and/or the Employment Service in each area, and partners who were more and less active at the time of fieldwork. Decisions about which partners were active or not were made on the basis of information from the pilot manager, and were based on the degree to which partners contributed to the organisation or delivery of the pilot over and above attending advisory or partnership group meetings.

The distribution of the sample between areas is shown in Table B.1.

Table B.1 Distribution of the sample of partner organisations

Employment Service area	Contract area - 1	Contract area - 2	Contract area - 3
• Benefits Agency	• Regional Employment Service	• Regional Employment Service	• Regional Employment Service
• Active service provider	• Local authority – chief executive's department	• Active service provider	• Benefits Agency
• Less active service provider	• Active service provider	• Less active service provider	• Active service provider
• Local authority – social services department	• Disability user organisation	• Private sector employer	• Less active service provider

Recruitment and conduct of interviews

A letter was sent by the research team to the relevant representative from the 16 selected organisations explaining the purpose of the research and assuring confidentiality. In each organisation, we sought to interview the person who was the main organisational contact with the pilot. The letter was followed by a telephone call from the research team to give more information about the study, invite participation and to set up an appointment. On occasion, this call enabled us to identify the most appropriate member of staff to talk to - the person who had the most involvement in partnership working at a strategic level. Nobody declined to take part.

The in-depth interviews were carried out in July and August 2000, by members of the research team at the *National Centre for Social Research*, using topic guides constructed in consultation with the Departments. Each interview lasted about an hour, and took place at respondents' offices. All were tape recorded and transcribed verbatim.

The interviews explored the following themes, the order in which they were discussed varying between interviews as appropriate:

• background of respondent and organisation;
• how they became involved in the pilot and how the role has changed;
• definitions and understandings of partnership within NDDP;
• ways of working in partnership; degree of involvement;
• views about ways of working;

- views about contributions and impact - impact on own organisation, contribution of own organisation and of partnership generally;

- factors influencing effectiveness of partnership working; and

- suggestions and recommendations.

Over the course of the evaluation the following fieldwork was carried out with staff of the pilots.

Before September 1999 (data contributing to the interim report, Arthur *et al.*, 1999):

- two group events involving 12 Personal Advisers from the Employment Service led pilots (March 1999); and

- individual depth interviews with a further 12 Personal Advisers from the Employment Service led pilots (April/May 1999).

After September 1999:

- individual depth interviews with 12 Personal Advisers from the contract areas (October/November 1999);

- two group events involving 12 Personal Advisers from the contract areas (November/December 1999);

- individual interviews with Occupational Psychologists in 11 pilot areas (January/February/March 2000);

- individual interviews with managers in all 12 pilot areas (February/March 2000); and

- two group events involving 12 Personal Advisers from the Employment Service led and contract areas (May 2000).

Conduct of the fieldwork

The individual and group interviews with Personal Advisers in the contract areas in late 1999 replicated the methods used in the Employment Service led areas in March 1999. Interviews with managers, Occupational Psychologists, and the combined groups of Personal Advisers required new topic guide designs. All interviews were tape recorded and transcribed for analysis.

Depth interviews with Personal Advisers in the contract areas

Depth interviews with Personal Advisers in the contract led areas were held in the pilot offices and generally lasted an hour and a half. Topics covered in the interviews included:

- initial interviews;

- progress planning;

- increasing clients' employability;

- supporting clients into paid work;

- key inputs from the Personal Adviser Service; and

- the added value of the pilot service.

Group events with Personal Advisers from the contract areas

The focus of the group discussions with Personal Advisers from the contract areas was on changes and development in the delivery of the Personal Adviser Service. Topics covered:

- the characteristics of the clients;
- methods of working with clients;
- administrative arrangements;
- working with other agencies;
- working with employers; and
- Personal advisers' expectations of the pilot service.

The events were held in York and London. Personal Advisers from the North of England attended the York group. Advisers from the South of England attended the London venue.

Interviews with Occupational Psychologists

The focus of the interviews with Occupational Psychologists was on how they worked with clients to facilitate their move towards and into work, the personal, organisational and external resources required, and the opportunities and constraints they encountered. The aim was to examine the practices of Occupational Psychologists within the Personal Adviser Service with the objective of identifying lessons for developing service delivery in the future.

Interviews were conducted with Occupational Psychologists in 11 pilot areas either face-to-face or by telephone. One pilot area did not use the services of an Occupational Psychologist. Topics covered in the interviews included:

- the personal background of the Occupational Psychologist;
- role within the Personal Adviser Service;
- characteristics of clients seen;
- client referrals;
- working with clients;
- arranging and co-ordinating services; and
- reflections on the contribution of Occupational Psychologist service to clients.

Interviews with pilot managers

Managers have important roles to play in relation to the internal management of the pilot and the performance of the Personal Adviser Service team, and in relation to the external environment of partnership members, providers of training and other services, and the labour market and employers. The interviews concentrated on *change* in the organisation

and delivery of the Personal Adviser Service. Topics covered in the interviews included:

- background and role of manager;
- internal management of the pilot service;
- role of Personal Advisers;
- clients;
- at risk clients/job retention services;
- partnership arrangements;
- the network of service providers;
- the local labour market and employers; and
- performance and outputs of the pilot.

Personal Adviser group events, May 2000

These events were different from earlier events. They brought together Personal Advisers from the Employment Service and contract pilots with the aim of comparing and contrasting experiences. The scope of the events was as follows:

- to explore how and why the pilots had developed, and examine the impacts of any changes;
- to explore similarities and differences between Employment Service and contract pilots, and discuss the pros and cons of different models of organisation and delivery; and
- to explore personal advisers' views of the staffing and resource requirements for an effective Personal Adviser Service.

The events were held in Sheffield and Bristol. Personal Advisers from the North of England and Scotland attended the Sheffield group. Advisers from the South of England and Wales attended the Bristol event.

B.1.6 Study of clients The study of clients consisted of in-depth interviews with 91 people who were currently or had been in touch with the Personal Adviser Service. They were not necessarily people who had agreed to a progress plan or were formally on the personal adviser's caseload. Follow-up interviews were conducted with 26 of these clients, some 6-12 months after their first interview.

Design

The aim was to explore perceptions and experiences of clients across all pilot projects, and in particular to investigate:

- expectations of the service and reasons for taking part;
- experiences of the service and the processes involved; and
- the range of impacts and outcomes.

The study group was built up in three stages:

- 30 early entrants to Employment Service pilot projects, interviewed during April/May 1999;

- 31 early entrants to Contract led pilot projects, interviewed in November/December 1999; and

- 30 later entrants to all pilot projects, interviewed in April/May 2000.

Follow-up interviews were conducted in April/May 2000 with 26 of the early entrants.

Selection of study group

At each stage, the sample was designed in agreement with the Departments, with the aim of achieving diversity over a number of key characteristics. The Department of Social Security drew initial samples of people who had been or were currently in touch with the Personal Adviser Service, from the Benefits Agency database, which is compiled on the basis of administrative returns from each Personal Adviser Service. The samples were designed to represent a range among the following primary sampling variables:

- sex;
- date of birth;
- invited to participate or not;
- equal distribution among pilot areas; and
- whether 'caseloaded' or 'exited', as recorded by the pilots.

From the initial sampling frames, purposive study groups were built, using quotas for these variables which were agreed with the Departments. Table B.2 shows the key characteristics of the achieved study groups.

The database also contained information which was used as secondary sampling variables:

- recorded impairment or health condition;
- Incapacity Benefit received;
- year of claim for Incapacity Benefit; and
- 'stock' or 'flow' (in relation to Incapacity Benefit claim).

These variables were monitored during recruitment to ensure further diversity. The design of the study group was shaped by the type of information available on the Benefits Agency database. This meant that it was not possible to take account of dimensions such as the number of contacts between the client and the pilot service, or any of the activities undertaken while using the pilot service.

On the assumption that impairment or health condition might be one factor which had an impact on the perception or experience of the Personal

Adviser Service, the study group was built to include people from a number of broad categories of conditions. This also ensured that people with particular conditions, for example mental health problems or sensory impairments, were not excluded. In the event, each component of the study group included:

- people with sensory impairment;
- people with a musculo-skeletal condition or impairment;
- people who had had mental illness;
- people with learning difficulties; and
- people with a long-term or disabling illness.

In deciding which clients to invite to participate in follow-up interviews, four groups were selected, in respect to the stage they had reached in moving towards or returning to work when the researchers first met them:

- people who were in some form of work (including therapeutic and voluntary work);
- people who were looking for jobs and/or going for interviews;
- people taking part in, or actively planning to take part in, a training course, work preparation, work placement or educational course with a view to eventual employment; and
- people not then considering work, and people recorded as 'exited'.

Table B.2 The client study group profile

	Early entrants: Employment Service pilots	Early entrants: Contract led pilots	Later entrants: All pilots	Total
Sex:				
Men	17	16	14	47
Women	14	14	16	44
Age:				
20-29 years	9	7	5	21
30-39 years	9	4	11	24
40-49 years	7	8	6	21
50 years and over	6	11	8	25
Incapacity benefit claimed (from BA database):				
Incapacity Benefit (long-term)	11	14	10	46
Incapacity Benefit (short-term)	3		8	
Severe Disablement Allowance	5	4	4	13
National Insurance credits	8	3	7	18
None of above/not known	4	9	1	14
				Continued

Table B.2 Continued

	Early entrants: Employment Service pilots	Early entrants: Contract led pilots	Later entrants: All pilots	Total
Client type (from BA database):				
'Stock'	24	19	20	63
Flow'	7	6	10	23
Not known	-	5	-	5
Whether invited to take part:				
Yes	21	16	25	62
No	10	14	5	29
Family and household circumstances, at time of research interview:				
Living as lone parent	2	2	3	7
Living with partner and children	9	5	6	20
Living with partner (and, for some, other adult family members)	10	10	11	31
Living with parents	4	6	6	16
Living alone	5	5	3	13
Living in shared accommodation or adult placement	1	1	-	2
No information	-	1	1	2

Recruitment

Respondents were recruited by the research team. Initially, a letter explaining the research and offering an opportunity to withdraw was sent to the samples from the Department of Social Security. Following this, the Departments made contact with each pilot project to update the Benefits Agency data provided for each client. Names and addresses of those who had not withdrawn after two weeks were passed to the research team, who made contact with potential respondents, building up the study groups at each stage according to the criteria agreed for selection.

Initial contact was often made by telephone, but face-to-face recruitment was also conducted, for two reasons. First, it was important to include clients who did not have or use a telephone, and, secondly, pilot projects did not always supply telephone numbers of clients. Respondents were told about the confidentiality of discussions, and appointments were made at a time and place of their convenience. The researchers asked at this stage if there were any particular arrangements which might facilitate the interview.

There were some refusals on contact, and withdrawals from appointments, for reasons associated with impairment and ill-health, desire for privacy and anxiety. One contact did not go forward to an interview because the person concerned was employed by the Personal Adviser Service. There were some problems in recruitment when respondents had moved from recorded addresses or had appointees with whom it was hard to make contact. Generally however, recruitment to the initial interviews was encouraging at all stages.

Clients were recruited for follow-up interviews from among those who had agreed to this at the first interview. Again, initial explanatory letters were followed by direct contact from the researchers. Some people declined to take part a second time, sometimes because their health had deteriorated or personal circumstances had changed. Twenty-six follow-up interviews were achieved.

Conduct of interviews

Interviews were carried out by members of the research teams at the National Centre and Social Policy Research Unit using topic guides drawn up in consultation with the Departments. Topic guides used in initial interviews covered the following areas:

- background;
- current situation;
- initial access to the pilot service;
- role of the Personal Adviser;
- role of other staff;
- venue and location;
- activities undertaken while using the pilot service;
- other sources of help and advice; and
- overall impact and plans for the future.

Interviews in the later stages of fieldwork also included exploration of knowledge and use of a number of work incentive measures, which were being piloted in parallel research and evaluated by the Departments.

Topic guides used in follow-up interviews covered:

- changes in personal circumstances, including health or impairment since initial interview;
- further experiences of work or work-related activities;
- further experiences of using the Personal Adviser Service;
- overall views on impact of service; and
- plans for the future.

Most interviews took place at the client's home and lasted between an hour and an hour and a half. A small number of interviews with people

with sensory impairments, learning difficulties or mental health problems were mediated by a parent or partner, who enabled communication or encouraged participation. Most of the interviews were tape recorded and transcribed verbatim, unless other arrangements suited some clients with particular impairments.

All participants received a gift of £15 for each interview, for giving up time and helping with this research.

B.1.7 Employer study ## Sample design and selection

The sample design for both Employment Service led pilot areas and contract pilot areas was identical. The aim in designing the sample for the employer study was to achieve a representative spread of employers. The key sampling variables identified for this purpose were:

- sector (to include private, public and voluntary);
- size band in terms of numbers employed in the UK:
    - Small: 1-49 employees
    - Medium: 50-499 employees
    - Large: 500+ employees
- type of activity of the organisation; and
- nature of involvement with the pilot service.

Six pilot areas located throughout England were selected for each stage of the study to explore any differences in implementation of the Personal Adviser Service. A request was made by the Departments to the Personal Adviser team in each location to supply the sampling frame of employers for their area.

The research contractors supplied each team with details of the number and types of employer organisations, in terms of the key variables that they required. Employer involvement with the pilot service had been minimal in some organisations in the Employment Service led pilots. Personal Adviser Service teams drawing up the sampling frame for the contract pilots were requested, as far as possible, to only include organisations where there had been contact with the employer as well as the client. In this they were largely successful.

Each team provided details about the employer organisations, together with the name and contact details of the organisation and the name of the key contact person, to the Departments who then passed them on to the research team. Teams were also asked to supply the names of any participants who had been involved with each employer organisation. This was needed since it was deemed advisable to exclude any employers who were involved with a participant who had taken part in an in-depth interview for the client study. This was done to avoid any suspicion on the part of either participant or employer that information given by one respondent had been passed to another.

Personal Adviser Service teams drawing the sample for the Employment Service pilots had not always been able to provide information about 20 employers, as requested by the research contractors. However, this did not appear to pose problems for teams involved with the sample for the contract pilot areas, which took place a year later. Other initial difficulties in drawing up the sample frame that were noted for the Employment Service led pilots had largely been eradicated by the time it came to the contract pilot areas.

The research contractors were responsible for selection of the final sample. A total of five employer organisations were to be recruited from the sampling frame supplied for each of the six pilot areas at each stage of the study.

Recruitment and fieldwork

A letter was sent by the research team to a sub-set of the organisations whose details had been obtained, explaining the purpose of the research and asking whether a representative of the organisation would be willing to take part in an interview. This letter was accompanied by a covering letter from the Departments confirming the aims and objectives of the study and emphasising the confidential nature of the research. A member of the research team then made a telephone call to give more information about the study, identify a suitable respondent, invite participation and, where employers were willing to take part, to arrange an appointment to interview. A letter confirming details of the appointment and reassurance about the confidential nature of the study was then sent.

In a few cases, employers were unwilling to take part in the study. Some said they were too busy; others, particularly those who saw limited opportunities for employing people with impairments or a health condition and had little or no experience of the Personal Adviser Service, were unwilling to devote time to the study. The research team used a matrix to monitor the distribution of key variables across the sample. Details of the sample achieved are given in Table 7.1.

A total of 64 interviews was carried out over the two stages of the study. The four extra interviews were accounted for by interviews being carried out with two separate respondents within the same organisation, for example, with a policy manager and the line manager of a client. Fieldwork was carried out in Employment Service led pilot areas in April-May 1999 and in contract pilot areas between April and July 2000.

In-depth interviews were carried out by members of the research team at the National Centre for Social Research and the Social Policy Research Unit. Topic guides for use in interviews were drawn up in consultation with the Departments. Interviews, which lasted between one and one and a half hours, took place at respondents' offices. Interviews were tape recorded and transcribed verbatim.

The study of Personal Adviser Service services for job retention reported in Chapter 8 consisted principally of:

- data from interviews with 64 employers carried out in Employment Service areas in April and May 1999, and in contract areas between April and July 2000 (described in Section B.1.7 above);

- data from interviews with those clients in the qualitative study (described in Section B.1.6 above) who were in employment when they contacted the Personal Adviser Service;

- data from interviews with managers in all 12 pilot areas during February and March 2000 (described in Section B.1.5 above);

- data from interviews with Occupational Psychologists in 11 pilot areas between January and March 2000 (described in Section B.1.5 above);

- telephone interviews with staff with responsibilities for job retention in 10 pilot areas, from mid June to late July 2000; and

- three small-scale case studies exploring ways of engaging and delivering services to clients and employers, carried out in September and October 2000. These involved telephone interviews with pilot managers and staff, human resource managers, trade union representatives and health service professionals. (Interviews with clients and further health service professionals were conducted after completion of the main Personal Adviser Service evaluation.)

The study was also informed by interrogation of data from the other qualitative fieldwork elements described in this appendix: that is, depth interviews and group events with Personal Advisers; and field reports from site visits to the pilot projects. These elements were not designed systematically to explore job retention but nevertheless generated material useful to the study. Group events with Personal Advisers, which covered the topic of working with employers, were particularly fruitful sources.

Fieldwork with employers, managers and Occupational Psychologists

Sections B.1.5 and B.1.7 described the methods of recruitment and conduct of fieldwork for interviews with managers, Occupational Psychologists and employers.

Interviews with employers covered:

- policies for job retention;
- experience of employees with problems remaining in work because of ill-health or impairment;
- internal and external resources to support job retention;
- practical difficulties in retention;
- unmet needs;
- awareness of the Personal Adviser Service job retention remit;

- experience and evaluation of Personal Adviser Service support for job retention; and
- potential use of Personal Adviser Service support.

Interviews with pilot managers covered:

- salience of job retention activity in the pilot;
- elements of pilot strategies to promote job retention;
- operational definitions;
- staffing and involvement of contractors or partners;
- problems met and ways of resolving them;
- performance; and
- views on appropriate agencies for job retention services.

Interviews with Occupational Psychologists covered:

- previous experience of job retention work;
- key skills;
- strategic role in promoting job retention services;
- role in relation to clients 'at risk';
- role in relation to employers; and
- role in supporting Personal Advisers.

Fieldwork with Personal Adviser Service staff with responsibilities for job retention

Pilot managers were contacted to identify a staff member in every pilot who had responsibility for, or experience of, job retention work. In two pilots no relevant staff member could be identified. Letters were sent to the identified staff outlining the topics to be covered and seeking their agreement to a telephone interview. Telephone interviews were recorded with permission and transcribed. Interviews took between 45 and 60 minutes.

Topics covered:
- previous experience, current role and relationship to any other staff with job retention roles;
- interpretation of the job retention remit;
- demand, take-up and routes to the Personal Adviser Service;
- components of services to clients and to employers;
- liaison with other stakeholders;
- key skills and resources;
- difficulties met in delivering the service; and
- gaps and suggestions for improvements.

Case studies

Material from employer and staff interviews was analysed to identify modes of job retention practice to study in greater depth. Proposals to the Departments were refined into three small-scale studies.

The three studies aimed to investigate joint working initiatives to promote job retention with:

- human resources staff and trade union representatives in public sector organisations;
- general practice staff; and
- a psychiatric hospital.

The studies were designed to:

- explore the aims of the Personal Adviser Service initiatives and examine their fit with other actors' expectations;
- describe ways of working to achieve those aims and examine their fit with other actors' practices and client preferences;
- explore perspectives on effectiveness; and
- identify factors and contexts influencing effective joint working and successful outcomes for clients and employers.

Recruitment and fieldwork

Plans for local in-depth studies were outlined to the relevant pilot managers and their approval was obtained. The case studies were progressed in four phases: fact-finding telephone interviews with managers and/or staff to establish the current position and key contacts; telephone interviews with the lead player in each partner organisation; telephone interviews with other organisational players identified; and telephone interviews with clients identified in the preceding interviews. Interviews lasted approximately 45 minutes, were tape recorded with permission and transcribed.

Topics covered with organisational players

Topic guides were tailored for each organisation and role and aimed to cover:

- organisational provision for job retention and key issues;
- how and why they became involved in the job retention initiative;
- what they hoped to achieve and any doubts or concerns about involvement;
- details of their role in the initiative;
- experience and views on working with the Personal Adviser Service;
- benefits of being involved with the Personal Adviser Service, any tensions or difficulties;

- evaluation of Personal Adviser Service staff, service components and ways of working;
- effectiveness of the job retention initiative; and
- expectations for the future.

Topics covered with clients
- situation prior to contact and contributory factors;
- attitudes to return to work and perceptions of barriers and support needed;
- role of workplace and other actors in enabling or inhibiting the desired outcome;
- how contact was made with the Personal Adviser Service; and
- evaluation of the Personal Adviser Service and service components.

The study of services for job retention was designed and carried out by the Social Policy Research Unit.

B.1.9 Summative workshop

A one-day summative workshop was held in September 2000 with the key actors involved in delivering the Personal Adviser Service; namely pilot managers and Personal Advisers. All 12 pilot managers were invited to participate in the workshop, where managers were unable to attend their areas' deputy managers/team leaders were asked to take part. Pilot managers were asked to select one experienced Personal Adviser to attend.

Representatives from 10 of the 12 pilot areas attended the event; the remaining two pilot areas were unable to send representatives due to other commitments. In total, 10 pilot managers and seven Personal Advisers attended. The principal objectives of the workshop were to:
- pull together lessons learnt from the Personal Adviser Service pilots;
- validate emerging findings from the research; and
- reflect briefly on the implications of the pilots for the national extension of the New Deal for Disabled People.

Respondents were spilt into four groups. Two of the groups comprised Personal Advisers (equally divided according to Employment Service led or contract led pilots). The other two groups included pilot area managers or their representatives.

Key themes discussed

Each of the groups discussed, in parallel, two of the following themes that emerged from the research evaluation:
- marketing the service (to clients and to employers);
- working with employers;
- effective partnership working; and
- infrastructure needed to deliver the service/models of working.

The groups comprising Personal Advisers were best placed to discuss marketing the service and working with employers whilst pilot managers/ Occupational Psychologists discussed effective partnerships and the infrastructure/models of working of the services.

Report-back sessions were used to capture and distil key points made during each of the parallel discussions and these were supplemented by a plenary session. The purpose of this final session was to take each theme in turn and:

- allow participants to comment on the two themes they had not discussed in their groups;
- highlight any differences between the feedback of the groups to be clarified; and
- to summarise and prioritise key findings.

The workshop was facilitated by researchers from the Centre for Research in Social Policy and by Marilyn Howard.

B.2 Quantitative studies

This section reports the methodology for the three quantitative studies, namely the study of the local labour market characteristics of the 12 pilot areas (Appendix A), the participants' and non-participants' survey and the national survey of recipients of incapacity related benefits.

B.2.1 Use of quantitative research

In identifying the labour market characteristics of the 12 pilot areas, the aim was to establish for each of the areas:

- unemployment rates;
- inactivity rates for persons of working age;
- employment rates for persons of working age; and
- employment by sector.

The main aims of the participant and non-participant survey were to:

- establish the differences between those who participated in the New Deal for Disabled People Personal Adviser Service and those who did not;
- identify people's responses to their interviews and dealings with the Personal Adviser Service and the help offered to them; and
- consider the range of activities people had participated in since their contact with the Personal Adviser Service or over a two year observation period.

The main aims of the national survey of recipients of incapacity related benefits were to:

- provide information about the characteristics, aspirations and labour market experiences of a national survey of recipients of New Deal for Disabled People qualifying benefits who had not been offered the Personal Adviser Service, focussing mainly on people most likely to use a service similar to the Personal Adviser Service; and

- provide a base against which the experiences of people in the New Deal for Disabled people pilot areas can be compared.

B.2.2 Method of analysis   **Study of the characteristics of the 12 pilot areas**

Claimant count statistics were used to establish unemployment rates, and the ratio of unemployed to unfilled vacancies were calculated using vacancies recorded by the Employment Service. Inactivity rates and employment rates for persons of working age were established from the Labour Force Survey, and employment by sector from employee data from the 1997 Annual Employment Survey.

Surveys

Both surveys were analysed using SPSS Versions 9.0 and 10.0.

B.2.3 Study of the characteristics   The 12 pilot areas (and the New Deal for Disabled People control areas)
of the pilot areas   are Benefits Agency Districts. A 'best-fitting' exercise conducted at the outset of the project showed that Benefits Agency Districts do not nest easily into other geographical units for which labour market data are more readily available. Partly this is due to the presence amongst the pilot and control areas of several inner city areas and also other small parts of metropolitan areas (which do not form functional local labour market areas). Moreover, the relatively close geographical proximity of some pilot and control areas to one another, coupled with the relatively poor fit in some cases to other 'standard' geographical areas, would result (in some cases) in the use of the same travel-to-work areas as 'best-fit' geographies for pilot and control areas.

Based on the results of the 'best-fitting' exercise, a decision was taken to make use of counties and unitary authorities with local authority districts for unemployment[52] and employment analyses, using the JUVOS claimant count and the Annual Employment Survey, respectively. For analyses of economic position, unemployment and employment using data from the quarterly Labour Force Survey, counties and local authority districts

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[52] Denominators for use in calculating unemployment rates are available for these areas from 1996. In theoretical terms it would have been preferable to use travel-to-work areas (since travel-to-work areas are defined on a consistent and comparable basis), but due to the poor fit of some Benefit Agency Districts to travel-to-work areas the decision to make use of administrative geographies instead was taken.

based on 1981 geographies were used, although for statistics from the Annual Labour Force Survey it was possible to use counties and unitary authorities with local authority districts. For analyses of data on vacancies it was necessary to use jobcentre-based geographies[53]. The analyses of socio-demographic characteristics based on the 1991 Census of Population data make use of micro-level data for enumeration districts,[54] thus enabling a close match to the boundaries of Benefits Agency Districts. Hence, a range of geographical bases was used in accordance with data availability constraints. Although this is not necessarily ideal, it was felt that the choices made represented the best possible compromises available in order to enable and assessment of the key features of individual local areas and to enable inter-area comparisons.

B.2.4 Participant and non-participant survey and the national survey of incapacity benefits recipients

The evaluation of the Personal Adviser Service involved three quantitative elements: a survey of Employment Service pilot areas in summer 1999; a survey of Employment Service and contract pilot areas in summer 2000; and a national survey of incapacity benefits recipients in summer 2000.

Employment Service pilot area survey conducted in summer 1999

A survey of Employment Service pilot areas was carried out in summer 1999 to provide early information about participants and non-participants in the six Employment Service pilot areas. Most of these interviews were conducted by telephone but face-to-face interviews were also used to ensure we included people without telephones, or who could not be interviewed by telephone. Further information about the conduct of this survey and the level of response to it are provided in Arthur *et al.*, 2000.

Employment Service and contract pilot area survey conducted in summer 2000

In summer 2000 a survey of all the New Deal for Disabled People pilot areas (Employment Service areas and contract areas) was conducted. In the Employment Service areas this involved:

- follow-up interviews with participants and non-participants who responded to the early survey (Sample 1). These people had been invited to take part in the Personal Adviser Service between mid-January and mid-May 1999 or had had an interview with an Adviser between March and July 1999. In effect, the sample was drawn across a five-month period, beginning six months after the launch of the programme; and

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[53] This will not match exactly with the 'geographies' outlined above.

[54] The postcode definitions of Benefit Agency Districts were matched to enumeration districts, and then data at the level of enumeration districts were extracted from the 1991 Census of Population Small Area Statistics.

- interviews with a booster sample of New Deal for Disabled People participants in the six Employment Service areas (Sample 4). These people had had an interview with an Adviser between August or September 1999.

Overall, the target sample for the survey in the Employment Service pilot areas (based on a combination of cases from Sample 1 and Sample 4) was 1050 participants and 300 non-participants.

The sample drawn from the contract areas (sample 2) involved interviews with both participants and non-participants. The sampling window was between September 1999 and January 2000 for participants (and six weeks earlier for non-participants to allow for the lag between invitation and participation). Like the sample in the Employment Service pilot areas, the target sample for the contract areas was 1050 participants and 300 non-participants.

National survey of incapacity benefits recipients conducted in summer 2000

A national survey of incapacity benefits recipients was carried out in summer 2000. Interviews were conducted face-to-face. The aim of the national survey sample (Sample 3) was to provide information about the characteristics, aspirations and labour market experiences of a national sample of disabled people on New Deal for Disabled People qualifying benefits[55]. Although the survey aimed to provide a base against which the broad experiences of disabled people in the pilot areas could be approximately compared, the samples were not sufficiently large to provide a precise measure of the impact of the New Deal for Disabled People pilots or any future programme.

The survey sample was clustered within a proportionate stratified sample of 30 Benefits Agency districts stratified by office type (inner city, urban, mixed, rural) and rate of unemployment (low, medium, high) (Table B.3). The 30 areas did not include any of the New Deal for Disabled People pilot areas. However, the sample of districts was constrained to include the 10 control areas selected by the Department of Social Security for the evaluation of New Deal for Disabled People using administrative data.

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[55] Claimants receiving Incapacity Benefit, Severe Disablement Allowance or National Insurance Credits only.

Table B.3 Characteristics of Benefits Agency districts sampled for the national survey

Office type	Rate of Unemployment		
	Low	Medium	High
Inner city		1	3
Urban	2	4	4
Mixed	5	3	1
Rural	3	3	1

The selection procedure involved a number of stages. First, a pre-stratification using administrative (QSE) data was carried out to give a sample of 10,000 cases on benefit, as well as those that had left benefit or joined and left during the relevant quarter. The sample members were those in receipt of New Deal for Disabled People qualifying benefits for more than 28 weeks. The sample consisted of 50 per cent flow (those reaching the 28-week threshold between 30 November 1998 and 31 August 1999) and 50 per cent stock (those in receipt of benefit for more than 28 weeks as at 30 November 1998). Within stock and flow, the sample took further account of duration on benefit, sex and age. Table B.4 summarises the characteristics of the New Deal for Disabled People participants in the Employment Service areas, which are used as the basis for disproportionately sampling the QSE to identify people for inclusion in the postal sift survey.

Table B.4 Characteristics of the Employment Service participant group from the Employment Service pilot survey conducted in summer 1999

		Male		Female		
	Duration of 'eligible' claim	Under 50 years	50 years and over	Under 50 years	50 years and over	Total
Flow	28 to 66 weeks	38%	29%	21%	13%	100%
Stock	66 weeks to 3 years	13%	7%	11%	1%	100%
	More than 3 years	22%	17%	22%	7%	100%

Table B.5 shows the number of cases that were selected from the QSE to form the sample for the postal sift exercise to match information based on Table B.4 above.

Table B.5 Target sample sizes for postal survey - issued sample 10,000

		Male		Female		
	Duration of 'eligible' claim	Under 50 years	50 years and over	Under 50 years	50 years and over	Total
Flow	28 to 66 weeks	1891	1443	1045	647	5025
Stock	66 weeks to 3 years	647	348	547	50	1592
	More than 3 years	1095	846	1095	348	3383
Base		3632	2637	2687	1045	10,000

The second stage in the selection process involved a postal sift to identify adequate numbers of people who might be considered to be close to the labour market, that is 'potential participants' and a smaller number of those who were more remote, and akin to 'potential non-participants'.

Considerable attention was paid to the development of the postal questionnaire. It was kept to four sides in length to maximise response, and only the most vital questions were included. Questions captured data about current economic activity; intention to work, enter study or training or engage in some productive activity now, or in the future; and whether the respondent was interested in receiving help to find work, study or training opportunities. Further information on the design, cognitive testing and piloting of the postal questionnaire is reported in Lessof *et al.*, 2001. Two-thirds of the sample returned a productive questionnaire.

The third stage in the selection process was to select a pool of individuals who had responded to the postal survey. Two distinct samples were issued for the face-to-face interviews. The first was respondents deemed to be 'closer' to the labour market on the basis of their responses to the postal questionnaire (an issued sample of around 1667 'closer' to the labour market to achieve 1250). The second was those deemed to be more 'distanced' from the labour market (an issued sample of around 467 more 'distanced' from the labour market to achieve 350).

It was not possible to match the characteristics of 'closer' and 'distanced' samples with Employment Service participants and non-participants respectively exactly as planned. This was due to a shortfall in the achieved number of stock 'closer' to the labour market from the postal survey. Instead, the distribution of the issued sample within each district was matched according to the characteristics of the achieved sample from the postal survey. The overall distribution of the 'closer' sample is depicted in Table B.6 and for the 'distanced' sample in Table B.7. Because of the shortfall in 'closer' stock it was not possible to issue a 50:50 split of stock and flow for both of the above groups. Instead, following the achieved distribution of the postal survey, the 'closer' sample comprised 30:70 split of stock and flow (respectively) and the 'distanced' sample a 70:30 split of stock and flow (respectively).

Table B.6 Distribution of issued sample 'closer' to the labour market based on the characteristics of the total achieved sample from postal survey deemed 'closer' to the labour market (case numbers are approximates)

| | | Male | | Female | | |
| | | Under 50 years | 50-64 years | Under 50 years | 50-59 years | Total |
Duration						
Flow	28- 66 weeks	22%	23%	17%	11%	
Stock		(n=367)	(n=383)	(n=283)	(n=183)	(n=1216)
	66 weeks to 3 years	7%	3%	6%	1%	
		(n=117)	(n=50)	(n=100)	(n=17)	(n=484)
	More than 3 years	4%	2%	5%	1%	
		(n=67)	(n=33)	(n=83)	(n=17)	
Base						1700

Table B.7 Distribution of issued sample 'distanced' to the labour market-based on the characteristics of the total achieved sample from postal survey deemed 'distanced' to the labour market (case numbers are approximates)

| | | Male | | Female | | |
| | | Under 50 years | 50-64 years | Under 50 years | 50-59 years | Total |
Duration						
Flow	28-66 weeks	6%	12%	6%	6%	
Stock		(n=28)	(n=56)	(n=28)	(n=28)	(n=140)
	66 weeks to 3 years	5%	6%	5%	1%	
		(n=23)	(n=28)	(n=23)	(n=5)	100%
						(n=327)
	More than 3 years	15%	16%	16%	6%	
		(n=70)	(n=75)	(n=75)	(n=28)	
Base						467

In this way, 2,167 cases suitable for inclusion in the main face-to-face survey were selected and were then approached for a face-to-face interview with a target of 1,600 productive interviews in total.

Questionnaire development for face-to-face interviews with all sample types

The questionnaire used for all four sample types was designed to be comparable with the survey of participants and non-participants carried out in the Employment Service pilot areas in the summer of 1999. Questions covered basic socio-demographic information, questions about health and disability including the nature and onset of disability and its severity (using a severity score). The questionnaire gathered information about respondents' work and benefit histories, work aspirations and barriers or limitations to their ability to work. For respondents in pilot areas, questions were asked about experience and views of the Personal Adviser Service.

The interview was conducted face-to-face on a laptop computer, using a computer-assisted personal interview (CAPI) questionnaire, programmed using BLAISE. A pilot of the survey procedures and instruments took place in Employment Service and contract areas in April 2000. Further details on the questionnaire design and piloting are reported in Lessof *et al.*, 2001.

Initial contact with sample members

All fieldwork was conducted by the National Centre for Social Research. Sample members were contacted in writing before the interviewer's call, and informed of the survey. They were assured that participation was voluntary, and that any results would be strictly confidential.

Briefing

All interviewers were briefed before starting work by research staff from the National Centre. Briefing sessions provided an introduction to the New Deal for Disabled People evaluation and its aims; an explanation of the sample and contact procedures, a dummy interview exercise, designed to familiarise interviewers with the questions and flow of the questionnaire, and a discussion of skills for interviewing the sample. Further details on briefing of interviews are reported elsewhere (Lessof *et al.*, 2001).

Fieldwork, duration of interviews and conduct of proxy interviews

Fieldwork took place between 12th May 2000 and 28th July 2000 (sample types 1, 2 and 4). Because of the postal survey required to select sample type 3, fieldwork for this sample started later, between 27th June 2000 and 24th August 2000.

Overall, the average length of interview was 56 minutes with interview length for New Deal for Disabled People participants averaging 65 minutes, and for non-participants 47 minutes. For interviews with sample type 3 (who were not asked at all about New Deal for Disabled People), the average length was 46 minutes. For all samples, there was a large amount of variance in interview length, perhaps due to the differing nature of respondents' disability and work histories. Further information on fieldwork, in particular, management and quality control issues are reported in Lessof *et al.*, 2001.

Response rates

Of the 5630 issued for all sample types, productive interviews were completed with 73.1 per cent.

However, during the course of fieldwork some 260 cases were identified as out of scope (for example, the addresses did not exist or the individual

had moved away.) Based on the in scope sample of 5630, we achieved a response rate of 76.6 per cent. This is the normally quoted response rate.

In addition, it is sometimes useful to calculate response rates based on the samples that were successfully contacted. This is because it is sometimes difficult to reach sample members (for example, if they are away receiving medical care or attention, or have moved away). This response rate is useful because it conveys how much agreement to participate in the survey was secured among those who actually had contact with an interviewer. In this instance the response rate (as a percentage of the 5032 contacts) was 81.7 per cent.

The overall refusal rate was eight per cent of the issued sample. Some of these people refused on the grounds that they were too ill to take part in the study.

Of the 4,113 completed interviews, 93.7 per cent were full interviews carried out with the respondent. In 141 instances, interviews were completed with the assistance of another individual (for example, a family member, friend or carer) and in a further 104 instances an interview was completed *by proxy* with another person on behalf of the named individual. In 13 instances, respondents were not able to complete their interview fully but provided sufficient data for the interview to be classified as 'partial'.

The response rates varied fractionally between the different surveys. The response rate to the national survey was 76.3 per cent and the response rate to the survey in pilot areas was 76.7 per cent. Further details are provided in Lessof *et al.*, 2001.

The response rates varied between sample types. These are reported in more detail in Lessof *et al.*, 2001.

Coding and editing

Interviewers carried out most of the editing and coding in CAPI surveys. The CAPI program ensures that the correct routeing is followed through the questionnaire and applies range and consistency error checks. Fully trained coders carried out more complex data checking.

Weighting

The data from the pilot area surveys was weighted to adjust for differential non-response by sex and age-group. Three age-groups were used for this purpose: Under 35, 35-49, and 50 and over.

The national survey was weighted to adjust for differential probabilities of selection and for differential non-response at both the postal and interview stages. The non-response weights were applied uniformly

within the strata used to select the samples, these being age-group (under 50, 50 and over), sex and duration of eligible claim for the postal survey and age-group, sex, duration, and closer/distanced status at the interview stage. Any residual differential non-response by district was not adjusted for.

B.3 The OPCS/ONS severity scores and disability profiles

B.3.1 OPCS/ONS severity scales

The survey included a range of questions based on the OPCS severity scales. These scales were constructed in line with a major series of surveys on the disabled population of Great Britain in the 1980s. The measure of severity of disability was defined as 'the extent to which an individual's performance of activities is limited by impairments'.

Respondents were asked to answer a detailed schedule of questions on 13 domains of disability to derive extent of disability in each of these functional domains (Table B.8). Following extensive methodological work by ONS, the three highest severity scores from the separate areas of disability were used to produce an overall disability score, following the formula:

Highest + 0.4 (second highest) + 0.3 (third highest)

This weighted disability score, which ranged from 0.5 to 21.5, was assigned to a severity category ranging from 1 (least severe) to 10 (most severe). This score is used as an aggregate index of 'severity of disability'. A score of zero refers to a person whose combined score does not reach the OPCS/ONS minimum level. The conceptual framework underlying these scales, the methodology of their construction and the scoring system are described in detail in Martin *et al.*, (1988).

Table B.8 Domains of disability

1.	Locomotion
2.	Reaching and Stretching
3.	Dexterity
4.	Seeing
5.	Hearing
6.	Personal Care
7.	Continence
8.	Communication
9.	Behaviour
10.	Intellectual Functioning
11.	Consciousness
12.	Eating, Drinking and Digestion
13.	Disfigurement

The last three domains listed above were added after initial development work had been conducted by OPCS.

Severity category 1

Case 1.1

Man aged 59

Overall severity score 1.5

Hearing score 1.5

Difficulty hearing someone talking in a normal voice in a quiet room

Severity category 2

Case 1.2

Woman aged 40

Overall severity score 4.25

Locomotion score 3.0

Cannot walk 200 yards without stopping or severe discomfort

Seeing score 1.5

Cannot see well enough to recognise a friend across the road

Has difficulty seeing to read ordinary newspaper print

Severity category 3

Case 1.3

Woman aged 31

Overall severity score 6.05

Communication score 5.5

Finds it quite difficult to understand people who know her well

Finds it very difficult to understand strangers

Intellectual functioning score 1.0

Often loses track of what's being said in the middle of conversation

Hearing score 0.5

Difficulty following a conversation against background noise

Severity category 4

Case 1.4

Man aged 25

Overall score 7.7

Hearing score 5.5

Cannot hear a doorbell, alarm clock or telephone bell

Cannot use the telephone

Cannot follow a TV programme at a volume others find acceptable

Has difficulty hearing someone talking in a normal voice in a quiet room

Communication score 5.5

Finds it very difficult to understand strangers

Severity category 5

Case 1.5

Women aged 45

Overall severity score 10.2

Continence score 8.0

Loses control of bladder at least once every 24 hours

Locomotion score 5.5

Cannot walk 50 yards without stopping or severe discomfort

Can only walk up and down a flight of 12 stairs if holds on (doesn't need a rest)

Severity category 6

Case 1.6

Man aged 62

Overall severity score 11.55

Locomotion score 7.0

Always needs to hold on to something to keep balance

Cannot bend down and pick something from the floor and straighten up again

Can only walk down a flight of 12 stairs if holds on and takes a rest

Cannot walk 200 yards without stopping or severe discomfort

Reaching and stretching score 6.5

Has difficulty holding either arm in front to shake hands with someone

Dexterity score 6.5

Has difficulty picking up and pouring from a full kettle or serving food from a pan using a spoon or ladle

Has difficulty unscrewing the lid of a coffee jar or using a pen or pencil

Can pick up a small object such as a safety pin with one hand but not the other

Severity category 7

Case 1.7

Man aged 55

Overall score 14.45

Locomotion score 7.5

Has fallen 12 or more times in the last year

Cannot walk 50 yards without stopping or severe discomfort

Can only walk up and down a flight of 12 stairs if holds on and takes a rest

Dexterity score 6.5

Has difficulty picking up and pouring from a full kettle

Has difficult using a pen or pencil

Continence score 6.5

Loses control of bowels at least twice a month

Loses control of bladder occasionally

Severity category 8

Case 1.8

Woman aged 60

Overall severity score 15.8

Behaviour score 10.5

Gets so upset that hits other people or injures herself

Finds it difficult to stir herself to do things

Intellectual functioning score 7.0

Often forgets what was supposed to be doing in the middle of something

Often loses track of what's being said in the middle of a conversation

Often forgets the name of people in the family or friends seen regularly

Thoughts tend to be muddled or slow

Cannot watch a half-hour TV programme all the way through and tell someone what it was about

Cannot remember and pass on a message correctly

Dexterity score 8.0

Cannot squeeze out the water from a sponge with either hand

Can turn a tap or control knob with one hand but not the other

Has difficulty wringing out light washing or using a pair of scissors

Severity category 9

Case 1.9

Man aged 30

Overall severity score 17.55

Dexterity score 10.5

Cannot pick up and hold a mug of coffee with either hand

Cannot squeeze out water from a sponge with either hand

Has difficult serving food from a pan using a spoon or ladle

Cannot pick up and carry a 5lb bag of potatoes with either hand

Behaviour score 10.5

Gets so upset that hits other people or injures himself

Gets so upset that breaks or rips things up

Feels the need to have someone present all the time

Finds relationships with members of the family very difficult

Consciousness score 7.0

Has fits once a year but less than 4 times a year

Loses consciousness during a fit

Locomotion score 6.5

Cannot walk up and down a flight of 12 stairs

Communication score 5.5

Finds it difficult to understand people who know him well

Continence score 4.0

Loses control of bowels occasionally

Severity category 10

Case 1.10

Man age 55

Overall severity score 19.05

Locomotion score 11.5

Cannot walk at all

Personal care score 11.0

Cannot feed self without help

Cannot also carry out the following without help:

- Get in and out of bed
- Wash all over
- Get in and out of a chair
- Wash hands and face
- Dress and undress
- Get to the toilet and use the toilet

Dexterity score 10.5

Cannot carry out any activities involving holding, gripping and turning

Reaching and stretching score 9.0

Cannot put either arm up to head to put a hat on

Cannot put either hand behind back to put jacket on or tuck shirt in

Has difficulty holding either arm in front to shake hands with someone

Communication score 5.5

Is very difficult for strangers to understand

Continence score 2.5

Loses control of bladder at least once a month

Seeing score 1.5

Cannot see well enough to recognise a friend across the road

Has difficulty seeing to read ordinary newspaper print

South Devon – Westcountry Training and Consultancy Service

RITE Associates

Royal National Institute for the Blind

St Loye's College Foundation

Employment Service – Regional Disability Service

Christian Care Training

Disability Information and Support Centre (ceased to exist as a partner six months into the project)

North Yorkshire – City of York Council

Employment Service – Regional Disability Service

Develop Initiatives for Support in Community

North Yorkshire County Council – Social Services Department

Future Prospects

York and North Yorkshire Guidance Service

Our Celebration

Shaw Trust

North Yorkshire TEC

Remploy

Ryedale Work Experience Project

Asda Stores

Swallow Hotel

Principal Hotels

Joseph Rowntree Foundation/Kings Fund

Newham – Shaw Trust

Employment Service

Action and Rights of Disabled People

City and Hackney MIND

Newco Products

Newham Council

Newham Healthcare NHS Trust

RNIB

RNID

Black and Ethnic Disability Group

East London and City Health Authority

KTA Accessibility

Lifetime Careers

London East TEC

Manpower plc

Newham New Deal Consortium

Pond Road Employment Project

Quaker Social Action (BIA)

Reed Employment

Remploy

Working Support

East Mercia – Sema Group

Employment Service

Shaw Trust

Remploy

Papworth Trust

Borough Skills

NorciStep

Lincolnshire Social Services

Norfolk Social Services

Bedfordshire – Outset Ltd

Employment Service

Careers Service

Dunstable College

RNIB

Luton Borough Council

Shaw Trust

Bedfordshire County Council

The Chamber

RNID

Remploy

South Tyneside – Shaw Trust

Benefits Agency

BTCV Enterprises

Disability North

Employment Service

Finchale College

Genesis Ethnic Minority Project

I.P.R.S (Injury Prevention and Rehabilitation Service)

Mental Health Matters

Northern Pinetree Trust

Northern Training

S.H.A.D.E.S (Self Help Association for Disabled Employment Seekers)

S.T.C.V.S (South Tyneside Council for Voluntary Services)

South Tyneside Healthcare Trust

South Tyneside Council

T.E.D.C.O (Tyneside Economic Development Company)

T.E.N (Tyneside Enterprise Network)

Tyneside Careers

Tyneside College Consortium

W.H.I.S.T (Women's Health In South Tyneside)

This appendix includes a copy of the 'standard' letter sent by the Benefits Agency inviting incapacity-related benefit recipients who had been incapacitated for 28 weeks or more to contact the Personal Adviser Service. The letter was used in all six of the Employment Service led pilots and some of the contract areas. The other contract areas had their own versions of the standard letter. These variants conveyed a similar message, that a 'friendly, expert' and voluntary service was available that could help people return to work. That and their benefits would not be adversely affected by contacting a Personal Adviser.

Dear

A New Deal for You

Many people with a disability or long-term illness want to work. You may be one of those people. You may have heard of the New Deal. It is the Government's initiative to help people find suitable jobs. They want to make sure that everyone has the opportunity to be included. So I am writing to tell you about a new Personal Adviser Service, especially designed for people receiving incapacity benefits who want to work.

As Personal Advisers we can offer you friendly, expert advice. We can tell you what jobs, training and other services are available in your area and how to go about getting them. So you will know how much better off you will be if you decide to take a job, we can tell you about the benefits you can continue to get. We can also help you claim them.

Taking advantage of this new service may be just the help you are looking for. If you do not wish to take up this invitation that will not affect your benefit. But it may give you a real chance to earn more money, become more financially independent and open up the prospect of a new career. We are here to listen to you and help you follow through your decision to try to get back to work. We will not try to push you into doing anything you don't want to do. I have enclosed a leaflet that tells you more.

If this sounds interesting, please call the Freephone number at the top of this letter. Or if you prefer you can write to me at the address given. We can meet at a time and place that suits you.

I look forward to hearing from you soon.

Personal Adviser

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APPENDIX E   MAIN DATA SOURCES USED FOR CHAPTERS

Chapter/Appendix	Main Data Source/Evaluation Project
1	Management information; survey of participants and non-participants; national survey; site visits
2	Personal Adviser Service staff in-depth interviews; partnership arrangements in-depth interviews
3	Personal Adviser Service staff in-depth interviews; partnership arrangements in-depth interviews
4	Survey of participants and non-participants; national survey; client in-depth interviews; management information
5	Survey of participants and non-participants; client in-depth interviews
6	Survey of participants and non-participants; national survey; client in-depth interviews
7	Employer in-depth interviews
8	Employer in-depth interviews; client in-depth interviews; Personal Adviser Service staff in-depth interviews; job retention telephone interviews/case studies
9	Summative workshop
Appendix A	Local labour market studies

The projects comprising the evaluation design are summarised in Table 1.4 and described in further detail in Appendix B.

APPENDIX F   LOGISTIC REGRESSION MODELS

Table F.1 Final model: Probability of participating in the Personal Adviser Service – all respondents

Characteristics	B	Significance	Exp(B)
Age			
50 years or over	-0.7409	0.0000	*0.4767
Qualifications			
Academic and vocational	1.0285	0.0000	*2.7970
Academic	0.4998	0.0007	*1.6484
Vocational	0.6492	0.0000	*1.9141
Partner's economic activity			
Looking after family	-0.8641	0.0000	*0.4214
Sick/disabled	-0.5282	0.0229	*0.5897
Other	-0.3420	0.0874	0.7103
Private transport			
Driving licence and			
access to vehicle	0.5496	0.0000	*1.7326
Diving licence but no			
access to vehicle	0.4427	0.0151	*1.5569
Disability severity category			
3-6	-0.0994	0.4678	0.9053
7 or more	-0.2952	0.0598	0.7444
When impairment/health			
condition affected ability to work:			
Within the last 5 years	0.0345	0.8078	1.0351
Benefit duration			
25 to 60 months	0.0349	0.7962	1.0355
Over 60 months	-0.2846	0.0811	0.7523
Gender			
Female	-0.1490	0.2163	0.8616
Household composition			
Single, no children	0.2610	0.2179	1.2983
Single parent	0.4682	0.1281	1.5812
Partner and children	0.3074	1.3599	1.3599
Other	-0.1402	0.4945	0.8692
Constant	1.1099	0.0000	

The reference category is a male, aged under 50 years with a partner but no children. His partner is in paid work. He has no qualifications and no driving licence. He can use public transport and he considers the public transport in his area to be good. His most recent benefit claim has lasted two years or less and he is claiming long-term Incapacity Benefit. His impairment/health condition started to affect his ability to work within the last five years and his severity category is between 1 and 2.

* - Statistically significant at 0.05 level.

Table F.2 Final model: Probability of moving into work after meeting with a Personal Adviser – participants in the Personal Adviser Service

Characteristics	B	Significance	Exp(B)
Benefit duration			
25 to 60 months	-2.7750	0.0000	*0.0623
Over 60 months	-3.3728	0.0000	*0.0343
Personal Adviser Service			
Invited to attend	-0.8511	0.0071	*0.4270
Contract led	0.0481	0.8647	1.0492
Household type			
Single, no children	0.4831	0.2479	1.6210
Lone parent	1.3459	0.0260	*3.8415
Partner and children	-0.0049	0.9913	0.9951
Other	-0.1448	0.7748	0.8652
Activities whilst on benefit			
No voluntary work	0.7949	0.0380	*2.2142
No studying	0.7342	0.0168	*2.0839
Disability severity score			
3-6	-0.0877	0.7905	0.9161
7 and over	0.0600	0.8831	1.0619
Disability affected everyday living:			
Within the last 5 years	0.5214	0.2209	1.6845
Disability affected ability to work			
Within the last 5 years	-0.0922	0.8588	0.9119
Perceived ability to work			
Can do some work	0.0250	0.9360	1.0253
Expectation of future work			
Expect to work in future	1.5452	0.1627	4.6889
Unsure if will work in future	1.0555	0.3391	2.8733
Labour market history			
Most of work life			
in paid work	-0.3287	0.2981	0.7199

Continued

Table F.2 Continued

Characteristics	B	Significance	Exp(B)
Gender			
Female	-0.1687	0.5995	0.8447
Age group			
50 years or over	0.2692	0.4302	1.3089
Qualifications			
Academic and vocational	0.3735	0.3234	1.4527
Academic	0.5115	0.2103	1.6678
Vocational	0.7567	0.0676	2.1313
Constant	-3.9409	0.0043	

The reference category is a male client in the Personal Adviser Service led by the Employment Service, he was an 'uninvited' participant in the Personal Adviser Service. He is aged under 50 years with a partner but no children, an owner-occupier and has no qualifications. He does not claim to have spent most of his working life in paid work. Whilst claiming benefit, he has undertaken voluntary work and studying. His most recent benefit claim has lasted two years or less. His disability has affected his ability to work and his everyday life for five years or more and his severity score is between one and two. He cannot do any work but does expect to work in the future.

* - Significant at the 0.05 level.

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