Research report

Evaluation of Employment Advisers in the Improving Access to Psychological Therapies programme

by Terence Hogarth, Chris Hasluck, Lynn Gambin, Heike Behle, Yuxin Li and Clare Lyonette

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Abbreviations and glossary of terms

Attending work (and employed)	An employed person who attends their workplace and takes action to perform their job (i.e. is not off work sick).
Employment Adviser	Employment Advisers (EAs) deliver advice to people in employment who are suffering from mild to moderate depression and anxiety to assist them: (a) get back to work where currently off work sick; or (b) to remain at work.
Employment Advisers' clients	People in employment who are either referred to see an EA by an IAPT therapist, or through some other pathway. Access to see an EA was not always restricted to those seeing an IAPT therapist.
Employed	A person who has paid employment or a contract of employment (who may be 'employed and attending work' or 'in employment off work sick').
Employment status	Indicates whether a person is in employment, unemployed, or has exited the labour force.
Employment advice sites	The sites in which the EA pilot was delivered.
GAD7	The Generalised Anxiety Disorder Assessment (GAD7) was designed primarily as a screening and severity measure for generalised anxiety disorder. It also has moderately good operating characteristics for three other common anxiety disorders – panic disorder, social anxiety disorder, and post-traumatic stress disorder. A score of 0 to 3 is assigned to responses to the seven questions and the index score ranges from '0 – 4 None' to '15 – 21 Severe anxiety' with a score of 8 or above indicating clinically significant anxiety symptoms.
IAPT	The Improving Access to Psychological Therapies (IAPT) programme was established following the 2007 Comprehensive Spending Review to support the NHS in delivering National Institute of Clinical Excellence (NICE) approved clinical interventions to people with depression and anxiety disorders.
In employment, off work sick	A person who is off work sick and not attending the workplace but is in employment
Job	A unit of paid employment performed by an individual, with objectives, responsibilities and/or tasks to be completed.

Longitudinal survey	The EAs' clients took part in a longitudinal questionnaire survey. It was longitudinal in that they were interviewed near the beginning of the period over which they sought advice from an EA (Wave 1), and then interviewed again around six months later to see if their situation had changed (Wave 2).
Out of employment	Not in any kind of paid employment. They could be actively looking for work while claiming benefits, on benefits that do not require labour market activity, in full-time education or training, caring or doing unpaid work.
Overall employed and at work rate	People who are still in employment (either at work or off sick) at the end of their period either with IAPT or the EA service.
PHQ9	The PHQ9 is a nine item version of the Patient Health Questionnaire. It was designed to facilitate the recognition and diagnosis of depression in primary care patients and can be used to monitor change in symptoms over time. A score of 0 to 3 is assigned to responses to the nine questions and the depression severity index score ranges from '0–4 None' to '20–27 Severe'. A score of 10 or above indicates clinically significant symptoms of depression.
Return to work rate	The percentage of people off work sick who return to being at work.
Semi-structured/in-depth interviews	In order to explore certain issues with EAs, IAPT therapists, commissioners, and the clients of EAs, a series of semi-structured interviews were conducted. The interview schedule identified certain themes to be addressed – and certain prompts to be used – but allowed the researcher conducting the interviews to explore, in-depth, certain issues depending upon the responses of the person being interviewed.
Unpaid work	Unpaid purposeful activity. This includes homemaking, caring (on Carer's Allowance), and voluntary work.
WSAS	The Work and Social Adjustment Score (WSAS) is a patient self-reported, five-item measure that assesses functional impairment attributable to an identified problem or disorder. It is commonly used as a measure in therapeutic environments for patients with depression or anxiety as well as phobic disorders. It assesses the impact of mental health on ability to function in terms of work, home management, social leisure, private leisure and personal or family relationships. It has a range of 0 to 40 where lower scores record a lower level of impairment.

Summary

The study

The Improving Access to Psychological Therapies (IAPT) programme was established following the 2007 Comprehensive Spending Review to support the NHS in delivering approved clinical interventions to people with depression, anxiety and other common mental illnesses. In 2009, an Employment Adviser (EA) pilot programme was introduced in 11 areas in England – and later at sites in Scotland and Wales – with the aim of testing the added value of providing employment advice as well as psychological therapy to employed IAPT clients to help them remain at work or return to work if on sick leave.

The aim of the evaluation was to test the proposition that provision of an integrated health and employment advice service will reduce the incidence of health-related job loss, increase the likelihood of an earlier return to work following health-related absence, and reduce the number of people accessing out-of-work benefits.

The study was undertaken through a longitudinal survey of the clients of the EAs, interviews with the EAs and other key groups such as IAPT therapists, and analysis of administrative data.

Referrals to the EAs

The integration of EA and IAPT services took three forms:

- EA services which were part of the same service that delivered IAPT;
- EA services which were co-located with the IAPT service but where each service was delivered by a separate organisation;
- EA services which were neither part of the IAPT service nor co-located with it, but which delivered an integrated service.

By far the highest number of referrals across all of the sites was where the IAPT and EA services were a single integrated service within the NHS (the Lincoln site where the IAPT and EA services were delivered by a single organisation accounted for approximately a fifth of all referrals across all sites). This suggests that by, integrating the EA and IAPT services in this way, there is the potential to obtain many more referrals.

Where there was a high degree of integration between the IAPT and EA services, senior EAs tended to think that this increased the flow of referrals from the IAPT services more than would have been the case otherwise. Integration did not necessarily mean that the EA service was provided by the same organisation or was co-located with the IAPT service – though these factors could be beneficial – rather, that there was a relatively high degree of co-operation and communication between the two services such that EAs and IAPT therapists had the opportunity to share information about a particular case and consider whether a person should be referred or not.

Whereas some EA sites took referrals only from the IAPT service, others sought to obtain referrals from a wider range of sources including employers and self-referrals. The survey of EA clients indicates that around 80 per cent of referrals were from a professional 'health' source, where the anxiety/depression had been medically diagnosed.

The people who sought employment advice

Everyone who was referred to see an EA was in employment at the time of referral: 43 per cent were attending work, and 57 per cent were in employment, off work sick.

The clients of the EAs were drawn from a range of occupations and from the private and public sectors. Compared with the working age population as a whole, EA clients were more likely to be women, slightly older, and working in the public sector.

Reasons why people needed to see an EA

EAs pointed out that many of their clients sought advice because of relationship problems with their manager and colleagues, but also because of changes in the organisation of work which resulted in their clients being faced with either undertaking a different kind of job or being expected to do more. The EAs pointed out that their clients were sometimes working in organisations where recently there had been redundancies which made EA clients worry about their job security.

The EAs pointed out that whilst they mainly dealt with employment issues, there were sometimes underlying non-work problems such as bereavement or marital break-up, which affected how people went about their work, which they also discussed when their clients wanted them to do so.

Overall, 92 per cent of respondents said their jobs had been made harder because of the problems which resulted in them seeing an EA (82 per cent said it had resulted in their job being made much more difficult and 10 per cent a little more difficult). Those who were off work sick at the time of referral were more likely to report that their job had become much more difficult because of the problems they had experienced (91 per cent of those in employment off work sick compared with 70 per cent of those attending work). Most respondents (95 per cent) reported that the problems they had been experiencing had led them to see a GP.

The content of employment advice

EAs developed action plans with their clients. These usually included plans for their clients to make contact with their employers – either line manager or human resource manager – to discuss the problems they were facing.

There was general agreement amongst EAs that contact needed to be made with the employer either by the client and/or the EA. Without the involvement of the employer it was unlikely that the employment problem would be resolved. EAs pointed out that their clients were sometimes resistant to discussing their problems with their employer and where they had done so in the past it had tended to be ineffective. The clients of the EAs were very much of the view that, where the EA had assisted them in contacting their employer, this had been effective in going some way towards resolving their problems. Where EAs had made contact with their clients' employers, they reported that employers were generally not adverse to the EA being involved in an employment matter.

Around half of all EA clients expressed an interest to their EAs in finding employment with another employer and in approximately two-thirds of such cases they were supported in looking for other work by the EA (i.e. around a third of all respondents).

Delivery of employment advice

In nearly all instances employment advice was delivered by the EAs to their clients in a series of face-to-face meetings, at least over the early stages of the process. The average number of meetings with an EA was around five.

As the EA service developed, some EA sites reported that it had become increasingly possible to provide advice and guidance over the telephone or via email beyond the initial meetings. This was, in part, a consequence of EAs becoming more proficient in supplying advice, coupled with their confidence in managing clients over the telephone or via email. Additionally, where the EA had gotten to know the client as a consequence of providing advice, it was easier to provide ongoing advice by email or telephone as necessary. Advice over the telephone or by email introduced a degree of flexibility into the provision of employment advice.

EA and IAPT services working together

Where clients had been referred by an IAPT therapist there was evidence that the EA and IAPT services dovetailed: with the IAPT therapist concentrating on the psychological or medical aspects of their clients' problems and the EA concentrating on the employment issues. IAPT therapists indicated that they were not well placed to deal with employment issues since this was not their field of expertise and they preferred to concentrate on delivering psychological therapy. Without the EA being present they might have attempted to deal with the employment matter themselves, involved a professional colleague with an interest in employment matters, or directed the individual to another agency such as the Citizens Advice Bureau. Continuity in the provision of support was sometimes lost when people were directed to other agencies. The indicative evidence, however, points to the EA and IAPT services serving different but complementary needs in an integrated way.

EA clients' views on the effectiveness of employment advice

The EAs' clients were very much of the view that the advice provided to them had been instrumental in them being able to remain in employment, remain attending work, or return to work after being off work sick. Overall, 56 per cent of EA clients said their position today would have been different without the intervention of the EA. Of this group, 36 per cent said that without the intervention of the EA they would have quit their jobs (i.e. 20 per cent of all respondents). Respondents felt that their self-confidence had improved and that they could cope better following the receipt of advice from the EA.

Of those who had returned to work from sick leave, 26 per cent said they would not have been able to return to work so soon without the advice of the EA.

There is also evidence that people felt that there had been an improvement in their overall work situation and in the satisfaction they derived from their work after seeing an EA. They also reported that the problems which had initially led them to see an EA had become less severe.

Around 89 per cent of EA clients said that they would recommend the EA service to others in similar situations. This high level of support and willingness to recommend the EA service varied little by the personal characteristics of clients (i.e. by gender, age, or ethnic background) but there was some variation according to employment status. Those who were attending work, after seeing an EA, were more likely to report that they would recommend it to others (91 per cent) and those who were in employment off work sick were less likely to recommend it. But even 83 per cent of this latter group would recommend the service to others.

Assessing impact

Of those who were attending work when they first saw an EA, 84 per cent were still attending work when they stopped seeing their EA. Of those in employment off work sick on first seeing an EA, 63 per cent had resumed attendance at work when they stopped seeing an EA and nine per cent were still in employment but remained off sick (the remaining 29 per cent had left employment and were unemployed, permanently sick/disabled, retired or otherwise economically inactive). Overall, 73 per cent of people were attending work when they stopped seeing an EA, and 79 per cent were still in employment.

A key issue is the extent to which the above findings would have occurred without the EA service and can, therefore, be attributed to the IAPT service alone. With available data this is difficult to demonstrate definitively one way or the other. An analysis of the employment outcomes (i.e. being back attending work and whether they remained employed) of people in IAPT which compared those who saw an EA with those who did not proved inconclusive. Nonetheless, the evidence indicated that those people in IAPT who were referred to see an EA had relatively high Generalised Anxiety Disorder Assessment (GAD7), Patient Health Questionnaire (PHQ9) and Work and Social Adjustment Score (WSAS) scores on entry to IAPT. In other words, their mental health was relatively poor compared with the group in employment who did not see an EA. The scores for the group who saw an EA decreased more than the group in employment who did not see an EA, suggesting that there was more of an improvement in their mental health. The group who saw an EA were also more likely to be off work sick at the beginning of treatment suggesting a greater employment problem.

The above results indicate that seeing an EA in conjunction with an IAPT therapist may well bring about an improvement in the situation of the individual to the point where they have scores nearer to the group in employment who did not see an EA. So, as the mental health of those referred to an EA tended to be poorer than other IAPT clients, and they were more likely to be off work sick, it can be argued that the clients who were not referred to the EA were less likely to have had an employment problem, suggesting that the EA service helped those with an employment problem to overcome this and bring their employment outcomes in line with IAPT clients generally.

A final comment

Overall the evidence shows that people sought advice from EAs because they were experiencing problems which were sufficiently severe that it had led them to take time off work. The problems had also led them to consult their GPs. It had also resulted in some considering quitting their jobs. With the advice of the EAs, clients had been able to address the problems they were facing, often by getting the employer involved in the resolution process, such that in many cases problems had been at least partially resolved. Alongside tackling the specific problems which they faced, the clients of the EAs also pointed to improvements in their overall work situation, such as the sense of achievement they obtained from their job or their overall level of job satisfaction.

These improvements might have occurred in any case or may have been the result of seeing an IAPT therapist. It is noteworthy in this regard that the clients of the EAs were very much of the view that the advice supplied had been instrumental in keeping them in employment and very often attending work.

1 Introduction

1.1 Background

The Improving Access to Psychological Therapies (IAPT) programme was established following the 2007 Comprehensive Spending Review to support the NHS in delivering National Institute for Health and Clinical Excellence (NICE) approved clinical interventions to people with depression and anxiety disorders. Its purpose is to:

> *'... offer patients a realistic and routine first-line treatment, combined where appropriate with medication which traditionally had been the only treatment available. The programme was first targeted at people of working age but in 2010 was opened to adults of all ages.'*[1]

The initial evaluation of the IAPT programme across two demonstration sites (Newham and Doncaster) indicated a statistically significant increase of five per cent in the proportion who were attending work (i.e. not on sick leave) following receipt of psychological therapy.[2] The IAPT Programme was rolled out nationally in 2010.[3] There has been no evaluation of the IAPT service since the initial evaluation undertaken in the demonstration sites.

In 2009 an Employment Adviser (EA) pilot programme was introduced in 11 areas in England. The aim of this pilot programme was to test the added value of the provision of employment advice, as well as therapy, to employed IAPT clients; to help them in continuing to attend work or return to work if on sick leave.[4] Pilots were subsequently established in Scotland and Wales in relation to programmes comparable with IAPT.[5] The pilot areas were:

- Buckinghamshire;
- Cambridgeshire;
- Camden;
- Cheshire;
- Ealing;
- East Riding/North Lincolnshire;
- Kent;
- Lincolnshire;
- North Tyneside;
- Shropshire;
- Scotland;
- Swindon;
- Wales.

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1 http://www.iapt.nhs.uk/about-iapt/

2 Clark D.M., Layard R. and Smithies R. (2008). *Improving Access to Psychological Therapy: Initial Evaluation of the Two Demonstration Sites*. Centre for Economic Performance Working Paper No. 1648. London School of Economics.

3 From March 2010.

4 IAPT was asked to signpost unemployed clients to existing services.

5 IAPT is limited to England.

In the EA pilot areas, IAPT teams were to refer people they were treating to the EA service if those clients were in employment (that is, either attending work or in employment but off work) and if they thought the clients were likely to benefit from specialist employment advice. The referral process was to be agreed locally between the EA and IAPT services. The commissioning principles give the EA teams leeway to obtain referrals outside of IAPT too.

Provision of employment advice in the context of psychological therapies marks a new approach to tackling employment retention. In combination, people would receive psychological therapy through IAPT (often cognitive behavioural therapy) which would be complemented by employment advice designed to deal specifically with the work related problems the person was experiencing.

The EA pilots ran from April 2009 to the end of March 2011; the pilots in Scotland and Wales commenced in 2010 and ran until later in 2011. Approximately 3,200 clients were seen by EAs across all of the 13 pilot sites (at the end of March 2011).

1.2 Aim of the evaluation

The aim of the evaluation was to test the proposition that provision of an integrated health and employment advice service would reduce the incidence of health related job loss, increase the likelihood of an earlier return to work following health related absence, and reduce the number of people accessing out of work benefits. The evaluation had a number of objectives:

- to establish the extent to which EAs 'add value' to the IAPT service in terms of:
  - a quicker return to attending work from sick leave;
  - an increased likelihood of remaining in employment (either in the original job or a more suitable alternative);
- to identify whether the impact of EAs is different for different types of IAPT service user, and different forms of EA delivery practice;
- to learn lessons from the EA pilot about what works best and why.

It should be noted that the evaluation does not attempt to establish causation between mental health problems and work problems.

1.3 Structure of the report

The report is structured as follows: Chapter 2 provides a brief summary of the methods used to evaluate the EA service. Chapter 3 provides information about the establishment of the EA pilots. Chapter 4 provides information from the survey of EA clients relating to their experience of using the EA service and the support it provided to them. Chapter 5 looks at the impact of seeing an EA on problem resolution. Chapter 6 looks at the employment outcomes associated with seeing an EA. Finally, Chapter 7 provides a conclusion to the study and outlines the lessons learnt.

The Glossary of terms provides information about the various terms and definitions used in the report.

2 Evaluation method

2.1 The evaluation approach

The approach taken to evaluating the Employment Adviser (EA) pilot was a pragmatic one. It needed to collect information from a range of sources to ensure that it was able to shed light on both the process by which employment advice was dispensed and received, as well as the impact of the interventions made by the EAs on their clients' employment. It was not possible to establish formal control and treatment groups because of issues relating to patient confidentiality, given that the control group would need to have been established from people receiving therapy via the Improving Access to Psychological Therapies (IAPT) programme. It also needs to be borne in mind that the IAPT service was in its infancy and being rolled out at speed at the time when the EA service commenced. Accordingly, the selection of IAPT sites in which to situate the EA service was based on their operational readiness. Given that these practical issues needed to be accommodated in designing the evaluation, a pragmatic approach was adopted which collected information from various sources, shedding as much light as possible on the process of delivering employment advice and assessing the impact of that advice on the employment of its recipients.

The research was undertaken by the University of Warwick Institute for Employment Research (IER) in conjunction with Ipsos MORI. Ipsos MORI undertook the longitudinal survey of EA clients as well as the semi-structured, in-depth interviews with EAs' clients.

Multiple methods were used to meet the aim and objectives of the evaluation. These are summarised in Table 2.1.

Table 2.1 Research methods employed in the evaluation

Data collected or obtained	Purpose
EA service administrative data	
Data collected from each EA site about how many people they had seen and their employment status before and after seeing an EA (**EA Database**)	To provide population data about the number of people seen and assisted. Each of the EA sites provided this information.
Data obtained from the clients of an EA	
A longitudinal questionnaire survey of EAs' clients (**Survey of EA Clients**)	To collect information about clients' experiences of seeing an EA along with information about their employment situation before and after seeing an EA.
Semi-structured interviews with the EAs' clients	Twenty in-depth interviews were conducted with individuals to gain a fuller understanding of how the EA service had affected them, and understand the different roles fulfilled by the EA and IAPT services respectively.
Data from the IAPT service	
IAPT administrative data (**IAPT Database**)	To provide a comparison of the employment situation of people in employment who saw: (a) an IAPT therapist but not an EA; and (b) an IAPT therapist and an EA.

Continued

Table 2.1 Continued

Data collected or obtained	Purpose
Data obtained from those delivering employment advice	
Semi-structured interviews with EAs	Twenty-six in-depth interviews were conducted to collect information about how the EA service was delivered, what they considered to work best and in what contexts, and what lessons were learned over the period of the pilot.
Semi-structured interviews with other key personnel including IAPT therapists and commissioners	Six in-depth interviews were conducted with IAPT therapists to find out how they decided whether or not their clients should be referred to see an EA and their views of the additional value to the IAPT service provided by the EA service. Three in-depth interviews with IAPT Commissioners which explored what would lead them to commission an EA service.

Further information about each method employed is provided in the folowing sections.

2.2 Data collection

Evidence to underpin the evaluation findings was collected from a range of sources to ensure that consideration was given to the perspectives of EA and IAPT staff, and to most of their clients. Establishing the impact of the EA service was also a key strand of the evaluation – thus, data on the client before and after receiving the EA service was collected. Attempts were also made to find out what would have happened without the EA service in order to assess its additional impact, though this proved to be difficult as will be explained in the following sections.

2.2.1 The EA Database

EA sites provided, firstly, aggregate information about the total number of people referred to them along with information about their socio-demographic characteristics (i.e. age, gender, ethnic group and occupation). Secondly, they provided anonymised data about each individual relating to their employment status on entry to the EA service (i.e. attending work and employed, attending work (and employed) but struggling[6], and in employment but off work sick), and employment status on exit (i.e. attending work and employed, attending work (and employed) but struggling, in employment but off work sick, unemployed, off sick not in employment, and other). The data were provided in an Excel spreadsheet designed by the research team which was to be regularly completed by each EA site. Whilst the original intention was for EA sites to provide data on new referrals every month, in practice most provided a complete data set at the end of the study.[7]

6 In practice, many EA sites did not record whether or not the person was struggling where they were at work.

7 The data remained incomplete for a few sites.

2.2.2 The survey of clients

A longitudinal survey of EAs' clients in England was undertaken in order to obtain information about their experience of receiving employment advice.[8] The survey was conducted by Ipsos MORI, with interviews taking place in the summer of 2010 and again in early 2011. The sampling frame was supplied by the EA sites. When a person was referred to see an EA they were asked to consent to take part in the research project and, if willing to do so, their contact details were supplied to Ipsos MORI.

The survey of clients had the following structure:

- a survey of EAs' clients was conducted between June and September 2010 (around nine months after the start of the pilots). This is referred to as Wave 1 of the survey. The response rate was 57 per cent once an adjustment was made for people who were out of scope of the study. The interviews were conducted face-to-face;
- those who were initially contacted in Wave 1 were contacted again between January and February 2011 to see if their situation had changed since the initial interview in Wave 1. The response rate, once certain adjustments were made as in Wave 1, was 72 per cent. These interviews were conducted by telephone;
- there were new entrants to the EA service after the initial Wave 1 interviews had been conducted and in order to capture the views of this group, a further survey was conducted of people who had been referred to the EA service after the initial fieldwork in Wave 1. The response rate for this element of the survey was 46 per cent. This is referred to as the Wave 1 Top-up survey. These respondents were interviewed by telephone using a slightly shorter version of the questionnaire used in the initial Wave 1 survey at the same time as the Wave 2 survey.

The overall number of respondents in the survey was 614. A summary of the survey structure is provided in Table 2.2.

Table 2.2 Survey of EA clients – summary information

Survey name	Purpose	Date of interviews	Number of respondents	Response rate
Wave 1 Survey (face-to-face interviews)	Capture information about early entrants to the EA service	June – September 2010	512	57%
Wave 2 Survey (telephone interviews)	Follow up of initial Wave 1 respondents (where consent to re-contact was given) to see if situation had changed since Wave 1	January – February 2011	276	72%
Wave 1 Top-up (telephone interviews)	Capture information from people who had entered the EA since the initial Wave 1 survey	January – February 2011	102	46%

Further information on the survey method is provided in Appendix A.

[8] Because Scotland and Wales entered the pilot at a later date and it was not clear whether a survey with a sufficient number of respondents could be completed before the evaluation was due to finish, the survey was limited to England.

The preamble to the questionnaire made clear to the respondents that the interviewer wanted to discuss the EA service – the name of which in their area was specifically mentioned in the questionnaire – and not the IAPT service. This was to ensure that the client answered in relation to the EA service and not the IAPT one. Interviewers were also briefed about this issue to ensure that respondents gave responses in relation to the EA service and not the IAPT one.

The representativeness of the survey of clients can be gauged by comparing it with the data supplied in the EA Database (the administrative record of who was referred to see an EA collated by each EA team). On average, EA clients were 42 years old based on the administrative data, which compares with an average age of 44 years in the survey. Based on the administrative data, women comprised 61 per cent of all clients compared with 59 per cent of respondents in the survey. The administrative data reveals that 55 per cent of all EA clients were referred from IAPT, 16 per cent from their GP, and 11 per cent were self-referrals. This compares with 42 per cent of respondents stating that they were referred to the EA from the IAPT service, and 39 per cent who reported the GP as the main point of referral. This latter comparison needs to be regarded with a degree of caution given that the survey allowed for multiple responses. So, overall, around 70 per cent of respondents in the administrative record compared with 80 per cent in the survey were referred to see an EA from a professional health source. Certainly with respect to the age and gender of clients, the EA Database and the survey of clients reveal a high degree of correspondence.

The sampling fraction is relatively high at around 20 per cent – i.e. around 20 per cent of all participants in the pilot were interviewed – which further ensures that the sample is representative.

2.2.3 Semi-structured/in-depth interview with key stakeholders

In order to explore certain issues in-depth with EAs, IAPT therapists, commissioners, and the clients of EAs, a series of semi-structured interviews were conducted. The interview schedule identified certain themes to be addressed – and certain prompts to be used – but allowed the researcher conducting the interviews to explore particular issues in-depth depending upon the responses of the person being interviewed.

In-depth interviews with EAs

Semi-structured interviews were undertaken with EAs on two occasions:

- not long after the EA sites had been established (typically around three to six months after they had commenced operation);
- at a point near the time that their Department for Work and Pensions (DWP) funding came to an end (typically two years after the start of the pilot).

In total 26 in-depth interviews were conducted with a senior EA or the person responsible for managing the EA service (if not a senior EA).

The semi-structured interviews explored, in the first instance, how the pilot had been implemented, early teething problems, how many people had been referred to the EA service and from where (i.e. from the IAPT service or some other source), and the reasons why people sought employment advice. At the follow-up interviews information was sought about how the pilot had progressed, changes which had been made in the delivery of employment advice, and the lessons learnt.

In the early stages of the study there was a need to find out what had occurred in practice. Therefore, a semi-structured interview schedule was used because this provided the basis for exploring what had occurred in practice, and why, from the perspective of those who were charged with getting the EA service up and running in a pilot site. Rather than using a specific set of

structured questions, a general list of topics allowed interviewers to fully explore particular issues and address unanticipated issues or unexpected responses.

The approach taken in both sets of interviews was explorative. Issues which arose in the discussions and were not on the original interview schedule were later shared by the two interviewers and a note was made to ask about this particular issue at the next interview.

The interview data was analysed by reading the notes from the interviews and looking at the responses provided to each topic which then became a de facto coding frame and the extent to which respondents' answers corresponded was recorded.

In-depth interviews with EA clients

In-depth, semi-structured interviews with EA clients who had completed their use of the EA service were conducted towards the end of the evaluation with the aim of identifying what distinguished the advice they had received from their EAs from that provided by their IAPT therapists.

Respondents were selected from the Survey of EA Clients in a purposive manner so that they included those who had expressed differing views about the effectiveness of the EA service. These 20 interviews allowed a greater insight to be obtained into the way in which the two services worked alongside one another from the individual client's perspective. In other words: what did IAPT deliver and what did the EA service deliver, and were the two services complementary? Respondents were asked about what the IAPT service had delivered to them and what types of issue the IAPT therapist had addressed and a similar set of questions were asked in relation to the EA. Respondents were also asked to what extent the advice provided by each service affected their employment outcomes. The interviews were conducted by qualitative researchers at IER and Ipsos MORI.

In-depth interviews with IAPT therapists

Six IAPT therapists were interviewed in order to collect their views about how IAPT and the EA service complemented one another. Contact details of IAPT therapists were provided by selected EA teams in the pilot areas.

Interviews with commissioners

Interviews were also held with selected IAPT service commissioners in order to collect their views about the need for employment advice in addition to IAPT. With commissioners the interest was very much about what an EA service needed to provide in order for it to be commissioned. Again the purpose of the interview was an explorative one.

2.2.4 Comparator data collected from IAPT teams

The data supplied in the EA Database and the Survey of EA Clients provides information about people who had been referred to an EA. Ideally, the study wanted to establish what would have been the situation had the EA service not existed – a counterfactual. The main source for the counterfactual was the IAPT Database which contained a marker indicating whether a person had seen an EA. It was only possible to obtain these data, all of which were anonymised, for four sites. These data contained, in most instances, information about the individual's employment status on entry to, and exit from, IAPT, their demographic characteristics, and their mental state on entry to, and exit from, IAPT, measured by their Generalised Anxiety Disorder Assessment (GAD7), Patient Health Questionnaire (PHQ9) and Work and Social Adjustment Score (WSAS) scores. Data from IAPT sites where the EA pilot was taking place were analysed to compare the employment position of people who saw/did not see an EA but who otherwise shared certain key characteristics (similar GAD7 and PHQ9 scores, age and gender) in order to ensure that like was being compared with like.

The comparator group is not an ideal one. There are data missing that one would ideally like to possess in matching individuals, such as more information about their employment situation to see if they had employment problems and therefore might need to see an EA.

Overall, however, whilst the comparator data sets are not ideal with respect to measuring the counterfactual – e.g. there are no data in the IAPT Database which indicate whether a person is experiencing an employment-related problem – they do provide additional pieces for the overall jigsaw which draws data from a number of sources to provide the overall assessment. Yet it should be noted that the findings from the comparator group analysis need to be interpreted with considerable caution.

2.3 Data analysis

The data analysis was conducted in order to meet the objectives set out in Section 1.2. The survey analysis was primarily conducted through cross-tabular analysis but multivariate techniques were also used in the comparator group analysis. The multivariate analysis allowed for a number of variables to be controlled for simultaneously when looking at, for example, the transition from being in employment but off work sick to attending work.

The analysis of the data from the semi-structured interviews was undertaken by identifying a number of themes in the interview notes. Some of these were suggested by the interview schedule and others became apparent during the course of the interviews or when reviewing the full set of notes or transcripts later.

Wherever possible a synthesis of the various data sources is provided in order to illustrate a particular finding.

2.4 Summary

To summarise, the evaluation draws on evidence from a wide range of sources. This is to ensure that a range of perspectives are combined to provide a robust and full picture of how the EA service developed and affected the employment position of its clients. The evaluation balanced robust methods within the practicalities of a rapidly moving policy context. Therefore, the report is structured around policy and delivery issues both to make it user-friendly for the reader but also to ensure that conclusions are, wherever possible, based on multiple methods to ensure the conclusions use a wide evidence base and take into account multiple perspectives.

3 Establishing the Employment Adviser service

3.1 Commissioning and set up

The Department for Work and Pensions (DWP) commissioned, via the Department of Health (DH), a number of separate organisations with experience of delivering mental health and/or employment retention services to deliver the Employment Adviser (EA) pilots. The commissioning was undertaken via local health organisations, such as Primary Care Trusts (PCTs), to meet local needs and priorities. This chapter looks at how the EA pilots were established following their commissioning.

Following a consultation exercise with DH and mental health agencies, DWP provided commissioning principles for the local NHS services to use when commissioning the local EA services.[9] The commissioning document – relevant sections of which are reproduced in Appendix B – says:

> *'The role of the IAPT Employment Adviser will be to provide skills based interventions, information and practical support to help people receiving IAPT services to:*
>
> *retain employment;*
>
> *exchange to a more suitable job role;*
>
> *return to employment from a period of sickness absence from work;*
>
> *access employment for the first time;*
>
> *return to work after a substantial period of absence from the labour market.*
>
> *The employment advisers will focus in particular on people in employment, helping them to manage employment/employer issues, return to work after sick leave, access occupational health support, or look for new jobs without falling out of work.'* (p.1).

The document also draws attention to the following principles relating to the operation of the EA service:

- being integrated into the Improving Access to Psychological Therapies (IAPT) programme (with IAPT therapy and EA staff sharing responsibility for determining case management arrangements);
- working appropriately across health and employment;
- obtaining referrals from IAPT, GPs, employers and self-referrals;
- early intervention with the possibility that the employment intervention may start before the therapeutic one;
- IAPT to provide initial assessment including an employment component;
- EAs to have strong inter-personal skills, be skilled and experienced in management of remote partner services, have the ability to exploit a local area's services to assist their clients, be an advocate on behalf of their client, have the ability to develop a range of work solutions with an employer or client;

9 See Appendix B.

- the EA service provider will ensure that the EAs are trained and their development needs are met in line with the job requirement;
- evaluation and information to provide timely and accurate data.

The commissioning principles point to a preference for IAPT and EA services to be co-located. As Table 3.1 shows this was not typical of the way some services were organised. The main reason cited was the practicality of doing so where there was limited space at existing IAPT offices.

Table 3.1 Delivery of the EA pilots

Pilot site	Organisation delivering employment advice	Co-located with IAPT	Referral source
Buckinghamshire	Richmond Fellowship	Yes	IAPT only
Cambridgeshire	Richmond Fellowship	No	Any
Camden	Jobs in Mind	No	Any
Cheshire	Pathways Community Interest Company	No	Any
Ealing	Twining Enterprise	Yes	Any
East Riding/North Lincolnshire	Mind	Yes (North Lincs. only)	Any
Kent	MCCH	No	Any
Lincolnshire	NHS	Yes	IAPT only
North Tyneside	Mental Health Concern	Yes	IAPT only
Shropshire	Enable	No	Any
Scotland*	Doing Well (NHS)	Yes	Any
Swindon	Richmond Fellowship	No	Any
Wales*	Remploy	No	Any

* IAPT did not exist outside of England. In Scotland and Wales there were comparable psychologicalservices in each of the respective pilot areas.

Sources: Site visits, interviews with EAs and administrative data.

Interviews were conducted with a small number of commissioners towards the end of the evaluation. These interviews sought to test or validate the findings from the evaluation but in some instances touched upon the reasons for initiating an EA service. Two main reasons were cited. First, they had detected an increased demand for employment advice, thought to be a consequence of the organisation of work in some workplaces and the pressures this placed on people and the recession which increased the perceived insecurity of employment for many people. The second reason for establishing the EA service was that it formalised an existing service already operating in conjunction with the IAPT service or similar mental health services. For these reasons, Commissioners interviewed were of the view that EA clients would be different and more disadvantaged than an average IAPT client since they had to cope with employment problems in addition to their health issues.

3.2 The EA sites

The EA pilots were set up in a range of geographical locations, including urban and rural areas (see Table 3.1). Some organisations just ran one EA site, while others ran sites across several areas. Pilot EA services in some sites were located within the same building as the IAPT service they were linked to. The organisations themselves came from different backgrounds, for example, some specialised

in mental health, others in employment issues. Two were delivered by the NHS as part of the same team as the IAPT service (or its equivalent).

Whilst all sites had existing capacity to deliver employment advice, in many instances they needed to recruit additional staff as EAs. Evidence obtained from the semi-structured interviews with EAs indicated that where people were recruited from the external labour market they tended to have experience of working for organisations who assisted people with mental health problems (such as assisting with their housing needs or helping them find and retain work) or had worked as Disability Employment Advisers for Jobcentre Plus.

3.3 The organisation of EA services

As indicated above, there was a preference in the commissioning principles for co-location of the EA service with the IAPT service and, if this was not possible, for the EA service to at least appear totally integrated to the client. In practice the IAPT and EA services were set up in the following three ways:

- a single service provided via the NHS where the IAPT and EA teams share the same organisational and management structure: in both Lincolnshire and Scotland the EA service was provided through the NHS alongside the IAPT service[10];
- a co-located service where the EA and IAPT services are provided by different organisations which work alongside one another in the same workplace;
- separate services: the IAPT and EA services were provided by different organisations and located separately.

Information provided by the EAs indicated the relative merits of integrated and co-located services as summarised below.

- By far the highest number of referrals across all of the sites was in Lincolnshire where the IAPT and EA services were a single integrated service within the NHS (Lincolnshire accounted for approximately a fifth of all referrals across all sites). This suggests that by integrating the services in this way there is the potential to obtain many more referrals.
- Where services were co-located there was an opportunity for IAPT therapists and EAs to discuss issues more frequently simply as a consequence of being in the same building or office. A flow of information between the two services was more readily facilitated and it was easier to track the progression of the individual (e.g. if an IAPT therapist referred an individual to the EA service it was easier to check whether the person had actually contacted the EA service through day-to-day contact). Additionally, as a consequence of being in the same building or office, IAPT therapists were reminded of the EA service availability which might increase the number of referrals to EAs.
- For some EA services there was limited scope for IAPT and EA services to be co-located because of a lack of available office space. But there were examples here too of EA services being able to establish strong working relationships with IAPT services. In these cases it was more time consuming for the EAs to establish a close working relationship with the IAPT service because they were not co-located. As will be discussed in greater detail in the following sections, EAs were invited to attend monthly IAPT management meetings which facilitated the flow of information between the two services regardless of whether or not they were co-located.

[10] IAPT does not exist outside England. In Scotland and Wales there are comparable psychological services in each of the respective pilot areas.

3.4 Establishing the client base

Where sites took referrals from multiple sources and not just from IAPT, this was, to some extent, a response to the initial low number of referrals from the IAPT service (especially during the implementation phase when IAPT therapists were unfamiliar with the EA service). There was, however, also evidence that this was a strategic decision with a view to developing the demand for an EA service such that it had the potential to survive the planned withdrawal of DWP pilot funding. If there was sufficient demand for an EA service this might potentially attract funding from, amongst others, public agencies, employers, etc.

Even where the EA service accepted referrals from a range of sources, EAs reported that the IAPT service was still seen as a key route of entry and all the EA sites worked to develop relationships with their local IAPT team. EAs were invited to the monthly management meetings held by the IAPT services which they used as an opportunity to raise the profile of the EA service. The focus of such early contacts with the IAPT service was very much on ensuring that the EA service was part of the IAPT therapist's range of options which they could present to their patients.

Some EAs said that referrals were low initially because the focus of staff at the beginning of the pilot was on setting up the EA service, recruiting and training staff, and developing links with IAPT and other organisations. Interviews with EAs towards the end of the pilots confirmed this. It was also mentioned that some of the IAPT sites were also newly established and they too were undergoing a process of recruiting and training IAPT therapists. This was also thought to contribute to the low number of referrals to EAs at the start.

As noted above, where referrals were low, EA services often sought to develop their client base beyond the IAPT service to include, for example, self-referrals. They also contacted employers in some instances to make them aware of their services. Some EA services, however, had decided that they would only receive referrals from the IAPT service.

Evidence from the interviews with EAs suggests that referrals gradually built up over the course of the pilot as relationships with the IAPT service were established and, where relevant, with other referral points. But as the pilot neared its end the number of referrals began to decline in part because the service was beginning to wind down with some EAs leaving to find alternative employment.

3.5 The source of referrals

The Survey of EA Clients reveals that referrals come from the following sources[11]:

- IAPT service – 41 per cent of referrals;
- GPs – 38 per cent;
- counsellors[12] – four per cent;
- friends, relatives, colleagues – three per cent;
- self-referrals – two per cent;
- Jobcentre – two per cent;
- employers – two per cent.

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11 The list excludes 'don't knows' and missing values so does not add up to 100 per cent.

12 The questionnaire asked if people were referred via IAPT so the counsellors referred to here should not be IAPT therapists.

Where the IAPT and EA services were totally integrated, or appeared to be a single service to the client, the client may have been unaware that they were being referred from one service to another. Though, as explained already, considerable effort was made in the Survey of EA Clients to ensure that the respondent made a distinction between the EA and IAPT services. Additionally, in the IAPT services where there was a waiting list to receive therapy but where there was a facility to forward people to see an EA before seeing an IAPT therapist, the individual may not have necessarily recognised that they were being referred by the IAPT service. For these reasons the percentage of referrals from the IAPT service may be an underestimate.

On the basis of the evidence above, around 80 per cent of referrals were from a professional 'health' source, where the anxiety/depression had been medically diagnosed.[13] This is important because access to IAPT was dependent upon an individual displaying symptoms of mild to moderate depression and anxiety according to well established measures (the Generalised Anxiety Disorder Assessment (GAD7) and the Patient Health Questionnaire (PHQ9)) and the EA service was designed, at least in part, to complement the IAPT one. It might be presumed that GPs assessed the mental health of their patients before referring them to the EA-IAPT service and only referred those suffering from depression and/or anxiety or other common mental health issues.

Data provided in the EA Database reveals that referral routes varied considerably by site. For example, referrals from IAPT in some sites accounted for 100 per cent of all referrals, while in others the referral rate from IAPT was as low as 31 per cent. Where IAPT sites referred 100 per cent of referrals, this accounted for approximately 35 per cent of all referrals across all pilot sites.

Where there was a high degree of integration between the IAPT and EA services, senior EAs tended to think that this increased the flow of referrals from the IAPT service more than would have been the case otherwise. Integration did not necessarily mean that the service was provided by the same organisation or was co-located – though these factors could be beneficial – more that there was a relatively high degree of co-operation and communication between the two services such that EAs and IAPT therapists had the opportunity to share information about a particular case and consider whether a person should be referred or not.

3.6 Developing a relationship with IAPT teams and IAPT therapists

The practical issue facing many of the EA teams was not just one of establishing a good working relationship with the IAPT service overall, but of establishing good working relationships with individual IAPT therapists, as ultimately it was the IAPT therapist's decision as to whether an IAPT patient was to be referred to the EA service or not. Many EAs reported that whilst there were guidelines about who should be referred to see an EA when they saw an IAPT therapist, there were no hard and fast rules which said that a person presenting with an employment problem of a certain type should always be referred to see an EA. Ultimately, some EAs reported, the appropriate treatment for patients – including whether involving an EA would be beneficial – was the IAPT therapists' decision.

Some EAs suggested referrals varied amongst individual IAPT therapists, even within the same IAPT site, with some IAPT therapists providing many referrals whereas others provided relatively few. Awareness of the EA service may also have been an issue – as mentioned previously – integrated or co-located services provided a constant reminder of the EA service's existence as well as showing IAPT therapists the value of the EA service on an ongoing basis.

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[13] This question is a multi-code but most people who say they were referred by IAPT therapist say they were not referred by a GP (96 per cent say they were not referred by a GP and vice versa).

EAs indicated that IAPT therapists had two broad approaches to referring people:

- some IAPT patients were not referred until their therapy sessions had been completed or neared completion – in which case employment support could take place several weeks or months after an individual first reported a health problem to their GP or IAPT therapist;
- referring people for employment support much earlier, sometimes at the point at which they were initially assessed in IAPT and before they had seen an IAPT therapist.

Some EAs believed that the first approach was a consequence of a 'medical model' of intervention, in which IAPT therapists believed that their client's mental health condition needed be resolved before employment support would be appropriate or effective. Through their regular meetings with IAPT services, EAs tried to stress the importance of early intervention. Most EAs appeared to subscribe to the view that psychological therapy and employment advice were complementary and, in some instances, employment advice might be more appropriate (since dealing with a client's work-related problems might potentially resolve their mental health problems). This latter view was mentioned by DWP in the commissioning principles.

In the interviews IAPT therapists mentioned that patients were referred to an EA only where there was a significant employment dimension to their mental health issues. IAPT therapists said they saw a need for the EA service. For example, where their patients had an employment problem, they did not always have the skills to deal with it – such as discussing disciplinary issues. In the absence of an EA service there was some uncertainty about what might have occurred where a person had an employment problem:

- the IAPT therapists might provide advice as best they could;
- if some IAPT therapists within the organisation had an interest in employment issues they might be consulted;
- people might be signposted to other services, such as the Citizens Advice Bureau, but in doing so the continuity of service was potentially compromised because these services were not integrated with the IAPT one.

IAPT therapists indicated that where individuals were referred to an EA, this gave the IAPT therapists more time to focus on mental health issues. And the IAPT therapist could check with an EA to obtain feedback on whether their patients had actually contacted the EA and, if so, how matters were progressing.

Many EAs reported that working with IAPT therapists to encourage and promote early referral to the EA service was an important aspect of their implementation work. Some EAs reported that the provision of employment advice prior to seeing an IAPT therapist had negated the need for psychological therapy in some instances. This relates to those IAPT services where an early assessment was made of the individual's needs which might result in them seeing an EA more or less straightaway. It was reported that there were often waiting lists to see an IAPT therapist whereas an EA could usually be consulted more or less straightaway. Chapter 5 reveals that where people had seen an IAPT therapist in addition to an EA, there were a range of relatively more positive outcomes with respect to improvements in the severity of problems faced and reports of improvements in general health.

The general view of the IAPT therapists spoken with was that employment advice and psychological therapies were complementary. They provided the combination of treatment and advice required to resolve mental health issues with an employment-related dimension.

3.7 Conclusion

The evidence points to all the EA sites striving to develop close working relationships with their respective IAPT teams in line with the DWP's commissioning principles. The survey evidence shows that most referrals were from a health source – IAPT or a GP – but the EA Database indicates that there were a few sites where more than half of their referrals were from sources other than the IAPT service. As noted previously the willingness to take on people from any referral point was borne out of a desire to ensure that they had a critical mass of referrals and, from a more strategic perspective, to develop an EA service which had the potential to survive beyond the end of the pilot.

The organisational relationship between EA and IAPT services consisted of: (a) a single organisation delivering both services; (b) co-located services but delivered by separate organisations; and (c) services which were separate and not co-located. It was apparent – based on data in the EA Database – that the single service generated the highest number of referrals. Co-location was limited in many instances by an absence of office space. Where services were not co-located, the EA services were able to develop close working relationships with their respective IAPT ones through, for example, being invited to attend monthly management meetings.

EAs were very much of the view that early referral brought about improved employment outcomes for their clients. They mentioned that some IAPT therapists referred people to them at an early stage – sometimes before they had started their programme of therapy. Other IAPT therapists, the EAs said, preferred to deliver the therapy first and then refer later. The EAs reported that ultimately it was the IAPT therapists' decision to decide what was best for their patients.

In the absence of an EA service, IAPT therapists mentioned that they would try to provide employment advice themselves or direct their patients to another service. Both approaches incurred costs. In the former case, it took up the IAPT therapists' time on issues in which they were not expert and potentially reduced the amount of time for therapy. In the latter case, they were less able to track whether the person had sought advice from another organisation and the content of that advice. Where there was an integrated EA and IAPT service they were able to do so.

4 The advice and support provided to individuals by Employment Advisers

4.1 Introduction

The previous chapter outlined the process through which the EA sites established their service to clients. This chapter looks more closely at the type of assistance EAs provided to their clients, and their clients' perceptions of how helpful that assistance was in allowing them to remain in employment (either to continue attending work or returning to work from being off sick). In doing so, it sets the context for the analysis in the following chapters which address the impact of employment advice on individuals' well-being and employment.

4.2 Who were the EAs advising?

Table 4.1 compares the characteristics of respondents to the Survey of EA Clients with what is known about the working age population derived from the Labour Force Survey (LFS). It should be noted that the questions asked in the two sources of data are not identical and so cannot provide an exact comparison. The LFS figures are therefore only intended to give a broad context for the study. The data drawn from the Survey of EA Clients makes a distinction between all the clients of the EA service and those who had also seen an Improving Access to Psychological Therapies (IAPT) therapist in addition to the EA.

Table 4.1 Characteristics of Survey of EA Clients and the LFS working age population (comparisons are indicative)

Percentages

	Survey of EA Clients		LFS
	IAPT seen	All respondents	Working age population
Age			
16 to 24	5	5	12
25 to 39	29	27	33
40 to 49	37	36	26
50 to 59	25	26	22
60 or older	4	5	7
Gender			
Men	40	41	54
Women	60	59	47
Ethnic group			
White	93	94	90
Asian or Asian British	4	4	5
Black or Black British	0	1	2
Chinese or other	3	1	4

Continued

Table 4.1 Continued

Percentages

	Survey of EA Clients		LFS
	IAPT seen	All respondents	Working age population
Long term illness, health problem or disability			
Yes	40	41	28
No	60	59	72
Of which, whether working limiting disability			
Yes	78	72	41
No	23	27	59
Public or private sector			
Public sector	46	41	25
Private sector	53	57	75
Occupation			
Managerial/professional	31	32	44
Self-employed	2	2	13
Hours of work			
Average hours per week	35	35	35
Work shifts			
Yes	27	27	18
Sickness status			
Whether off work sick	8	10	2
Marital Status			
Single, never married or cohabiting	21	21	37
Married and living with husband/wife/ cohabiting, in a relationship/civil partnership	62	62	51
Separated/divorce/widowed	16	17	12
Number of children			
None	43	46	56
One	31	26	20
Two	18	19	24
Three	5	5	5
Four or more	1	1	1
Base	*285*	*614*	

Source: Survey of EA Clients, Wave 1, Wave 1 Top-up/LFS April – June 2010.

Although a direct comparison with the LFS cannot be made, from an indicative perspective the two sources of data suggest that compared with the working age population, the clients of the EAs were:

- slightly older;
- more likely to be women;
- much more likely to work in the public sector;
- more likely to have a work-limiting illness or disability;

- more likely to be off work sick;
- more likely to be married;
- just as likely to be employed in professional/managerial positions.

In general, where people sought employment advice they had often been employed with their current employer for a substantial period of time. The Survey of EA Clients reveals that at the time people sought advice from an EA eight per cent had been employed for less than one year, 26 per cent had been employed for between five and ten years, and a further 27 per cent had been employed for more than ten years with their current employer.

Where people had been in employment off work sick before they saw an EA, on average they had been on sick leave for 12 weeks – 11 weeks if they had been referred by an IAPT therapist or GP and 15 weeks if not. This provides evidence that medical referrals bring about an earlier intervention from the EA which, according to the EAs, was more likely to bring about a successful resolution of an individual's employment problems.

The Survey of EA Clients reveals that a relatively high share of respondents was drawn from the public sector. The most frequently mentioned public sector organisations were the NHS, state schools, and central government.

So far the description has been about employees and their employers. It needs to be noted that 2 per cent of respondents were self-employed compared with 13 per cent in the labour force.

4.3 Why people sought employment advice

4.3.1 Situation at the time of referral

This section provides information about why people sought advice from an EA. Just under half of respondents (45 per cent) were satisfied with their job in the two years before they first sought the advice of an EA. These figures are generally low compared with other surveys which reveal job satisfaction levels that are often much higher. Although the questions asked in other surveys are slightly different, the *European Working Conditions Survey 2010*[14] reveals that 90 per cent of respondents were very or fairly satisfied with their jobs in 2010.

Three-quarters (76 per cent) of EA clients said that something had happened which had affected the satisfaction they derived from their job in the two years prior to seeing an EA. The principal reasons related to:

- bullying and harassment by managers/supervisors (28 per cent of those who reported that something had happened over the past two years);
- restructuring of job (26 per cent);
- increased workload (23 per cent);
- change in line manager (21 per cent);
- introduction of new systems of work (14 per cent);
- bullying and harassment by work colleagues (13 per cent);
- problems and responsibilities at home (nine per cent);

[14] http://www.eurofound.europa.eu/pubdocs/2011/82/en/1/EF1182EN.pdf

- lack of training for new role (eight per cent);
- redundancies/loss of job security in business (eight per cent);
- change of hours (six per cent);
- promotion increased responsibilities (four per cent);

EAs also pointed out that many of their clients often sought advice because of relationship problems with their manager and colleagues, but also because of changes in the organisation of work which resulted in their clients being faced with either undertaking a different kind of job or being expected to do more especially where there had been redundancies in the workplace. The discussions with the EAs also indicated that the external environment had also had an impact on the outlook of their clients. As the economy began to slow down at the start of the recent recession, employers had responded by engaging in the reorganisation of work structures which some of their clients were struggling to accommodate. Where employees were struggling to cope with work they were also worried about losing their jobs in a weakening labour market, especially so in those organisations which had recently made people redundant.

Some EAs also said that they had to be open to the possibility that some of their clients were not suited to the job they were carrying out. The Survey of EA Clients indicates that most respondents thought that the skills they possessed matched what was required of them in their jobs: 52 per cent thought that their skills were at least a little higher and 39 per cent though that their skills were about right for their job. Eight per cent, however, did think that the skills they possessed were less than those required by the job. Whether this meant that they were unsuited to their job or required more training in order to carry it out proficiently is difficult to gauge from the evidence available.

4.3.2 Actions taken before seeing an EA

Respondents were asked who they initially contacted about the problems they were experiencing. By far the most common response was that of contacting their GP (67 per cent of respondents), followed by their employer (22 per cent), work colleagues (nine per cent), and partner, husband or wife (nine per cent). Just two per cent said they contacted IAPT directly.

Even if a relatively small percentage of EA clients had approached their employer first, most had done so at some point before seeing an EA (72 per cent). This issue is returned to below in Section 4.5.1.

It is apparent that respondents had the support of their work colleagues. Around three-quarters of respondents said their colleagues at work were aware of the problems they were facing (74 per cent), and where their colleagues were aware, 77 per cent said they were at least fairly sympathetic to their predicament.

4.3.3 Why they saw an EA?

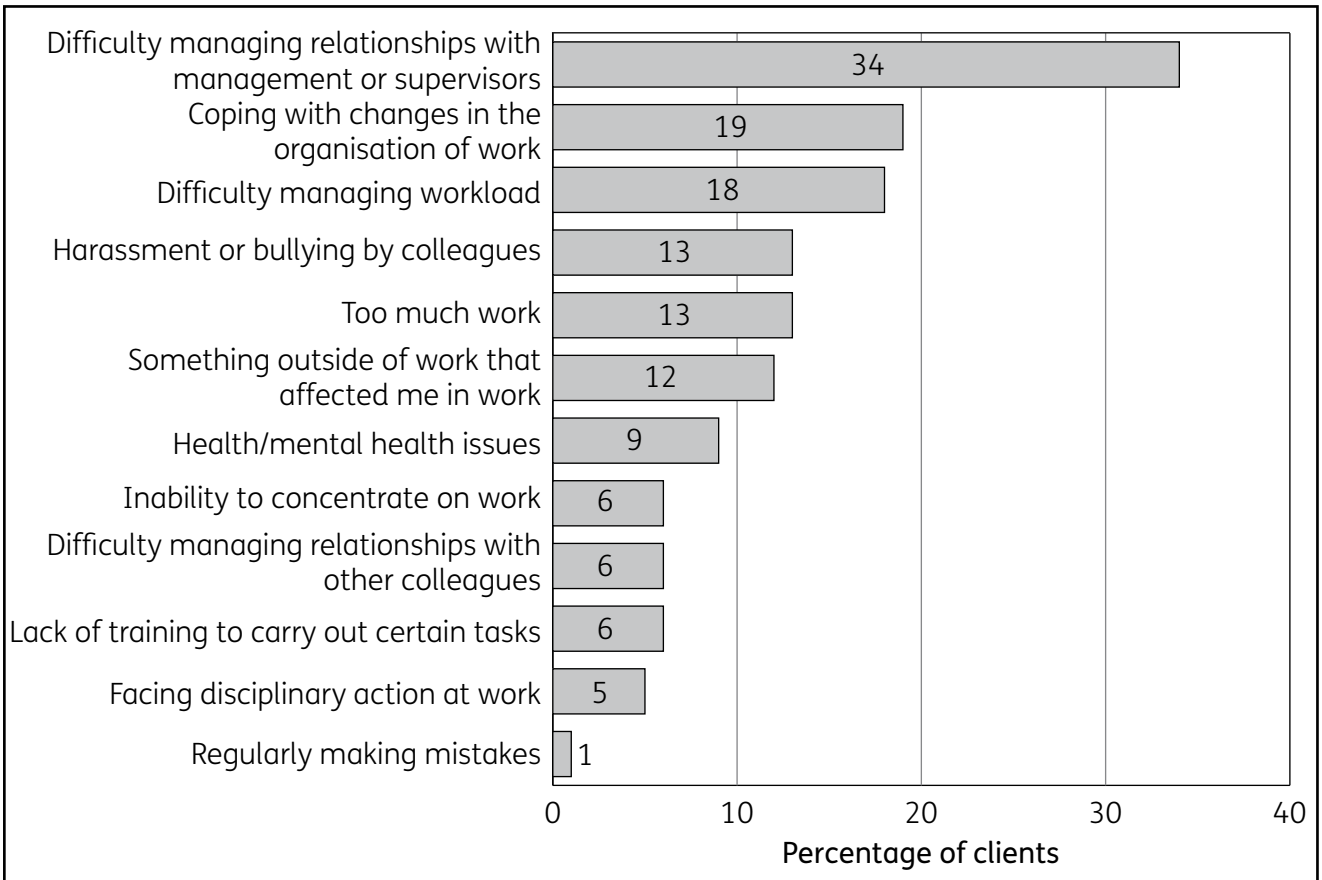
Respondents to the Survey of EA Clients were asked – initially unprompted and then prompted with a series of answers – why they had sought the support of an EA (see Figures 4.1 and 4.2).[15] In general, the most frequently reported reasons related to difficulties managing relationships

[15] From the semi-structured interviews with EAs a set of pre-codes were developed for use in the questionnaire relating to why people needed to see an EA. The question about why the person needed to see an EA was asked first without any of the pre-codes being read out by the interviewer. If responses not listed on the pre-codes were given these were recorded by the interviewer. The question was then asked again but this time with the interviewer reading out the pre-codes unless one of these had already been mentioned when the question was asked unprompted.

with managers (reported by 49 per cent of respondents for prompted responses) and difficulties managing workloads (30 per cent). Note that whilst respondents were asked about bullying and harassment from colleagues, they were not asked about bullying and harassment from managers, so it is likely, especially in Figure 4.2 where respondents were prompted for their answers, that any perceptions of bullying and harassment from managers would be contained in the 'difficulty managing relationships with managers and supervisors' category.

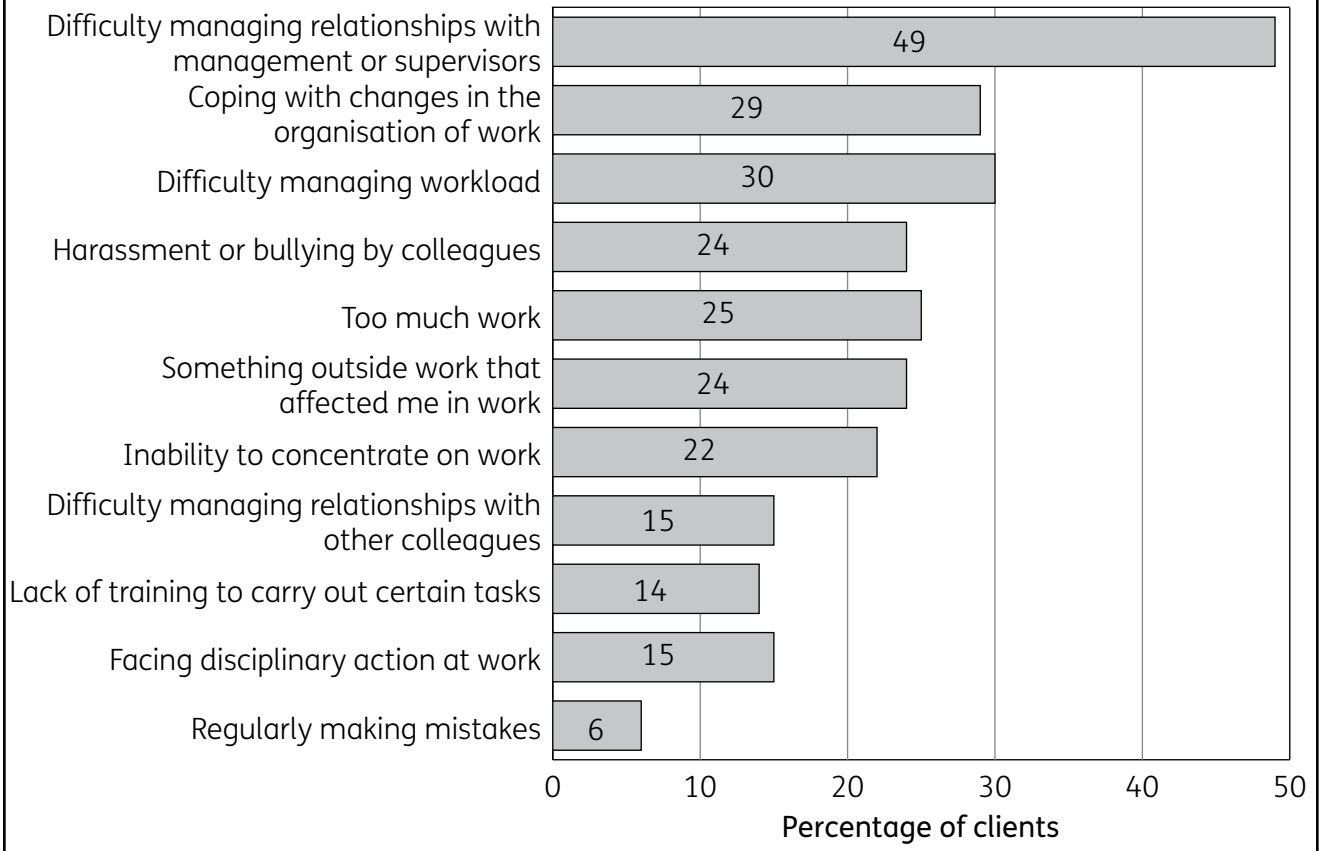
The problems which had led individuals to see an EA were often multifaceted. On average, respondents cited two problems. Where, for instance, respondents cited problems with their manager, many also reported other problems with work colleagues (21 per cent of those who said they had a problem with their manager reported this problem too), bullying by colleagues (34 per cent) or too much work (33 per cent). The problems which led people to seek the support of an EA were similar for men and women, and there were no significant differences by age group or initial employment situation (attending work or off work sick).

Figure 4.1 Reasons for seeing an EA – unprompted



Base: All respondents.
Source: Survey of EA Clients Wave 1 and Top-up (n=614).
Note: Respondents were allowed to give multiple responses.

Figure 4.2 Reasons for seeing an EA – prompted



Base: All respondents.
Source: Survey of EA Clients Wave 1 (n=512).
Note: (1) Bullying and harassment by managers was not included in the questionnaire.
(2) Respondents were allowed to give multiple responses.

Just under a quarter of respondents reported that the reason they needed to see an EA was to do with something outside of work.[16] In discussions with EAs some said the work-related issues with which some of their clients were faced had their origins outside of work such as, for example, bereavement or marriage break-up. Their clients' responses to the problems they faced outside of the workplace, EAs reported, had affected their clients' performance at work.

4.3.4 Severity of the problem

Respondents were asked whether their problems had led to them to consult their GP (95 per cent had done so) or whether they had taken time off work (78 per cent had done so). The percentage reporting they had seen their GP as a result of their problems was similar regardless of whether they were off work sick or still attending work at the point of referral (97 per cent and 92 per cent, respectively).

16 'Something outside work' was not elaborated on by interviewees. It was included in the list of pre-codes relating to this question in the questionnaire to indicate that it was not an issue which had its roots within the workplace.

4.3.5 Impact on work

Overall, 92 per cent of respondents said their jobs had been made harder because of the problems which resulted in them seeing an EA (82 per cent said it had resulted in their job being made much more difficult and ten per cent a little more difficult). Those who were off work sick at the time of referral were more likely to report that their job had become much more difficult (91 per cent of those off work sick compared with 70 per cent of those attending work). This is not to suggest that there is any causation between work and mental health problems – the purpose of the evaluation was not designed to test that proposition – simply that respondents felt the problems which had led them to see an EA had, in their opinion, affected how they went about their work.

There was no difference in the extent to which people reported that their work had become harder with respect to who referred them to the EA service. Where the GP or IAPT therapist had referred a person to see an EA, 92 per cent reported that their job had been made more difficult (82 per cent saying very much so).

4.4 The role of the EA

4.4.1 Actions taken by the EA

EAs developed action plans with their clients which had the aim of resolving their problems at work. This included actions for both the individual client and the EA to pursue, respectively.

Respondents were asked if their EAs had taken a range of actions on their behalf. The most common response was not really an action as such but more the EA listening and commenting on the issues their clients wanted to raise. Sixty-four per cent of respondents said that the EA acted as a sounding board. In general, EAs were very much of the view that their role was to get individuals to put their problems at work into perspective. This is perhaps reflected in nearly two-thirds of respondents reporting that the EA acted as sounding board where the individual expressed how they might resolve the problems they were facing.

EAs also suggested a range of actions that they, the EAs, might pursue. The most common of these was offering to contact the employer on their clients' behalf (61 per cent). In 50 per cent of cases EAs had developed an action plan with their clients to help sort out work-related problems.

Respondents were asked if the EAs always followed up on the actions they set themselves: 74 per cent said always, and 7 per cent said sometimes.

4.4.2 Actions for the individual to pursue

Respondents were also asked what actions the EA had set for them to complete. The most common response was that EAs' clients discuss their problems with their line manager (37 per cent) or human resources (HR) (17 per cent).

In nearly all cases respondents said that they had followed up on the actions set by the EA: 64 per cent always and 33 per cent sometimes.

4.4.3 Overall views about actions

EAs' clients responded positively to the discussions and actions agreed with their EAs:

- 92 per cent of clients said that the EA understood the problems they were facing;
- 93 per cent said the EA was sympathetic to their position; and
- 85 per cent regarded the advice provided by EAs as helpful (59 per cent saying it was very helpful).

On the basis of this evidence it is fair to say that there was strong recognition from the EAs' clients that their EAs were supportive and effective.

EAs discussed non-work-related problems too – 58 per cent of their clients reported that their EAs had helped them with non-work problems.

4.5 Changing jobs or employer

The general approach of EAs in the first instance was to seek a resolution (in whole or in part) of their clients' problems with their current job rather than to encourage or facilitate a change of employer. There was, however, recognition that some clients might be in the wrong job which resulted, in some instances, in EAs recommending that the person consider: (a) changing jobs but staying with their current employer; or (b) finding alternative employment with a different employer.

Around half (51 per cent) of all respondents expressed an interest in finding employment with another employer. Where they were interested, around two-thirds (64 per cent) said that they were supported in looking for other work by the EA (i.e. a third (33 per cent) of all respondents). The implication here is that the EAs' clients initially expressed an interest in finding alternative employment and the EA then assisted them in doing so in around two-thirds of all cases. A lower percentage of clients had agreed jointly with their EA that looking for alternative employment might be one option worth considering in resolving their employment problems (11 per cent of all respondents).[17]

In some instances the EAs suggested that their clients might look to find an alternative job with their current employer. So they would remain with their current employer but might work in a different occupation or in another office or site. The EA advised the individual to consider finding an alternative job with their current employer in five per cent of cases. The survey evidence reveals that overall, 83 per cent of all clients remained with their current employer. Where they remained with their current employer, 80 per cent were in the same job.

Where people had changed employer, nearly three-quarters (73 per cent) said they were now working in a different job or occupation to the one in which they were employed when the first saw an EA.

EAs mentioned, in the semi-structured interviews, that they signposted their clients to other services which could, for example, help with CV preparation.

4.6 EA contact with employers

There was recognition across all the EA sites that their clients needed to discuss their problems with their employer if they had not done so already. As noted already, the most common action set by EAs was for their clients to approach their managers or HR department about the problems they were facing.

EA sites had differing approaches to how they dealt with employers.

- Some EA sites expressed a preference for not contacting the employer directly – though they would do so if necessary – but, instead, adopted the approach of preparing their client to act independently because a sustainable solution would only be found if the individual learned to manage the employment-related problems they were encountering themselves. Advice and assistance might be provided such as arranging a meeting with the employer, or helping write a letter. The EA might intervene directly with the employer but this was seen more as a last resort.

[17] In 15 per cent of cases it was the EA who suggested that looking for alternative employment might be an option worthy of consideration by the client.

- In contrast, some EA sites adopted a more interventionist approach based on more readily engaging directly with an employer, such as discussing the issue directly with the employer, or attending meetings between the employee and employer.

The difference between the two approaches should not be exaggerated. In both approaches EAs were willing to intervene on their client's behalf as necessary; the difference being more to do with how much they encouraged the individuals themselves to seek a resolution before the EA intervened. EAs were of the view that employment-related problems in most instances could not be resolved without the client or the EA engaging with the employer in some way.

4.6.1 Individuals approaching employer before seeing an EA

Before contacting an EA, 72 per cent of respondents mentioned that they had approached their employer about the problems they were facing. Where people had not contacted their employer this was explained with reference to:

- having difficulty talking with managers and supervisors or having no-one to talk to at work (28 per cent of those who had not contacted their employer);
- not wanting employers to know about their problems (16 per cent); and
- thinking that their health problems would be taken seriously (12 per cent).

Where individuals had contacted their employer before seeing an EA, 33 per cent said that their employer took some action. Where action was taken, 33 per cent said it had been effective, 18 per cent said it had been neither effective nor ineffective, and 48 per cent thought it had been ineffective.

Where individuals had contacted their employer, 31 per cent said the employer had been sympathetic and 55 per cent thought the employer had been unsympathetic.

4.6.2 Contacting the employer on the advice of the EA

Most EAs encouraged clients to contact their employer themselves (reported by 72 per cent of respondents). Where this had been suggested, 88 per cent of clients had done so. Sixty-one per cent of those who had done so found this to have been helpful (30 per cent saying very helpful). This indicates that the results are generally more successful where the individual makes an approach to the employer with the support of the EA. As noted earlier many of the EAs' clients had approached their employer before seeking the advice of an EA and where they had done so most had found it to have had little effect.

In combination, 85 per cent of individuals had either contacted their employer before seeing an EA or had done so at the behest of the EA (or had done both).

4.6.3 EAs approaching the employer

In 61 per cent of cases, an EA had offered to contact the client's employer and, where they had made this suggestion, most respondents (73 per cent) gave their permission for the EA to do so (45 per cent of clients overall).

Where the EA had not suggested making contact with the employer, most respondents (77 per cent of these respondents) said they had not wanted their EA to make contact, but a small number (19 per cent) would have liked them to have done so. Some EAs mentioned that where their clients did not want them to contact their employer this was because, in many instances, their clients were anxious about how their employer might respond to any such approach.

Of the clients who gave permission for the EAs to contact their employer on their behalf, 92 per cent (41 per cent of all respondents) had also talked to their employer themselves (76 per cent had done so before contacting an EA, and 89 per cent while seeing an EA).

Where the problems faced by individuals were relatively severe they were more likely to give permission to their EAs to contact their employer. Where the problems had made the job very much more difficult 75 per cent gave their permission compared with 60 per cent who said it had not made the job more difficult. Similarly, where people had taken time off work because of the problems they were more likely to give their permission (77 per cent) than where they had not done so (53 per cent). If the individual had seen their GP about their problems or had seen an IAPT therapist there was no difference in the extent to which they were likely to give their permission to the EA to contact their employer (46 per cent each).

If employers had been unsympathetic to the respondents raising their problems with them before seeing an EA, this was not related to the extent to which respondents gave their permission for the EA to contact the employer. But where respondents' colleagues were aware of the problems they faced and had been very unsympathetic, respondents were more likely to give their permission (91 per cent did so) than where their colleagues had been very sympathetic (69 per cent).

EAs said that in general employers were open to discussing problems with them. Some said that where organisations had an occupational health (OH) department there was sometimes resistance to the EA becoming involved because the employer felt this was a matter that could be dealt with in-house by the OH department.

4.7 Difference between what the IAPT service provided and what the EA service provided

Of interest to the study was the way in which the EA and IAPT services worked together and the extent to which the services overlapped and/or complemented one another in the services they provided. The in-depth interviews with clients suggested a clear division between the services provided by the IAPT therapists and the EAs respectively. The IAPT provision centred almost entirely on the individuals' mental health-related issues and the EA focused on work-related issues. This led to some differences in how the two services were viewed and evaluated by clients.

- Whether or not the services were perceived positively appeared to depend on the reasons for the initial referral. For example, those who had been referred to the IAPT service because their mental health problems were causing difficulties maintaining a job generally found the psychological therapy most useful, whereas those whose problems at work were causing high levels of stress, anxiety or depression were much more appreciative of the practical support provided by the EA service.
- Most clients expressed a preference and appreciation of one service over the other, although the two services seemed to complement each other well, and participants generally valued both: *'Both helped in their own way*'; *'A combination of the two helped me to stay in work'*. One client said that although his problems were mainly work-related, the IAPT therapist focused more on his wellbeing and emotional issues, whereas the EA *'sorted out my employment issues*'. Overall, he said that the service was *'excellent – I don't know why they haven't done something like this before'*.

- The IAPT therapists were generally consistent in the service they provided (listening, talking through coping strategies, etc.), although there was greater variety among the EAs in the type of service provided: some EAs focused solely on helping with CVs and sending details of job applications to clients, whereas others went to great lengths in helping with information on employment issues, writing letters and making phone calls on the client's behalf, as well as instigating mediation sessions with employers.
- The EAs who provided practical advice and support, including advice on employment and clients' rights, were highly regarded and many commented that this help had allowed them to get back to work earlier or stay in work, while the IAPT therapist provided back-up support with any continuing emotional problems. One client described a positive experience overall, but the practical help given to him by the EA had been particularly useful: *'he's had a positive effect on my life; I can't fault him in any way at all'*. In several cases, the EA provided ongoing support, calling the client regularly to check that things had improved. When asked about the differences between the EA and the IAPT therapist, one client said that he and the EA talked over the problem which did not happen with the IAPT therapist; *'and he provided a practical answer, rather than a few sheets of paper...he provided practical support and solutions, which is what was needed, really*'. The EA also phoned the client and told him what he was doing on his behalf: *'quite proactive ... he kept me very much in the picture of what was going on*'. Another client was asked if the EA had been helpful in getting her back to work, and replied that without her help: *'I wouldn't have gone back. I wouldn't have been able to get back to work. I would have left that job and whether I would have found another one as things are now ...'*
- The IAPT service was also rated positively by the majority of clients, although a few felt that the IAPT therapists focused on issues which bore little relation to their particular situation (this was especially the case with clients who reported that their problems were almost or entirely linked to work-related factors). One woman said that she had not seen the IAPT therapist after the first two sessions: *'not after the experience I had, no. Because I felt it wasn't about work, it was about what had gone on in my childhood, which has got absolutely nothing to do with what had happened*'. Interestingly, this woman had seen the EA first, as there had been a delay of six to eight weeks in gaining access to the IAPT therapist, and her experience with the EA had been positive. Other clients had a more positive view of the therapy sessions: one woman found that the problems she was facing were definitely wider than employment-related issues and the support offered by the EA only partly dealt with these. She felt that the support provided by the IAPT therapist was more relevant to her particular problems, which were affecting her personal life overall.

Most people viewed the EA service positively overall and suggestions for its improvement included greater publicity of the service, especially for people with work-related problems; more cover when EAs were on holiday or unavailable; and a need to understand the background to the individual and what they really want, rather than focusing on sending information about new jobs. Some also thought that there needed to be more awareness amongst EAs about mental health issues as it seemed that this was treated as more of a distinct issue for the IAPT therapist only.

4.8 The process of providing employment advice[18]

Once a person had been referred to see an EA, it was usual practice across all EA sites for the EA to make an initial telephone contact within five working days and arrange a follow up meeting to take place within two weeks of the initial referral. The follow-up meetings were nearly always face to face.

[18] This section is based on interviews with EAs, both at the commencement of the EA pilots and towards the end, and the Survey of EA Clients.

Where people were referred to see an EA, the EA service quickly established contact with the individual. At the first meeting the aim, reported by EAs and their clients, was to obtain information about the problems the client was experiencing at work, and develop a set of actions for the client and the EA, which would be further developed and refined in further meetings.

Interviews with the EAs indicated that sometimes the first meeting was taken up with identifying the nature of the problem faced by the client, as well as dealing with various administrative matters, and developing the bare bones of an action plan which was elaborated upon in subsequent meetings. By the second meeting it was usual for the EA and the client to have agreed a detailed action plan to be pursued over the coming weeks. Future contact with clients tended to be 'as necessary' and was conducted either face-to-face or by telephone or email.

Clients reported that contact with the EA tended to be by means of both face-to-face meetings and by telephone, with 94 per cent of clients reporting at least one face-to-face meeting and 75 per cent reporting at least one discussion over the telephone. In addition, 35 per cent of respondents had contact by email, 11 per cent by letter, and five per cent by text message. Where face-to-face meetings were held these were mainly held at the EA's office.

As the service developed, some EA sites reported that it had become increasingly possible to provide advice and guidance over the telephone or via email beyond the initial meetings. This was, in part, a consequence of EAs becoming more proficient in supplying advice coupled with their confidence in managing clients over the telephone or via email. Where an EA had gotten to know the client as a consequence of providing advice, it was relatively easy to provide ongoing advice by email or telephone as necessary. In this way there was a degree of flexibility introduced into the provision of employment advice.

Several EA sites provided access outside normal office hours – for example, meetings in the early evening after work. Rules of thumb had also been established about the hours during which it was acceptable for a client to telephone an EA – i.e. outside normal working hours. In general, clients saw the same EA at their various meetings.

The average amount of time over which an individual was in contact with an EA was 151 days (a mean of 5 months). Table 4.2 provides a summary of these contacts.

Table 4.2 Time with an EA

	Percentage of respondents in receipt of meetings	Average number of meetings	Average duration of each meeting (minutes)	Total time (minutes)[1]
Face to face meetings	94	4.9	61	299 (~ 5 hours)
Telephone meetings	75	2.8	14	41
Total time in contact with an EA	100	7.7	44	339[(1)] (~ 6 hours)
(n= 475)				

Base: All who were no longer seeing an EA.
Source: Survey of EA Clients, Wave 1, Wave 1 Top-up and Wave 2.
Note: Based on multiplying average number of meetings by average duration presented in the table.

The Survey of EA Clients reveals that the average number of face-to-face meetings with an EA was just under five. This suggests that the average amount of time in total spent face-to-face with an EA was around five hours. Similarly, the average duration of telephone contacts was just under a quarter of an hour. With an average of just under three telephone contacts of an average length of just over 14 minutes, EA clients received around three-quarters of an hour of support over the telephone. This would imply that where respondents received both telephone and face-to-face support they received around six hours of support from their EAs.

Most of the EAs' clients felt that sufficient time was available for their EA to deal with their issues in face-to-face meetings (94 per cent) or by telephone contact (92 per cent).

4.9 Reasons for no longer seeing an EA

In total, 77 per cent of respondents reported that they were no longer seeing an EA. The main reason why people no longer saw an EA was that they were no longer in need of the services provided by the EAs. Relatively few reported that it was due to the service provided not being satisfactory.

Though they had completed their period with the EA service, 23 per cent of respondents mentioned that they were still in contact with their EA.

In the relatively few instances where the respondent mentioned that they had not been happy with the service, the main reason they gave was they considered it to be a poor service.

4.10 Conclusion

The characteristics of people who needed to see an EA were different from the working age population as a whole. In particular, they were more likely to be employed in the public sector, were more likely to be women, and more likely to report a work limiting illness or disability.

The main reason why individuals had sought the advice of an EA was in relation to the problems they were experiencing in their relationships with managers and supervisors and in managing their workload. The problems that they were facing might be considered relatively severe insofar as they had led them to consult their GP and, for some, take time off work. The respondents to the survey also reported that these problems adversely affected how they undertook their job. The vast majority of EA clients were very much of the view that they possessed the skills to carry out their job, so their problems were not, in their view, a result of any skills deficiency. Whilst the clients of the EAs might have possessed the technical skills to carry out their jobs, in many instances the EAs were trying to provide their clients with the skills which would allow them to manage their problems at work. For example, by being able to approach their employers about their problems at work in a constructive manner. In many instances EAs were trying to get their clients to a position where they could manage their problems – or avoid them in the first place – without the need for the intervention of an EA or a similar form of support.

Whilst the impact of the EA service is considered in the following chapters, a key finding of this chapter is the importance of involving employers, alongside the EA, in the process of problem resolution. Where the respondent had broached the problems they were facing with their employer in the period before they saw an EA, this had mostly proved to be ineffectual. But where the EA had become involved respondents were much more positive in their assessment in how effective contact with their employer had been.

The impact of the EAs' actions upon the employment situation of their clients is considered in the next chapter.

5 Effectiveness of Employment Adviser intervention – client perspectives

5.1 Introduction

This chapter describes the effectiveness of the Employment Adviser (EA) service from the perspective of the EAs' clients. The chapter begins by looking at what the clients sought from the service, whether their expectations were met and their problems resolved, how it affected different aspects of their jobs, and their recommendations of how the service might be changed.

5.2 Understanding the issues

The most common issues on which EA clients wanted assistance from the EAs were:

- coping better at work (39 per cent of respondents);
- getting back to work (i.e. attending work) (30 per cent); and
- talking with the employer on their behalf (29 per cent).

In relation to the last point, as noted in the previous chapter, the role of the EA in contacting the employer was highly valued by the EAs' clients. A comparison can be made between those attending work when they first saw an EA with those who were off work sick. Those off work sick were more likely to report that they wanted help getting back to work and that they wanted the EA to talk to their employer. Where individuals were attending work when they first saw an EA they were, in particular, more likely to report that they wanted assistance with addressing bullying and harassment at work and help with finding alternative employment.

Generally, clients felt that their EAs understood their problems: 82 per cent said fully; 11 per cent said 'yes, but not fully'. Only seven per cent said that their EAs did not understand their problems. Most found their EA sympathetic to their situation – 93 per cent of all respondents – with only four per cent saying their EA had been unsympathetic.

The evidence points to EAs discussing a wide range of issues with their clients. Whilst the focus of the discussions in most cases related to employment issues, EAs were willing to discuss a wider range of problems than just work:

- 41 per cent said only work issues were discussed;
- 29 per cent said discussions were mainly about work;
- 23 per cent said that discussions were equally about work and other problems the client was experiencing;
- six per cent said that discussions were mainly (or all) about issues other than work.

Where clients said that the problems they faced were mainly to do with something outside work, they were more likely to report that their discussions were either equally about work and other problems (46 per cent compared with 17 per cent who reported that they did not have problems outside work), and were more likely report that their discussions were mainly about something other than work (12 per cent compared with six per cent). These findings indicate that the EA was responsive to the needs of their client and was willing to discuss problems beyond work where the client wished to do so.

5.3 Expectations and resolution of clients' problems

5.3.1 Resolution of problems

Overall, 72 per cent of clients felt that their expectations of the service had either been fully or partially met: 44 per cent thought that their problems had been fully met, and 28 per cent thought that they had been partially met. Perhaps more important than expectations being met is whether the problems faced by clients had been resolved. Respondents to the Survey of EA Clients were asked whether the range of advice provided by the EA had resolved the problems they were having at work. The results show that 58 per cent of respondents felt that their problems had been either fully (23 per cent) or partially (35 per cent) resolved as the result of their EAs' support. A further 11 per cent felt it was too early to tell and 28 per cent felt that no progress had been made.

5.3.2 Type of problem faced and resolution of clients' problems

Table 5.1 shows the extent to which respondents said that their problems had been resolved with respect to the reasons why they needed to see an EA in the first instance. If attention is concentrated on the extent to which issues were fully resolved a number of findings are apparent:

- where clients of the EAs reported that they had too much work, they were most likely to report that their problems had been either fully or partially resolved as a consequence of seeing an EA;
- similarly, where people were having difficulties with their colleagues or were facing disciplinary action, they were highly likely to report that their issues had been fully resolved;
- where there was a lack of training this was likely to result in a relatively low percentage of respondents reporting that their issues had been fully resolved.

Table 5.1 Reason needed to see an EA by resolution of problem

Percentages

Issue which led individual to consult an EA	Fully resolved	Fully or partially resolved	Base
Too much work	26	68	81
Difficulty managing relationships with colleagues	34	63	38
Difficulty managing workload	23	63	112
Facing disciplinary action	30	63	30
Difficulty managing relationships with managers/supervisors	25	61	206
Inability to concentrate	18	59	39
Harassment and bullying by colleagues	21	56	81
Something outside of work	23	56	75
Coping with organisational change	19	54	114
Lack of training	12	53	34
Other	20	54	167
All	23	58	614

Base: All respondents.
Source: Survey of EA Clients Wave 1 and Top-up.

EAs reported that they could discuss with their clients why they were, for example, making mistakes or had too much work and, in the first instance, could work out between themselves why this situation has arisen. This could then be used as the basis for discussion with the client about how they might address these issues themselves, or if the EA was to contact the employer, how they might be addressed with the client's manager or human rsources (HR) department. EAs often regarded these types of issues as being ones which could be negotiated with the employer.

Discussions with EAs suggests that disciplinary actions were more difficult to deal with because the EA had sometimes become involved in the process fairly late in the day, by which time formal disciplinary actions were often well advanced. Issues relating to the changes in the organisation of work were also considered difficult to deal with, EAs reported, because the client's line manager or HR department sometimes had relatively little influence over them.

EAs provided little information about why a lack of training should be more difficult to resolve.

5.3.3 Resolution of clients' problems by employment status

Table 5.2 shows the extent to which respondents reported that their problems had been resolved by their EAs according to their employment status after seeing an EA. A feature of the table is that people attending work after seeing an EA were more likely to report that their problems had been resolved compared with those who were in employment but off work sick.

Where people were in employment but off work sick they were least likely to report that their problems had been at least partially resolved. And where people were no longer in employment around half (45 per cent) tended to say that their problems had been resolved.

Table 5.2 Resolution of problems by employment status after seeing an EA

Column percentages

	Attending work	In employment, off work sick	Not in work	Total
Fully resolved	25	5	23	23
Partially resolved	41	27	22	35
All at least partially resolved	***66***	***32***	***45***	***58***
No progress	22	42	40	28
Too soon to tell	10	27	10	11
Don't know	3	0	5	3
Total	**100**	**100**	**100**	**100**
Base	*422*	*60*	*132*	*614*

Base: All respondents.
Source: Survey of EA Clients Wave 1, Wave 2, and Top-up.
Note: Percentages may not add up to 100 because of rounding.

5.3.4 Resolution of problems and EA intervention with employer

Where the EA had contacted the employer there was a slightly higher percentage reporting that their problems had been resolved than where the EA had not contacted the employer or was yet to contact the employer. The data reveals:

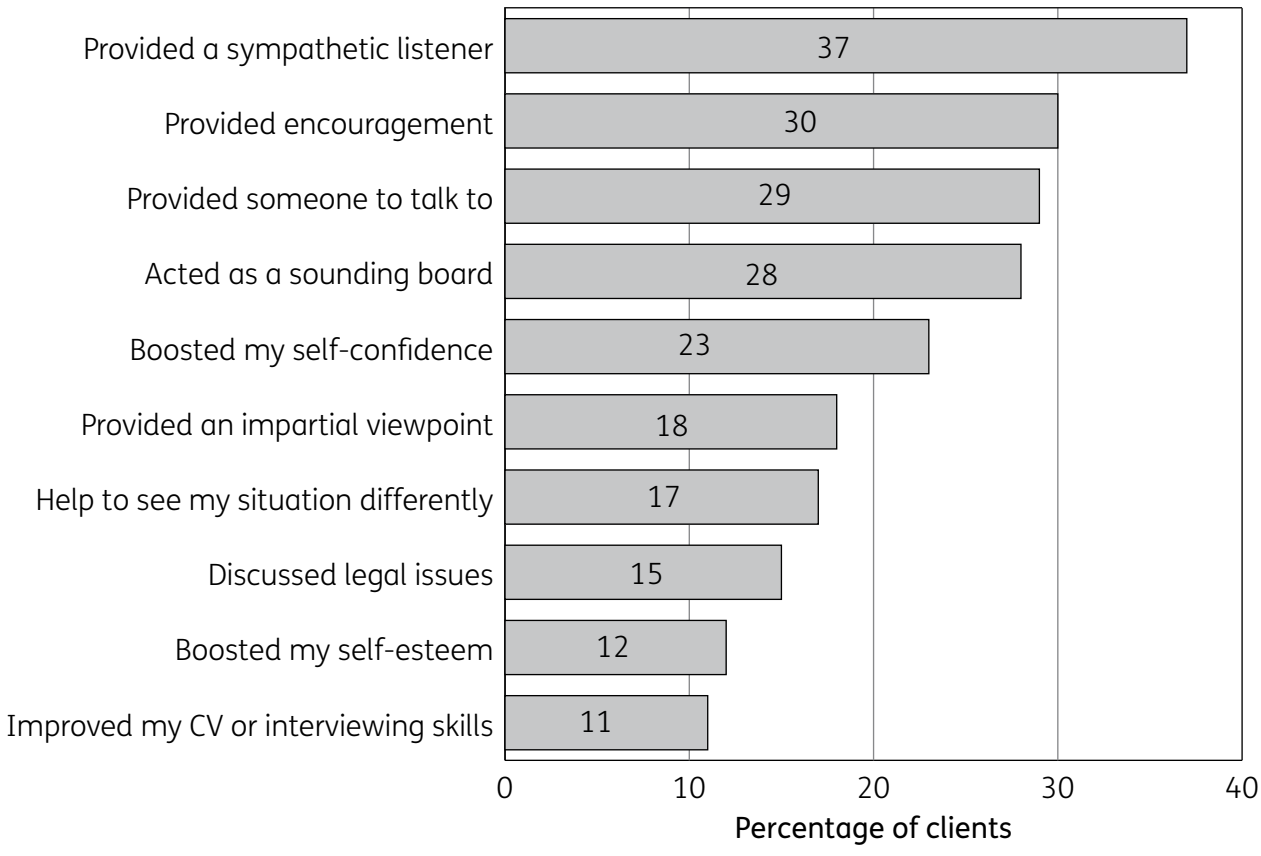
- 64 per cent of respondents felt that their problems had been fully or partially resolved where the EA had contacted the employer compared with 57 per cent where they had not done so;
- 22 per cent of respondents where the EA had contacted the employer reported no progress compared to 35 per cent where the EA had not yet made contact with the employer.

As noted in the previous chapter, where the clients of the EAs were asked whether the intervention of the EA with their employer had been effective, respondents were very much of the opinion that it had been.

5.4 Most useful actions by the EA

Before considering the impact of the advice provided by the EA it is worth considering the type of advice they provided in practice. Figure 5.1 provides information on EA clients' views about the most useful thing the EA did for them. Providing a sympathetic listener, providing encouragement, providing someone to talk to and acting as a sounding board were the most frequently mentioned activities.

Figure 5.1 Most useful activity undertaken by EA



Base: All respondents.
Source: Survey of EA Clients Wave 1, Wave 2 and Top-up.

5.5 Did the EA make a difference?

Overall, just over half of EA clients (56 per cent) believed that their situation after having seen an EA would be different without the intervention of the EA (see Table 5.3).

Table 5.3 Whether EAs affected their clients' situation after seeing an EA

Column percentages

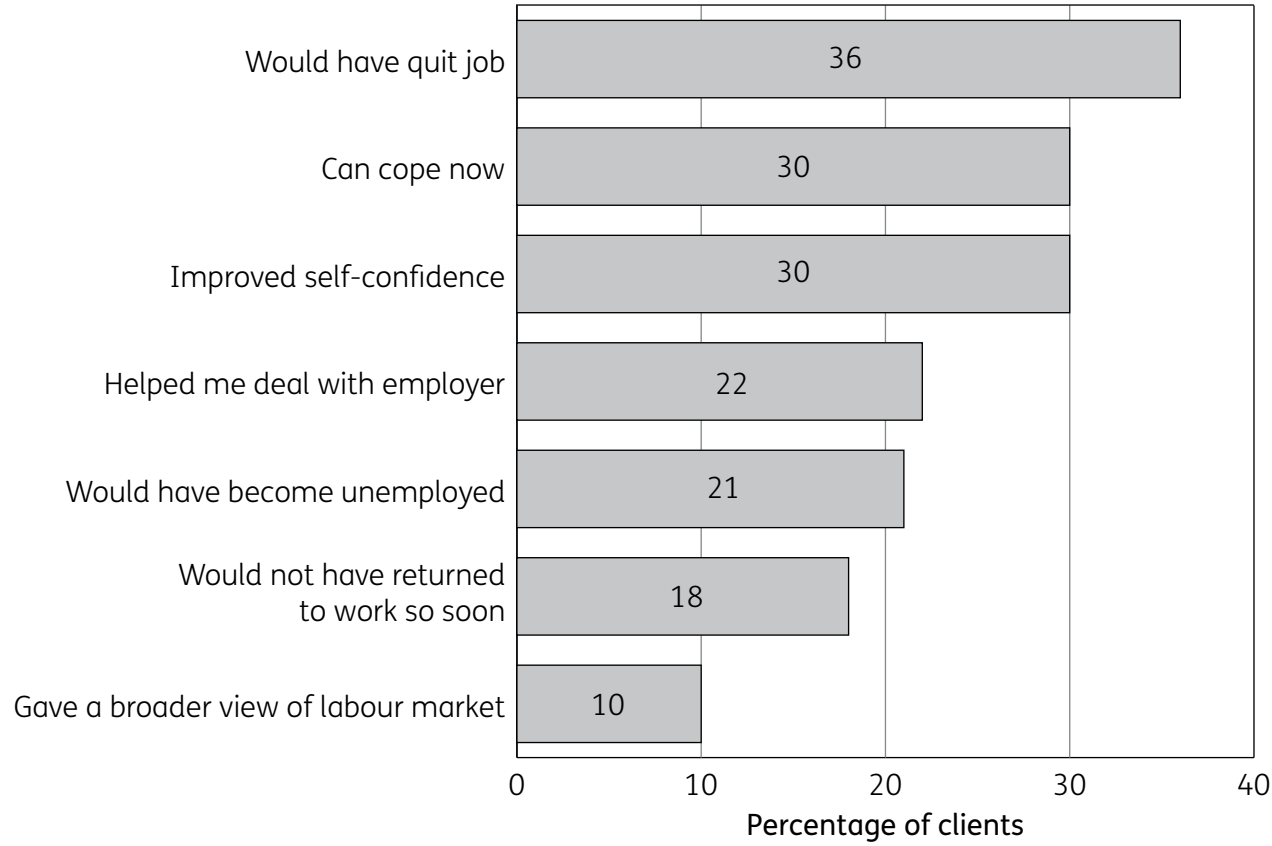
	Employment position after seeing an EA				
	In employment		Not in employment		Total
EA made a difference:	**Attending work**	**In employment, off work sick**	**Unemployed/ sick**	**Other**	
Yes	60	52	44	48	56
No	35	40	50	48	39
Don't know	5	8	6	3	5
Total	100	100	100	100	100
Base	*422*	*60*	*101*	*31*	*614*

Base: All respondents.
Source: Survey of EA Clients Wave 1, Wave 2 and Top-up.
Note: Percentages may not add up to 100 because of rounding.

The way in which the EAs helped their clients is shown in Figure 5.2. Perhaps the most striking finding, mentioned by 36 per cent of those who said their position today would be different without the intervention of the EA, is that the most commonly cited response was that they would have quit their job. Respondents also felt that they could cope now following the receipt of advice from the EA and that their self-confidence had improved.

Of those who had returned to attending work from sick leave, 26 per cent said they would not have been able to return to work so soon without the assistance of the EA.

Figure 5.2 Impact of EA on the employment situation of their clients



Base: All respondents reporting that EA had made a difference (n=342).
Source: Survey of EA Clients Wave 1, Wave 2 and Top-up.

5.6 The quality of employment

A further indication of the difference the EA made to the working lives of their clients can be gauged from the responses given to a range of statements relating to how they felt before they saw an EA and how they felt after they had seen one.[19]

The results suggest that there were some significant improvements following meetings with the EA. Generally, the results show improvements with respect to the extent that people:

- thought that their colleagues or workmates were causing them problems;
- were worried about their work outside working hours;
- thought that there was insufficient time to get to their work done;
- thought that there were one or two managers causing them problems or they had problems with the support and helpfulness of management.

A further indication of the extent to which there was a general improvement in working conditions before and after seeing an EA is presented in Table 5.4.

[19] The scale used was as follows: strongly agreed=5, agreed=4, neither agreed nor disagreed=3, disagreed=2, strongly disagreed=1.

Table 5.4 EA clients' views on different aspects of their jobs before and after seeing an EA (average scores)

Elements of job	Average score – Before	Average score – After	Change
All respondents			
The sense of achievement you got from your work	0.16	0.62	0.46
The scope you had for using your own initiative	0.01	0.64	0.63
The amount of influence you had over your job	-0.26	0.37	0.63
The training you received	-0.14	0.45	0.59
The amount of pay you received	0.37	0.24	-0.13
Your job security	0.16	0.31	0.15
The work itself	0.33	0.81	0.48
All staying in same job			
The sense of achievement you got from your work	0.26	0.53	0.27
The scope you had for using your own initiative	0.12	0.58	0.46
The amount of influence you had over your job	-0.19	0.25	0.44
The training you received	-0.05	0.32	0.37
The amount of pay you received	0.31	0.17	-0.14
Your job security	0.24	0.20	-0.04
The work itself	0.45	0.72	0.27
All who changed job			
The sense of achievement you got from your work	-0.16	0.76	0.92
The scope you had for using your own initiative	-0.10	0.68	0.78
The amount of influence you had over your job	-0.42	0.60	1.02
The training you received	-0.30	0.64	0.94
The amount of pay you received	0.30	0.35	0.05
Your job security	0.10	0.50	0.40
The work itself	0.03	0.93	0.90

Base: All respondents no longer seeing an EA (with valid entries).
Source: Survey of EA Clients, Wave 1.
Note: Average scores are based on scale as follows:
very satisfied=2, satisfied=1, neither satisfied nor dissatisfied=0, dissatisfied=-1,
very dissatisfied=-2.

Table 5.4 shows how attitudes towards different aspects of their jobs changed over the period of seeing an EA. If a person said that they were very satisfied with an aspect of their job they were given a score of +2, if they were satisfied a score of +1, if they were neither satisfied nor dissatisfied a score of 0, if dissatisfied a score of -1 and if very dissatisfied a score of +2. The final column in Table 5.4

shows the change in the scores before and after seeing an EA. Whilst the change over the period of seeing an EA is not large, it is apparent that with the exception of the pay indicator, there is a positive improvement in the work situation of respondents. Where people had stayed in the same job they showed an overall improvement in satisfaction with various elements of their job, but where they had changed jobs their satisfaction levels after seeing an EA were a little higher (see Table 5.4).

In addition, over two-thirds of those who expressed dissatisfaction with their job in the two years before they saw an EA now said that they were satisfied with their job.

5.7 Other impacts

5.7.1 Whether still experiencing employment-related problems

Overall, 24 per cent of respondents said that they still regularly experienced the problems which had initially led them to see an EA, after seeing an EA and 35 per cent said they experienced them on an occasional basis. Overall, therefore, 59 per cent of people were still experiencing the problems at least on an occasional basis.

Where people were still experiencing problems they were more likely to still be in contact with an EA. Overall, nine per cent of respondents said that they were still in contact with their EA on a regular basis, 12 per cent saying that they were occasionally in contact. Where they were still regularly experiencing the problems 33 per cent said that they were still seeing an EA (15 per cent regularly and 18 per cent saying that they were occasionally seeing an EA) (see Table 5.5). This suggests that people were more likely to remain in contact with their EA where the problem persisted. Interviews with selected EAs suggested that some of their clients continued to contact them even though the formal period of providing advice had ended. In this way the EAs could continue to provide support – via telephone or email – on an ongoing basis as needed.

Table 5.5 Whether still experiencing problems by whether still seeing an EA

Column percentages

	Are you still experiencing the problems you had in the period immediately before you first saw an EA?			Total
Still seeing an EA	**Yes, regularly**	**Yes, occasionally**	**No**	
Yes, regularly	15	7	6	9
Yes, occasionally	18	13	8	12
No	67	79	86	79
Total	**100**	**100**	**100**	**100**
Base	*123*	*179*	*210*	*512*

Base: All respondents.
Source: Survey of EA Clients Wave 1 and Wave 2.
Note: Percentages may not add up to 100 because of rounding.

Where EA clients were still experiencing the problems which had led them to see an EA, the evidence suggests that there had been some improvement in their situation. Where respondents said they were still regularly experiencing the problems which had led them to see an EA, seven per cent said that the problem was much less severe and 24 per cent that it was a little less severe (see Table 5.6). Amongst those who only occasionally still experienced the problems, 40 per cent said that the severity of their problems was much less severe and 48 per cent a little less severe.

Table 5.6 Whether still experiencing problems by severity of problem

Row percentages

	Which of the following best describes the severity of your problems now?						Total
Still experiencing problems?	**Much less severe**	**A little less severe**	**No change**	**A little more severe**	**Much more severe**	**Don't know**	
Yes, regularly	7	24	35	14	20	1	100
Yes, occasionally	40	48	8	2	1	2	100
All	26	38	19	7	9	1	100
Base	*79*	*116*	*57*	*20*	*26*	*4*	*302*

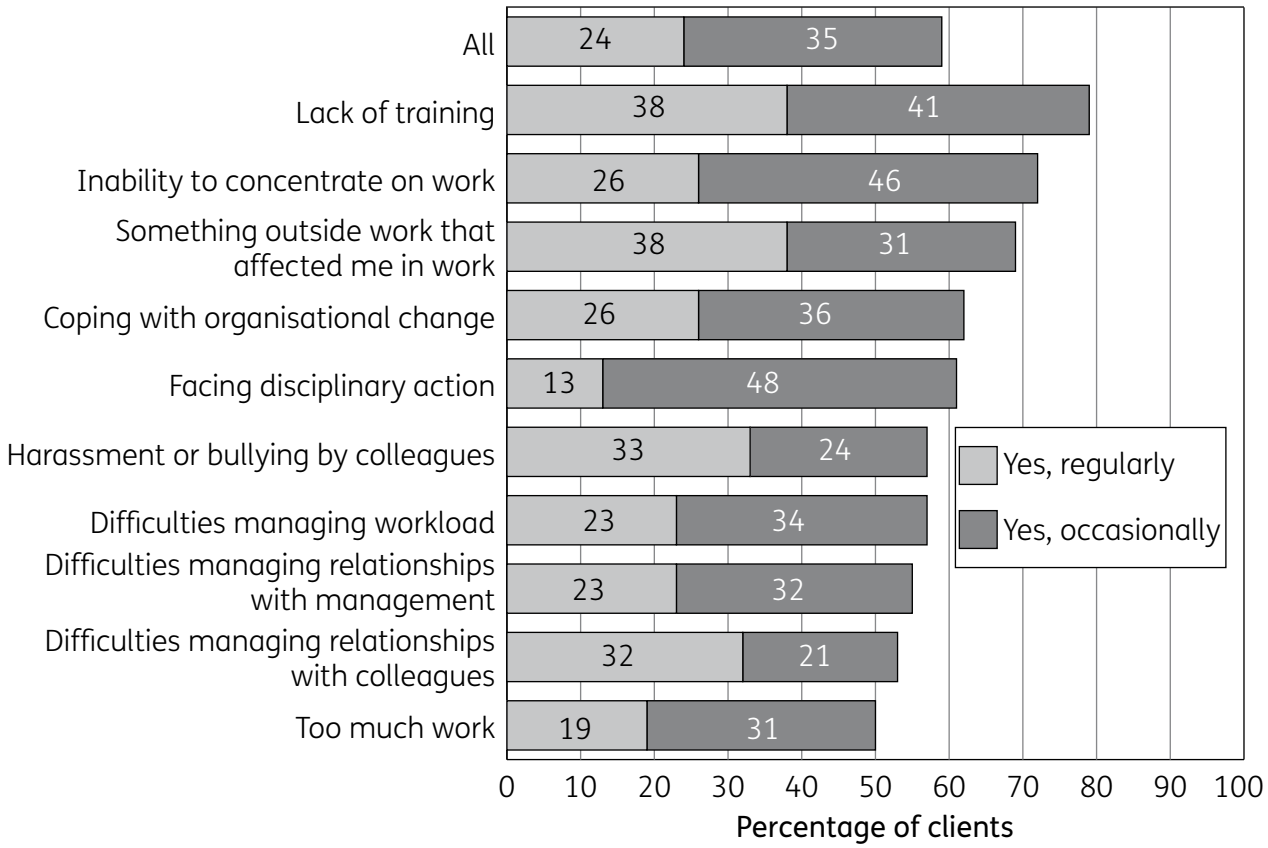
Base: All respondents still experiencing problems which led to seeing an EA (n=302).
Source: Survey of EA Clients Wave 1 and Wave 2.
Note: Percentages may not add up to 100 because of rounding.

Figure 5.3 shows the extent to which people were still experiencing problems – either occasionally or regularly – given the nature of the problem which led them to see an EA. The findings show that:

- people who initially sought the advice of an EA in relation to a lack of training, facing disciplinary action, an inability to concentrate at work, or coping with organisational change, were relatively more likely to still be experiencing these problems;
- people who sought the advice of an EA in relation to difficulties with management or colleagues, having too much work, or facing harassment or bullying from colleagues, were less likely to report that they were still experiencing these problems.

An explanation for this is that the second group of issues can be more readily addressed by managers within the workplace when made aware of these issues by the employee or the EA, whereas issues such as disciplinary proceedings or matters relating to organisational change may be outside the scope of influence of workplace managers. The findings here are very much the same in relation to whether the problems which had a led a person to see an EA had been resolved (see Section 5.3.2).

Figure 5.3 Reason needed to see an EA and whether still experiencing problems



Base: All respondents still experiencing problems which led to seeing an EA (n=512).
Source: Survey of EA Clients Wave 1 and Wave 2.

5.7.2 Changes in severity of problems faced by EA clients

Table 5.7 shows that where problems were reported as less severe this was associated with a number of other improvements in the situation of respondents:

- those reporting that their problems were less severe were more likely to say that after seeing an EA the state of their health was excellent, very good or good (for example, 69 per cent said their health was excellent very good or good where their problems had become a little less severe, compared with 40 per cent of those who said that their problems had become a little more severe);
- respondents were also more likely to report that their health was now better. For example, of those who reported that their problems had become a little less severe after seeing an EA, 79 per cent said their health was now very much or a little better, compared with 40 per cent of those who said that their problems had become a little more severe);
- where the severity of problems had lessened after seeing an EA, respondents were a little less likely to report that they were still seeing their GP about these problems.

Table 5.7 Change in severity of problems and state of health after seeing an EA

Column percentages

	Severity of problems after seeing an EA						Total
	Much less severe	A little less severe	No change	A little more severe	Much more severe	Don't know	
State of health after seeing an EA							
Excellent	4	1	2				2
Very good	29	12	9	5	8		15
Good	49	56	30	35	19		44
Poor	15	27	46	45	38	75	30
Very poor	3	3	12	15	35		8
Improvement to state of health							
Very much better	87	30	11	5	8	25	38
A little better	11	64	23	35	4	50	35
Just the same	1	5	51	25	12	25	15
A little worse			11	25	8		4
A lot worse		1	5	10	69		8
Still experiencing problems							
Yes, regularly	10	26	75	85	92	25	41
Yes, occasionally	90	74	25	15	8	75	59
Whether still seeing GP after having seen an EA							
Yes	70	70	81	80	85	75	74
No	30	30	19	20	15	25	26
Base	*79*	*116*	*57*	*20*	*26*	*4*	*302*

Base: All respondents still experiencing problems which led to seeing an EA (n=302).
Source: Survey of EA Clients Wave 1 and Wave 2.
Note: Percentages may not add up to 100 because of rounding.

Table 5.8 shows the relationship between changes in the severity of problems faced by individuals after seeing an EA and the extent to which those problems had led them to take time off work, see their GP, or consult an IAPT therapist. In relation to taking time off work or seeing a GP, this does not appear to be related to any change in the severity of problems faced. For those where the severity of the problem had decreased they were no more or less likely to have taken time off work or have seen their GP as a consequence of the employment problems they were facing.

Table 5.8 Change in severity of problems and initial severity of problems

Column percentages

	Severity of problems after seeing an EA						Total
Whether problems initially had led to...	**Much less severe**	**A little less severe**	**No change**	**A little more severe**	**Much more severe**	**Don't know**	
Taking time off work							
Yes	79	77	75	70	77	75	76
No	22	23	25	30	23	25	24
Seeing a GP							
Yes	95	96	97	100	100	100	96
No	5	4	3	0	0	0	4
Seeing an IAPT therapist							
Yes	57	53	47	60	58	25	54
No	38	40	46	30	42	25	40
Don't know	5	7	7	10	0	50	7
Base	*79*	*116*	*57*	*20*	*26*	*4*	*302*

Base: All respondents still experiencing problems which led to seeing an EA.
Source: Survey of EA Clients Wave 1 and Wave 2.
Note: Percentages may not add up to 100 because of rounding.

Table 5.9 looks at the relationship between problems being resolved and any change in the severity of the problems faced. It is apparent that where people reported that their problems were now less severe after having seen an EA, they were more likely to report that their problems had been fully or partially resolved. Where problems had become a little less severe, 59 per cent said their problems were at least partially resolved compared with 40 per cent where their problems were a little more severe.

Table 5.9 Change in severity of problems and resolution of problems by EA

Column percentages

	Severity of problems after seeing an EA						Total
Whether issues resolved	**Much less severe**	**A little less severe**	**No change**	**A little more severe**	**Much more severe**	**Don't know**	
Fully resolved	24	12	14	5	4	25	15
Partially resolved	32	47	33	35	23	25	37
No progress	22	24	33	45	62		29
Too soon to tell	17	14	19	10	12	50	16
Don 't know	6	3		5			3
Base	*79*	*116*	*57*	*20*	*26*	*4*	*302*

Base: All respondents still experiencing problems which led to seeing an EA (n=302).
Source: Survey of EA Clients Wave 1 and Wave 2.
Note: Percentages may not add up to 100 because of rounding.

5.7.3 Changes in health reported by EA clients

Compared to when they first saw an EA, 80 per cent of respondents said that their health was better after seeing an EA (54 per cent saying that their health was very much better and 26 per cent a little better). Just eight per cent said that their health was worse. This is not to suggest a causal relationship, but simply to point out that there is an association. It should be noted that reported changes in the health of the client could have been due to seeing an IAPT therapist.

Table 5.10 looks at the relationship between changes in overall health with changes in the severity of their problems and whether they were seeing a GP. Two key points can be made:

- the severity of problems is much more likely to have improved where respondents reported that their general health had improved;
- where the EA clients' health has improved this is associated with a lower percentage reporting that they were still seeing their GP after having seen an EA.

Again it should be noted that the above findings report associations in the data and do not imply any cause and effect between changes in the severity of problems faced and the state of an individual's health or need to see a GP.

Table 5.10 Change in state of health and health situation after seeing an EA

Column percentages

	State of health after seeing an EA					Total
	Very much better	A little better	Just the same	A little worse	A lot worse	
State of health after seeing an EA						
Excellent	13	1	0	0	0	7
Very good	36	5	10	12	8	22
Good	39	59	33	29	4	42
Poor	10	28	50	41	52	22
Very poor	1	4	7	18	36	5
Still experiencing problems after seeing an EA						
Yes, regularly	5	26	65	65	92	24
Yes, occasionally	36	53	10	12	4	35
No	59	21	25	24	4	41
Severity of problems after seeing an EA (where still experiencing problems)						
Much less severe	61	8	2	0	0	26
A little less severe	31	70	13	0	4	38
No change	5	12	64	46	13	19
A little more severe	1	7	11	38	8	7
Much more severe	2	1	7	15	75	9
Whether still seeing a GP after seeing an EA						
Yes	66	71	87	92	92	74
No	34	29	13	8	8	26
Base	*276*	*134*	*60*	*17*	*25*	*512*

Base: All respondents.
Source: Survey of EA Clients Wave 1 and Wave 2.
Note: Percentages may not add up to 100 because of rounding/missing values and 'don't knows' have been excluded.

Table 5.11 shows that there is a relationship between problems being resolved and self-reported improvements in general health. Where, for instance, people reported that their health was a little better, 59 per cent said that the problems had been at least partially resolved, but where the state of their health had remained unchanged, 43 per cent reported that their problems had been at least partially resolved.

Table 5.11 Change in state of health and resolution of problems

Column percentages

	State of health after seeing an EA					Total
Whether problems resolved	**Very much better**	**A little better**	**Just the same**	**A little worse**	**A lot worse**	
Fully resolved	31	16	17	6	4	23
Partially resolved	35	43	27	35	24	35
No progress	23	22	42	35	52	27
Too soon to tell	9	16	13	18	16	12
Don't know	3	3	2	6	4	3
Base	*276*	*134*	*60*	*17*	*25*	*512*

Base: All respondents.
Source: Survey of EA Clients Wave 1 and Wave 2.
Note: Percentages may not add up to 100 because of rounding.

It is difficult, on the basis of the evidence available, to identify any causality between seeing an EA, reporting a decline in the severity of problems faced, having those problems at least partially resolved, and reporting an increase in general health. It may be that each factor is supporting the other simultaneously. From much of the evidence reported above there appears to be an association between problems being resolved, the severity of the problems reducing and a self-reported improvement in overall health after seeing an EA and, in many instances, seeing an IAPT therapist too.

5.8 Suggested improvements to the EA service

All clients surveyed were asked for suggestions, based upon their experience, of ways in which the EA service could be improved in the future. Overall, 43 per cent of respondents said that they had no suggestions for improvement – often adding EAs were excellent.

Where suggestions were made for improvement they related to having more advisers, greater EA engagement with employers, and clients having more meetings with advisers. But it needs to be borne in mind that these suggestions were made by a relatively small number of respondents to the surveys.

The recommendations made by the EAs related mainly to being able to establish the relationship with the IAPT service more quickly. This would have increased the inflow of clients at the start. Some EAs also suggested extending the service to meet the needs of unemployed people.

5.9 Would clients recommend the service to others?

Whatever the views of clients about their own experience of the EA service, the ultimate 'vote of confidence' could be considered to be the extent to which they would recommend others in a similar situation to seek advice and guidance from an EA (see Table 5.12). Around nine-tenths of EA clients said that they would recommend the EA service to others in similar situations (89 per cent). This high level of support and willingness to recommend the EA service varied little by the personal characteristics of clients (i.e. by gender, age, ethnic background) but there is some variation according to employment status after having seen an EA. Those who were attending work more likely to report that they would recommend it to others (91 per cent) and those who were in employment but off work sick were least likely to recommend it, but even here most would do so (83 per cent).

Table 5.12 Recommend to others by employment status after seeing an EA

Column percentages

Recommend to others	Employment status after seeing an EA					Base
	In employment		Unemployed/ sick	Other	All	
	Attending work	Off work sick				
Yes	91	83	82	90	89	547
No	7	8	14	6	8	49
Don't know	2	8	4	3	3	18
Total	100	100	100	100	100	
Base	422	60	101	31	614	614

Base: All respondents.

Source: Survey of EA Clients Wave 1 and Top-up.

Note: Percentages may not add up to 100 because of rounding.

5.10 Conclusion

The evidence presented in this chapter reveals the actions undertaken by the EAs and the value placed upon those actions by their clients. The overall impression is of respondents both welcoming the actions taken by the EAs and considering them to have been effective in helping resolve their particular problems.

From the clients' perspective there are a number of findings which emerge from the analysis presented in this chapter:

- clients found the EAs to be both understanding and sympathetic;
- clients sought the advice of EAs in order to assist them with coping at work, getting back to work, or speaking with their employer on their behalves;
- the expectations of clients were met in most instances. It was observed in the previous chapter that the EAs' interventions with employers were seen as being particularly helpful by EA clients in assisting them with their problems;
- most EA clients felt that their problems had been at least partially resolved through the intervention of the EA.

It was further observed that the clients of the EAs reported that over the period they were in receipt of advice from the EA there were improvements in:

- various aspects of their work situation and the satisfaction clients derived from their work;
- the severity of the problems that initially led them to seek the advice of an EA;
- self-reported general health.

It needs bearing in mind that these improvements could have occurred in any case or could have resulted from seeing an IAPT therapist. Nevertheless, the EAs' clients generally felt that the EA had been instrumental in helping them resolve the problems they were facing so much so that nearly all would recommend the services of an EA to others in the same situation. Of course, the views of the participants are just one part of the overall assessment of the impact of employment advice. Whilst the clients of the EAs might have valued the advice and the support EAs provided to them, there is always the danger that this reflects the value the individual places upon the relationship developed with the EA rather than the actual effectiveness of the advice provided. The next section addresses the impact of employment advice on employment transitions using data from a number of sources.

6 Impact of the service and employment outcomes

6.1 Employment outcomes

The previous chapters have described the experiences of people using the Employment Adviser (EA) service and their evaluation of the advice received. This chapter extends the analysis to look at the employment position of people before and after seeing an EA. The analysis is limited to those respondents to the survey who said that they were no longer seeing an EA (i.e. they had exited the EA service). A degree of caution is required when interpreting the findings presented here. Firstly, many of the respondents to the survey had also seen an IAPT therapist so any change in the employment position of the individual may be due to seeing an IAPT therapist. Second, the situation of the individual may have improved in any case regardless of seeing an IAPT therapist or EA. That said, in certain instances EA clients were responding specifically to questions about how the EA had affected their position. This is clearly indicated in the text.

Table 6.1 provides a summary of the before and after situation to show that 84 per cent of those who were attending work before seeing an EA were attending work after they had stopped seeing an EA, and 86 per cent were still in employment even if they were not attending work. Of those who were in employment but off sick before seeing an EA, 63 per cent were now attending work and 72 per cent of this group were still in employment but remained on sickness absence.

On entry to the EA service all were in employment. After seeing an EA and exiting the EA service just under four-fifths (79 per cent) were still in employment.

Table 6.1 Employment status on entry to the EA service and after exiting it

						Row percentages	
Status after seeing an EA	**In employment**			**Not in employment**		**Total**	***Base***
Status on entry	**Attending work**	**In employment, off work sick**	**All still in employment**	**Not in employment**	**Other**		
Attending work	84	2	87	9	5	100	*211*
Off sick	63	9	72	21	7	100	*264*
All	73	6	79	16	6	100	*475*

Base: All no longer seeing an EA and where employment status known.
Source: Survey of EA Clients Wave 1 and 2 and Top-up.
Note: Percentages may not add up to 100 because of rounding.

The remainder of this chapter looks at the employment situation of different groups:

- those who were attending work when they entered the EA service. This analysis includes those who (a) remained with the employer they were with on entry to the EA service; or (b) changed employer; as well as (c) those going off work sick, or exiting the labour market;

- those who were off work sick when they entered the EA service looking at their differing employment outcomes for this group (a) whether they returned to attending work, (b) remained in employment but off work sick, or (c) exited employment.

For purposes of comparison many of the findings are presented for the individual groups of interest compared with the situation for all those who had completed their spell with the EA service (i.e. completers). Table 6.2 shows the number and percentage of people falling into each of the groups of interest before going on to compare them against all completers.

Table 6.2 Percentage of EA clients by employment status on entry and after they had exited the EA service

	Employment status on referral to EA service %		All completers (%)
	Attending work	In employment, off work sick	
Number of clients	**(n=211)**	**(n=264)**	**(n=475)**
Employment status at end			
Employed and attending work – overall	84 (178)	63 (167)	73 (345)
with the same employer and in the same occupation	55 (117)	37 (98)	45 (215)
in the same occupation but with a different employer	4 (9)	4 (10)	4 (19)
with the same employer but had moved into a different job	13 (27)	9 (23)	11 (50)
Employed and on sick leave	2 (5)	9 (23)	6 (28)
Unemployed/not in work – overall	9 (18)	21 (56)	16 (74)
seeking work	7 (15)	9 (25)	8 (40)
permanently sick or disabled	1 (2)	7 (18)	4 (20)
temporarily sick or disabled	0 (1)	5 (13)	3 (14)
Other	5 (10)	7 (18)	6 (28)
Self-employed	4 (8)	6 (15)	5 (23)

Base: All no longer seeing EA.
Source: Survey of EA Clients Wave 1 and 2 and Top-up.
Note: Cell sizes in parentheses.

6.2 Outcomes for people attending work on entry to the EA service and attending work on exit

This section looks at the situation of those who were attending work on entry to the EA service and assesses their employment situation after they had exited it with respect to whether they:

- remained at work with the same employer;
- were still attending work but had changed employer;
- were no longer attending work or in employment.

In total, 211 individuals were attending work on entry to the EA service and 178 were attending work on entry to and exit from the service. This is equivalent to 44 and 37 per cent of all completers, respectively.

6.2.1 Attending work on entry to, and exit from, the EA service, and remaining with the same employer

The characteristics of those people who were attending work when they entered the EA service and remained with the same employer is provided in Table 6.3. This group consists of 144 individuals which is equivalent to 30 per cent of all those who were no longer seeing an EA, and 81 per cent of all those who were attending work before and after seeing an EA. A comparison is made with the all completers group. The amount of difference between the two groups is modest but a number of points can be made with respect to the group which remained with the same employer:

- women were more likely to comprise this group;
- there is little difference with respect to age except that a slightly higher percentage were aged
- 25–39 years and a lower percentage aged 40–49 years:
- there is little difference with respect to the size of the employer EA clients worked for;
- EA clients in this group were more likely to be employed in the private sector.

Where people had remained with the same employer they had also tended to remain working in the same job/occupation, and in the same office or at the same site (see Table 6.4). Overall, there is not much difference in the way jobs have changed between the two groups. For the group of interest, three-quarters reported working the same hours after exiting the EA service as they did on entry to it, with 19 per cent working longer hours and 15 per cent working fewer. Similarly, there is not much change in shift working between the two groups. Around one-fifth said their wages had increased and a fifth said their wages had decreased.

Table 6.3 Characteristics of those attending work on entry to the EA service and attending work after existing it

Percentages

	Attending work on entry to, and exit from, the EA service, and remained with the same employer	All completers (i.e. no longer seeing an EA)
Gender		
Male	36	40
Female	64	60
Age		
16 to 24	7	5
25 to 39	28	25
40 to 49	33	38
50 to 59	28	26
60 or older	3	5
Size of employer		
Under 24	31	31
25-49	10	12
50-249	26	22
250-499	12	11
500-999	8	8
1,000 or more	10	12
Sector		
Public sector	37	42
Private sector	62	57
Seen IAPT therapist		
Yes	47	47
Base	*144*	*475*

Source: Survey of EA Clients Wave 1 and 2 and Top-up.
Note: Percentages may not add up to 100 because of rounding/missing values and 'don't knows' have been excluded.

Table 6.4 How job has changed

Percentages

	Attending work on entry to, and exit from, the EA service, and remained with the same employer	All completers (i.e. no longer seeing an EA)
Whether in same job/office		
Yes, same job	81	68
Yes, same office	90	76
Hours of work		
Same	65	57
Working many more hours	7	7
Working slightly more hours	12	9
Working slightly fewer hours	11	16
Working much fewer hours	4	9
Shift work		
Used to work shifts and still do in job after exiting EA service	20	16
Used to work shifts but do not currently work shifts in job after exiting EA service	5	7
Did not work shifts but do so in job after exiting EA service	4	6
Have not worked shifts and do not in job after exiting EA service	71	71
Base	*144*	*345*

Base: All no longer seeing an EA.
Source: Survey of EA Clients Wave 1 and 2 and Top-up.
Note: Percentages may not add up to 100 because of rounding/missing values and 'don't knows' have been excluded.

A range of questions were asked about different aspects of individuals' jobs including the extent to which they had influence over their job, the sense of achievement they obtained from their work, the scope to use their own initiative, etc. In general, the evidence points to there being an improvement in the position of individuals who stayed with their employer. For instance, those who reported relatively low levels of satisfaction with these facets of their jobs now reported that they were more satisfied. This can be seen, for example, in relation to the sense of achievement in their jobs respondents reported before and after seeing an EA (see Table 6.5). Of those who were fairly dissatisfied with the sense of achievement they obtained from their job before seeing an EA, 52 per cent were satisfied afterwards. This type of change is observed across many of the dimensions of job content which the study addressed.

A range of questions were asked about different aspects of individuals' jobs including the extent to which they had influence over their job, the sense of achievement they obtained from their work, the scope to use their own initiative, etc. In general, the evidence points to there being an improvement in the position of individuals who stayed with their employer. For instance, those who reported relatively low levels of satisfaction with these facets of their jobs now reported that they were more satisfied. This can be seen, for example, in relation to the sense of achievement in their jobs respondents reported before and after seeing an EA (see Table 6.5). Of those who were fairly

dissatisfied with the sense of achievement they obtained from their job before seeing an EA, 52 per cent were satisfied afterwards. This type of change is observed across many of the dimensions of job content which the study addressed.

Table 6.5 Changes in sense of achievement obtained in job: all attending work on entry to and after exit from the EA service and remained with same employer

Row percentages

	After completion of time with EA					Total	*Base*
Before entry to EA service	**Very satisfied**	**Fairly satisfied**	**Neither satisfied nor dissatisfied**	**Fairly dissatisfied**	**Very dissatisfied**		
Very satisfied	50	31	0	6	13	100	*16*
Fairly satisfied	18	55	8	10	10	100	*51*
Neither satisfied nor dissatisfied	7	33	40	13	7	100	*15*
Fairly dissatisfied	16	36	12	12	24	100	*25*
Very dissatisfied	10	30	5	20	35	100	*20*
All	19	42	11	12	17	100	*127*
Base	*24*	*53*	*14*	*15*	*21*		*127*

Base: All at work at start and at work at end with same employer.
Source: Survey of EA Clients Wave 1 and 2 and Top-up.
Note: Excludes observations where missing for both variables (base is 127 rather than 144 (17 missing values)).
Percentages may not add up to 100 because of rounding.

People may have been able to remain with the same employer – and attending work – because the problems they were facing were less severe than other groups. Sixty-two per cent of this group said that their job had been made much more difficult by the problems they were facing, which is less than experienced by all those who had exited the EA service (81 per cent) (see Table 6.6). It is also apparent that the group who had remained with the same employer were also less likely to have taken time off work or visited their GP.

Where people had remained with the same employer they were generally of the opinion that their EAs had helped keep them at work (70 per cent in total, with 45 per cent saying very much so). The EA clients said they had been assisted through being able to remain in work longer than they would have otherwise have done (see Table 6.7). Just over half (56 per cent) thought that, after exiting the EA service, their position now was different to what it would have been had they not seen an EA; in particular EAs assisted people to avoid quitting their job, and helped them cope.

Just under half of respondents in this group (45 per cent) who had approached their employer about their problems said that their employer had been unsympathetic, but a majority of those who had approached their colleagues about their problems said that their colleagues had been sympathetic (76 per cent). This compares with 55 per cent of all completers who approached their employer, indicating that their employer was unsympathetic. Amongst all completers, 77 per cent of those who discussed their problems with colleagues indicated that their colleagues were sympathetic.

Table 6.6 Severity of problem faced by people seeing an EA

Percentages

	Attending work on entry to, and exit from, the EA service, and remained with the same employer	All completers (i.e. no longer seeing an EA)
Whether job made more difficult by the problems they were facing		
Yes, much more difficult	62	81
Yes, a little more difficult	21	10
No	17	9
Needed to visit GP		
Yes	90	95
No	10	5
Needed to take time off work		
Yes	48	77
No	52	23
Base	*144*	*475*

Source: Survey of EA Clients Wave 1 and 2 and Top-up.
Note: Percentages may not add up to 100 because of rounding/missing values and 'don't knows' have been excluded.

Table 6.7 How EAs assisted their clients

Percentages

	Attending work on entry to, and exit from, the EA service, and remained with the same employer	All completers attending work at end
Whether EA helped keep you at work		
Yes, very much so	45	46
Yes, a little	25	21
Not much	5	9
Not at all	20	19
Too early to say	1	3
Don't know/hard to say	4	3
How EA helped client remain attending work		
Made it possible for you to remain in work	32	40
Allowed you to stay at work longer than you would have done otherwise	22	15
Made no difference to your staying at work	33	42

Continued

Table 6.7 Continued

Percentages

	Attending work on entry to, and exit from, the EA service, and remained with the same employer	All completers attending work at end
Without help of EA would situation be different		
Yes	56	44
No	41	50
If yes, in what way		
Can cope now	22	21
Would have quit job	28	24
Would have become unemployed	11	13
Improved self-confidence	15	17
Base	*144*	*345*

Source: Survey of EA Clients Wave 1 and 2 and Top-up.
Base: All attending work at start and attending work at end.
Note: Percentages may not add up to 100 because of rounding/missing values and 'don't knows' have been excluded.

Where respondents had remained with the same employer, 78 per cent said that their expectations of the EA service had been at least partially met, and around two-thirds felt that the EA had resolved the problems they had been facing, either fully or partially (64 per cent), and 80 per cent felt that their EAs understood the issues they were facing (see Table 6.8). These findings are a little more positive than those faced by the group which comprises all completers.

Table 6.8 Whether EAs were able to meet their clients' expectations and resolve their problems

Percentages

	Attending work on entry to, and exit from, the EA service, and remained with the same employer	All completers (i.e. no longer seeing an EA)
Whether expectations met		
Yes, fully met	41	43
Yes, partially met	37	29
No, not met at all	17	21
Too soon to tell	4	3
Whether problems resolved		
Fully resolved	19	24
Partially resolved	45	34
No progress	20	30
Too soon to tell	13	8

Continued

Table 6.8 Continued

Percentages

	Attending work on entry to, and exit from, the EA service, and remained with the same employer	All completers (i.e. no longer seeing an EA)
Whether problems resolved		
Fully resolved	19	24
Partially resolved	45	34
No progress	20	30
Too soon to tell	13	8
Whether EA understood problems		
Yes, fully understood	80	79
Yes, but not fully	13	12
No	6	8
Base	*144*	*475*

Source: Survey of EA Clients Wave 1 and 2 and Top-up.
Note: Percentages may not add up to 100 because of rounding/missing values and 'don't knows' have been excluded.

In summary, the evidence points to people who had remained with the same employer experiencing slightly less severe problems than the overall group of EA clients. Many respondents felt that their EAs had assisted them in a variety of ways to allow them to resolve their problems and reduce the risk that they might change employer or quit their job.

6.2.2 Attending work on entry and on exit from the EA service and who changed employer

This constitutes a small group – 31 individuals, equivalent to seven per cent of all completers and to around 18 per cent of all completers who were attending work before and after seeing an EA – of which it is difficult to report much. Where people did change employer, most reported that their new job was in a different occupation to their previous one. Only a small percentage of this group reported that they had discussed finding alternative employment as part of the action plan they had developed with their EA.

6.2.3 Attending work on entry to the EA service, but who had exited the labour market after exiting the EA service

This is a relatively small group many of whom had left employment because of the problems they had been facing – 28 individuals who were attending work on entry to the EA service were unemployed or not employed after seeing an EA, equivalent to six per cent of all completers. Generally, they felt that their EAs had been sympathetic and understanding of the problems they faced. Around two-thirds felt that their expectations of seeing the EA had been met, but many in this group (10 out of 28) thought that there had been no progress in resolving their problems which is a little more than reported for all completers (30 per cent). The most common reasons emerging for leaving employment included dismissal, taking voluntary redundancy and quitting voluntarily, but the numbers of respondents here is small and this finding should be treated with caution.

6.3 Employment outcomes for those who were in employment and off work sick before seeing an EA

This group comprises 264 individuals who accounted for 56 per cent of all those who had exited the EA service.

6.3.1 Off work sick at start and now back at work

Table 6.9 shows the characteristics of those who were in employment off work sick when they first sought the advice of an EA and who were attending work after exiting the EA service. This group consisted of 167 individuals (equivalent to 35 per cent of all completers and 63 per cent of all those who were in employment and off work sick on entry to the EA service).

The data shows that women comprised 60 per cent of this group, and just under half of the group were aged in their 40s (47 per cent). Most were employed in workplaces with less than 250 employers but the overall distribution of people by employer size band is the same as for the overall group of people who were no longer seeing an EA. Where there is a difference is with respect to the distribution by private and public sector. Those who had returned to attending work from being off work sick were more likely to have been employed in the public sector (50 per cent compared with 42 per cent of all completers). Just under half of the group back at work reported seeing an IAPT therapist which is more or less the same share for all completers (46 per cent and 47 per cent respectively).

Table 6.9 Characteristics of those off work sick on entry to, and attending work on exit from, the EA service

Percentages

	Attending work on entry to, and exit from, the EA service, and remained with the same employer	All completers (i.e. no longer seeing an EA)
Gender		
Male	40	40
Female	60	60
Age		
16 to 24	2	5
25 to 39	20	25
40 to 49	47	38
50 to 59	28	26
60 or older	4	5
Size of employer		
Under 24	30	31
25-49	11	12
50-249	20	22
250-499	13	11
500-999	7	8
1,000 or more	15	12

Continued

Table 6.9 Continued

Percentages

	Attending work on entry to, and exit from, the EA service, and remained with the same employer	All completers (i.e. no longer seeing an EA)
Sector		
Public sector	50	42
Private sector	50	57
Seen IAPT therapist		
Yes	46	47
Base	*167*	*475*

Source: Survey of EA Clients Wave 1 and 2 and Top-up.
Note: Percentages may not add up to 100 because of rounding/missing values and 'don't knows' have been excluded.

Where people had returned to attending work from being off work sick, around 72 per cent said they were with the same employer, 65 per cent said they were employed in the same job (whether with the same or different employer), and 71 per cent said they were employed in the same office or site. Just over half (54 per cent) of this group said they were working the same hours as when they entered the EA service with the remainder mainly reporting that they worked fewer hours (32 per cent working slightly or much fewer hours compared with ten per cent working many or slightly more hours) (see Table 6.10). Sixteen per cent of respondents said they were still working shifts with eight per cent saying they no longer worked shifts and seven per cent saying they now did so.

As with the group who were attending work on entry to, and exit from, the EA service, this group experienced an improvement in the sense of satisfaction they derived from their jobs (see Table 6.11). Amongst those who expressed dissatisfaction with the sense of achievement they obtained from their job before they saw an EA, a majority now expressed satisfaction with this aspect of their job after their exit from the EA service.

Table 6.10 How job changed

Percentages

	All in employment and off work sick on entry and attending work after exit from the EA service	All completers at work at end
Whether still in same job or office		
Yes, same job	65	68
Yes, same office	71	76
Hours of work		
Same	54	57
Working many more hours	5	7
Working slightly more hours	5	9
Working slightly fewer hours	21	16
Working much fewer hours	11	9

Continued

Table 6.10 Continued

Percentages

	All in employment and off work sick on entry and attending work after exit from the EA service	All completers at work at end
Shift work		
Used to work shifts and still do	16	16
Used to work shifts but do not in job after exiting EA service	8	7
Did not used to work shifts but do so in job after exiting EA service	7	6
Have not worked shifts and do not in job after exiting EA service	68	71
Base	*167*	*345*

Source: Survey of EA Clients Wave 1 and 2 and Top-up.
Note: Just asked of those in employment. Percentages may not add up to 100 because of rounding/ missing values and 'don't knows' have been excluded.

Table 6.11 Changes in sense of achievement obtained in employment: before and after seeing an EA where in employment and off work sick at start and attending work after exiting the EA service

Row percentages

	After completion of time with EA						Total	*Base*
Before	**Very satisfied**	**Fairly satisfied**	**Neither satisfied nor dissatisfied**	**Fairly dissatisfied**	**Very dissatisfied**	**Don't know**		
Very satisfied	71	25	0	0	0	4	100	*24*
Fairly satisfied	29	53	2	4	9	4	100	*55*
Neither satisfied nor dissatisfied	31	31	25	6	6	0	100	*16*
Fairly dissatisfied	27	45	18	0	5	5	100	*22*
Very dissatisfied	25	36	11	14	14	0	100	*28*
All	35	41	8	5	8	3	100	*145*
Base	*51*	*60*	*12*	*7*	*11*	*4*	*145*	

Source: Survey of EA Clients Wave 1 and 2 and Top-up.
Base: All in employment and off work sick at start and attending work after exit.
Note: Excludes observations missing for both variables (base is 145 rather than 167 (22 missing values)).
Percentages may not add up to 100 because of rounding.

People who were off work sick at the start and had returned to attending work were more likely to report more severe problems on entry compared with all those who had exited the EA service (see Table 6.12). Ninety-two per cent of the group reported that the problems which had led them to see an EA had caused problems with their job, and nearly all had been to see their GP about these issues (98 per cent).

This group tended to report that their employer had been unsympathetic when they had raised their problems with them (55 per cent of those in this group who spoke to their employer), but that their colleagues had been sympathetic (76 per cent of those who discussed their problems with colleagues). These figures are nearly identical to those for all completers (55 per cent and 77 per cent, respectively).

Table 6.12 Severity of problem faced by people seeing an EA

Percentages

	All in employment and off work sick on entry and attending work after exit from the EA service	All completers (i.e. no longer seeing an EA)
Whether job made more difficult by the problems they were facing		
Yes, much more difficult	92	81
Yes, a little more difficult	4	10
No	3	9
Needed to visit GP		
Yes	98	95
No	2	5
Needed to take time off work		
Yes	95	77
No	5	23
Base	*167*	*475*

Source: Survey of EA Clients Wave 1 and 2 and Top-up.
Note: Percentages may not add up to 100 because of rounding/missing values and 'don't knows' have been excluded.

In 63 per cent of cases respondents said that the advice supplied by the EA had helped them remain in employment and return to attending work (46 per cent saying 'very much so') which is more or less the same as the all completers group (66 per cent) (see Table 6.13). One of the main ways in which the EA had helped was to enable a return to work more quickly than they otherwise would have done (46 per cent of respondents said this). Similarly, 59 per cent of respondents said that their position after exiting the EA service would have been different without the advice of the EA (compared with 57 per cent of all completers). The main reasons they gave were the speed with which they had returned to work (reported by 22 per cent of respondents) and that they would have quit their job without the EA (23 per cent). As noted above, respondents were also able to point to positive changes in their work situation (compared with the change in the sense of achievement they obtained from their work).

Table 6.13 How EAs assisted their clients

Percentages

	All in employment and off work sick on entry and attending work on exit from the EA service	All completers at work at end
Whether EA helped you at work		
Yes, very much so	46	44
Yes, a little	17	21
Not much	11	8
Not at all	19	20
Too early to say	3	2
Don't know/hard to say	4	4
How EA helped client remain at work		
Made it possible for you to remain in work	46	38
Allowed you to stay at work longer than you would have done otherwise	7	14
Made no difference to your staying at work	44	40
Without help of EA would situation be different?		
Yes	59	57
No	35	39
If yes, in what way*		
Can cope after seeing an EA	20	21
Would have quit job	23	24
Would have become unemployed	16	13
Would not have returned to work so soon	22	14
Improved self-confidence	17	17
Base	*167*	*345*

Source: Survey of EA Clients Wave 1 and 2 and Top-up.
Note: All in employment/*additional categories not reported/percentages may not add up to 100 because of rounding/missing values and 'don't knows' have been excluded.

Respondents who had returned to attending work viewed the services provided by their EAs positively (see Table 6.14). Seventy-two per cent of them said that their expectations of the EA service had been at least partially met, and 65 per cent said that the problems which had led them to see an EA had been at least partially resolved, while 81 per cent said that their EAs fully understood their problems. These figures are not much different to those reported by the all completers group.

Table 6.14 Whether EAs were able to meet their clients' expectations and resolve their problems

Percentages

	All in employment and off work sick on entry and attending work on exit from the EA service	All completers (i.e. no longer seeing an EA)
Whether expectations met		
Yes, fully met	49	43
Yes, partially met	23	29
No, not met at all	22	21
Too soon to tell	2	3
Whether problems resolved		
Fully resolved	29	24
Partially resolved	36	34
No progress	26	30
Too soon to tell	5	8
Whether EA understood problems		
Yes, fully understood	81	79
Yes, but not fully	10	12
No	8	8
Base	*167*	*475*

Source: Survey of EA Clients Wave 1 and 2 and Top-up.
Note: Percentages may not add up to 100 because of rounding/missing values and 'don't knows' have been excluded.

The general picture to emerge is that, in many instances, EAs were able to support people in returning to work. Associated with this was an improvement in the work situation of the respondent such that they were more likely to report satisfaction with the various elements of their work with which they were dissatisfied before seeing an EA.

6.3.2 In employment and off work sick at start and in employment and off work sick after seeing an EA

This constitutes a relatively small sample of 23 people.

Overall the findings point to this group being particularly difficult to assist in getting back to work. For example this was a group where all but one respondent reported that the problems which had led them to see an EA had resulted in them struggling to do their job, consulting their GP and taking time off work. The respondents were more or less equally divided in their view about whether they thought they were nearer to returning to work. That said, nearly all were of the view that the EA understood their situation and had been sympathetic to their position.

6.3.3 In employment and off work sick at start and unemployed after seeing an EA

Around 12 per cent of all completers (56 individuals) indicated that they were off sick at the start and unemployed (or other, not employed) after seeing an EA. Because of the small sample size caution should be used in interpreting the findings in this section.

The characteristics of this group – by age, gender, sector of employment, and size of employer on entry to the EA service – are shown in Table 6.15. They share more or less the same characteristics as the overall group of people who were no longer seeing an EA.

Table 6.16 shows that this group was one whose problems were relatively severe insofar as they were more likely to say that their job had been made more difficult as a result of the problems they were facing. Ninety-three per cent said that their job had been made very much more difficult compared to 81 per cent of all completers. Respondents in this group were also slightly more likely to report that their expectations of the EA service had not been met (25 per cent compared with 21 per cent of all completers) (see Table 6.17). They were also more likely to report that no progress had been made in resolving their problems (48 per cent compared with 30 per cent of all completers). That said, most reported that the EA fully understood the nature of the problems they were facing (73 per cent compared with 79 per cent of all completers).

A majority of respondents in this group reported that the problem which had led them to see an EA eventually caused them to exit the labour market. This tended to be for a variety of reasons including redundancy (compulsory and voluntary), voluntary quits, dismissal, and ill-health.

Table 6.15 Characteristics of those off work sick at start but unemployed at end

Percentages

	In employment and off work sick on entry to the EA service and unemployed after exit from it	All completers (i.e. no longer seeing an EA)
Gender		
Male	43	40
Female	57	60
Age		
16 to 24	4	5
25 to 39	25	25
40 to 49	39	38
50 to 59	25	26
60 or older	7	5
Size of employer		
Under 24	23	31
25-49	21	12
50-249	30	22
250-499	5	11
500-999	5	8
1,000 or more	11	12

Continued

Table 6.15 Continued

Percentages

	In employment and off work sick on entry to the EA service and unemployed after exit from it	All completers (i.e. no longer seeing an EA)
Sector		
Public sector	36	42
Private sector	59	57
Seen IAPT therapist		
Yes	66	47
Base	*56*	*475*

Source: Survey of EA Clients Wave 1 and 2 and Top-up.
Note: Given the small sample size considerable caution should be used in interpreting the findings in the table.
Percentages may not add up to 100 because of rounding/missing values and 'don't knows' have been excluded.

Table 6.16 Severity of problem faced by people seeing an EA

Percentages

	In employment and off work sick on entry to the EA service and unemployed after exit from it	All completers (i.e. no longer seeing an EA)
Whether job made more difficult by the problems they were facing		
Yes, much more difficult	93	81
Yes, a little more difficult	5	10
No	2	9
Needed to visit GP		
Yes	98	95
No	2	5
Needed to take time off work		
Yes	95	77
No	5	23
Base	*56*	*475*

Source: Survey of EA Clients Wave 1 and 2 and Top-up.
Note: Given the small sample size considerable caution should be used in interpreting the findings in the table.
Percentages may not add up to 100 because of rounding/missing values and 'don't knows' have been excluded.

Table 6.17 Whether EAs were able to meet their clients' expectations and resolve their problems

Percentages

	In employment and off work sick on entry to the EA service and unemployed after exit from it	All completers (i.e. no longer seeing an EA)
Whether expectations met		
Yes, fully met	43	43
Yes, partially met	18	29
No, not met at all	25	21
Too soon to tell	4	3
Whether problems resolved		
Fully resolved	16	24
Partially resolved	21	34
No progress	48	30
Too soon to tell	5	8
Whether EA understood problems		
Yes, fully understood	73	79
Yes, but not fully	13	12
No	14	8
Base	*56*	*475*

Source: Survey of EA Clients Wave 1 and 2 and Top-up.
Note: Given the small sample size considerable caution should be used in interpreting the findings in the table.
Percentages may not add up to 100 because of rounding/missing values and 'don't knows' have been excluded.

6.4 Comparing employment outcomes for EA and non-EA groups[20]

In order to gain further insight into the effect that seeing an EA had on an individual's employment status, an analysis was undertaken using the IAPT Database. The IAPT Database contains information about the characteristics of individuals on entry to the IAPT service (for example, their employment status, socio-demographic characteristics, whether they were in receipt of Statutory Sick Pay (SSP), Generalised Anxiety Disorder Assessment (GAD7), Patient Health Questionnaire (PHQ9) and Work and Social Adjustment Score (WSAS) scores, etc.). A similar set of data are collected when an individual exits the IAPT service. By adding a marker to indicate whether an individual in IAPT was seeing an EA, it is possible to make a comparison between those people in employment on entry to the IAPT service according to whether they saw an EA or not.

It is difficult to anticipate the findings of such a comparison. If the support of an EA 'adds value' to that of an IAPT therapist, then the outcomes of EA clients might be better than those of IAPT clients

20 Technical details are provided in Appendix C.

as a whole. But if EA clients are more disadvantaged than the general IAPT population because they have both mental health problems and work-related problems they might be expected to have somewhat worse outcomes than the average IAPT client because of that. That being so, the impact of EA support would be to offset, in whole or part, the employment disadvantage; meaning that outcomes for them might be worse, the same, or better than the average for IAPT clients (despite a positive EA impact) depending upon the scale of disadvantage and the EA impact. It is, therefore, not possible to predict what the comparisons will reveal.

IAPT teams in four EA pilot areas supplied anonymised data on their IAPT client population which contained a marker to indicate whether an individual had been referred to see an EA. The four sites differed in their labour market characteristics:

- Site 1: an area dominated by a large number of small to medium sized towns, with a relatively low level of unemployment, but some clusters of high unemployment in some of the larger towns.
- Site 2: a semi-rural labour market with relatively low levels of unemployment, but relatively high levels of unemployment in selected towns;
- Site 3: a rural labour market with relatively low levels of unemployment;
- Site 4: an urban labour market with relatively high levels of unemployment.

Table 6.18 shows the GAD7, PHQ9 and WSAS scores of people on entry to the IAPT service where they saw an EA and where they did not do so along with the percentage of people who were in receipt of SSP at the start and end of their IAPT treatment. The general picture to emerge is that of people who saw an EA having higher scores on all three measures on entry and revealing a greater absolute fall in these scores (though the percentage change is more or less the same). This has implications for understanding the indicative results from the multivariate analysis. It is also apparent that the IAPT group was more likely to be in receipt of SSP on entry to the IAPT service which indicates that they were more likely to be off work sick.[21]

Table 6.18 Average psychological test scores by EA referral and IAPT site

	Individual had not seen an EA			Individual had seen an EA		
	Before	After	Change	Before	After	Change
Site 1						
PHQ9	12.1	5.0	-7.1	15.3	6.4	-8.9
GAD7	11.2	4.6	-6.6	13.1	5.3	-7.8
WSAS	15.0	7.2	-7.8	19.1	9.6	-9.5
Percentage receiving SSP	7.5%	2.0%	-5.5%	24.2%	13.4%	-10.8%
Percentage employed after IAPT and not in receipt of SSP		97.3%			86.2%	
Site 2						
PHQ9	12.0	5.9	-6.1	15.8	7.8	-8.0
GAD7	11.2	5.5	-5.7	12.7	6.4	-6.3
WSAS	14.6	7.9	-6.6	19.7	11.2	-8.4
Percentage receiving SSP	10.8%	5.1%	-5.7%	38.3%	25.6%	-12.7%
Percentage employed after IAPT and not in receipt of SSP		94.2%			69.2%	

Continued

21 It needs to be borne in mind that people might be off work sick and not in receipt of sick pay. The indicator in the IAPT Database relates to SSP.

Table 6.18 Continued

	Individual had not seen an EA			Individual had seen an EA		
	Before	After	Change	Before	After	Change
Site 3						
PHQ9	13.7	5.7	-8.0	16.8	6.4	-10.4
GAD7	12.4	5.3	-7.1	14.1	5.8	-8.3
WSAS	16.2	7.9	-8.3	20.8	9.3	-11.5
Percentage receiving SSP	9.5%	3.7%	-5.8%	36.6%	17.5%	-19.1%
Percentage employed after IAPT and not in receipt of SSP		96.1%			83.3%	
Site 4						
PHQ9	11.8	5.5	-6.3	13.3	5.4	-8.0
GAD7	10.3	5.0	-5.3	11.0	4.7	-6.3
WSAS	14.2	7.6	-6.6	15.8	6.9	-8.8
Percentage receiving SSP	8.0%	2.3%	-5.6%	15.6%	6.7%	-8.9%
Percentage employed after IAPT and not in receipt of SSP		96.7%			95.1%	

Source: IAPT site administrative records.
Note: Numbers include only those individuals who were employed at the start of treatment and who had completed their treatment.

The four IAPT datasets in EA areas were examined in the following way:

- the probability of remaining in employment at the end of IAPT (i.e. attending work or in employment but off work sick);
- the probability of attending work after exiting the IAPT service (i.e. not in employment off work or unemployed).[22]

The probability of an IAPT client remaining in employment was examined taking into account a number of factors likely to affect that probability such as gender, age, ethnicity and indicators of an individual's psychological health (PHQ9, GAD7 and WSAS). The results of the analysis suggest that the probability of retaining employment was lower where clients faced greater mental health issues as indicated by higher PHQ9 scores at the start of IAPT treatment. High scores were associated with lower probabilities of remaining in employment. High GAD7 scores at the start of treatment were also associated with a lower probability of subsequent employment as did a high WSAS score.

The second analysis looked at the determinants of attending work on exit from IAPT. Attending work had to be measured with respect to being in employment and not in receipt of SSP, but it needs to be borne in mind that some people may be in employment but off work sick and not in receipt of SSP. The multivariate analysis controlled for age, gender, ethnicity, psychological test scores (GAD7, PHQ9, WSAS) on entry and exit from the IAPT service, and whether the person was in receipt of SSP on entry to the IAPT service. Whether or not a person had been referred to see an EA was also included in the analysis. Seeing an EA was not found to have a statistically significant effect on the probability of attending work. Amongst the psychological test scores, only the WSAS score produced any effect on the outcome that was statistically different from zero. In general, all of the

[22] In the IAPT Database it is difficult to make the distinction between in employment and at work and in employment and off sick. The latter category tends to refer to people in receipt of SSP. Hence, employment outcomes relate to all reporting that they were in employment on entry and exit to IAPT.

psychological test scores were negatively related to the probability of attending work (i.e. the higher the scores the less chance there was of a person attending work).

The analyses above were further refined by matching individuals in each of the comparator groups. The matched analysis was restricted by the fact that matching was only possible on client characteristics recorded in the IAPT Database. These characteristics related mainly to personal characteristics and mental health. There is no indicator relating to work-related issues and, consequently, the employment issues of the EA client group will not have been fully taken into account in the analysis. The general finding to emerge is that seeing an EA did not have a significant effect on employment status on exit from the IAPT service.

The multivariate analyses presented above are, at best, indicative, given that the difficulties of controlling for a number of factors which might affect the comparison between the group who saw an EA and an IAPT therapist and the group who saw only an IAPT therapist. There is, however, prima facie evidence which suggests that those who saw an EA were relatively more disadvantaged at the outset than the group who did not do so (if consideration is given to their GAD7, PHQ9, and WSAS scores on entry to IAPT, and sickness absence on entry to IAPT) and that EA support had largely redressed that disadvantage, placing the employment outcomes for EA clients on a par with other IAPT clients. A plausible interpretation of the data is that the impact of seeing an EA was to offset the work-related disadvantages faced by EA clients, which were not necessarily shared by those who saw only an IAPT therapist. This cannot be demonstrated directly because work-related problems amongst the EA client group cannot be directly observed in the IAPT dataset and thus, cannot be taken into account. Nevertheless, the findings can be seen as indicating a successful outcome for the EA service, given that those referred to it tended to be people with relatively high GAD7, PHQ9, and WSAS scores and who more likely to be on sick leave on entry to the IAPT and EA services.

6.5 Conclusion

The survey evidence points towards EAs being understanding of, and effective in, bringing about a resolution of the problems which led an individual to seek the advice of an EA in the first instance. This is observed in the evidence which reveals that where people remained at work, or were able to return to attending work after being on sick leave, they reported that the EA had contributed, in many instances, to them being able to either remain at work or return to attending work. This is also observed in the fact that respondents reported that there were improvements in various aspects of their employment between entering the EA service and leaving it.

It is more difficult to be sure about the EA role where the person either did not return to work or exited the labour market. This is simply because there are so few observations of these transitions. The suspicion here has to be that the problems faced by people in these categories faced were more severe. Certainly there is prima facie evidence that this might be the case.

Obtaining a comparator group against which the experiences of those seeing an EA might be compared proved difficult to achieve. The approach adopted in the study, which compared the experiences of people in IAPT who were in employment but not seeing an EA with those who were seeing an EA using administrative data, is admittedly less than ideal. But the comparator evidence which has been obtained suggests that people in IAPT who needed to see an EA were facing problems which were different from those who did not see an EA. In general, the psychological test scores of those who were referred to an EA were higher at the point of entry suggesting that their mental health was poorer. The interpretation of this is that in combination the EA and IAPT services were getting an individual to the same position as those in IAPT and in employment who did not need to see an EA. This would suggest – though the data are indicative – that the two services in combination had a positive impact on the employment position of the EAs' clients.

7 Conclusions and recommendations

7.1 Introduction

The aim of the evaluation was to provide evidence about the role and impact of specialist employment advice within the Improving Access to Psychological Therapies (IAPT) programme. The main conclusions from the study are set out below followed by recommendations about how the provision of employment advice in conjunction with psychological therapies might be improved given the evidence collected in the study.

7.2 Obtaining referrals

Over the early stages of the pilot the number of referrals from the IAPT service to the Employment Adviser (EA) teams was lower than the latter expected. This was explained with reference to EA teams taking time to: (a) develop working relationships with the IAPT teams; and (b) communicate the potential merits of referring someone to see an EA to individual IAPT therapists, such that it became an established part of the IAPT therapists' range of actions. The process of establishing the EA service – recruiting and training EAs – also contributed to the low number of referrals over the early stages of the pilot.

Whilst EA teams were able to agree with IAPT teams that people with an employment problem should be considered for referral to an EA, it was, the EAs said, ultimately up to the individual IAPT therapist whether or not a person was referred. Discussions with a small number of IAPT therapists revealed that they would only refer someone to see an EA if there was, in their view, a significant employment dimension to the problems which had resulted in the individual consulting the IAPT service.

Some EA teams sought to obtain referrals from sources other than the IAPT service by, for example, advertising their services to the general public and targeting large employers. This stemmed from: (a) concerns about the relatively low number of referrals from the IAPT service; and (b) a desire to see the EA service continue beyond the pilot period. If referrals could be obtained from sources other than IAPT, and if the EA service was deemed a success, then this might open up new funding streams for the EA service (e.g. from employers).

The largest number of referrals obtained by any of the EA sites was Lincoln where the EA and IAPT services were delivered by a single organisation. This indicates that where the two services are combined the number of referrals increases as a consequence of the services being jointly managed. Other sites reported that they obtained a close working relationship with their respective IAPT services and had been able to integrate their services with those of IAPT. For example, on initial entry to IAPT, people could be screened to see if there was an employment problem and be referred immediately, if deemed appropriate, to see an EA before commencing therapy, given that there were waiting lists to see IAPT therapists. In this way the EAs were able to make an early intervention which they considered to be of importance in resolving employment problems. It was noted that in some instances, EAs reported, IAPT therapists preferred to deliver therapy first and then refer to an EA. This effectively delayed the intervention of the EAs which, in their view, reduced their effectiveness. So, from the perspective of the EAs, a process which hastened their intervention was to be welcomed.

In several cases EA and IAPT services shared premises. This increased the amount of contact between EAs and IAPT therapists which: (a) allowed the EAs to continually remind IAPT therapists of the benefits their service delivered; (b) eased referral since an individual could be shown/introduced to the EA service whilst visiting the IAPT service; and (c) facilitated discussion between EAs and IAPT therapists, subject to the strictures of patient confidentiality, of particular clients' cases. In many instances co-location was not possible because of a lack of office space. In more rural areas, the EA service needed to peripatetic, setting up its service wherever space was available in rural communities.

7.3 Employment advice sought and delivered

EAs across the various sites revealed a consensus with respect to the reasons why their clients needed employment advice. The EAs said these related to:

- relationship problems with supervisors/line managers;
- bullying/harassment at work;
- organisational change (increasing workloads/uncertainty surrounding job security);
- worries about future job changes/threat of redundancy;
- lacking the skills to do the job (sometimes as a result organisational change within the workplace);
- facing disciplinary proceedings at work.

This was corroborated by the clients themselves in their responses to the questionnaire survey, though the EAs' clients generally thought that they possessed the skills to do their jobs. The clients of the EAs also said that the problems they were experiencing had led them to consult their GP, take time off work, and experience difficulties in carrying out their jobs.

The EA sites had different approaches to tackling the problems faced by their clients. The approach taken in some EA sites was that of providing the client with the tools to self-manage their employment problem. The EAs would intervene with the employer as necessary but the main aim was to provide their client with the capability to approach their employer themselves and sort out the problem being faced. This approach can be contrasted with that of some other EA teams who took on more of an advocacy role on behalf of their client in liaising with the employer. The differences between the two approaches should not be overstated with both willing to intervene as necessary on their clients' behalves. It is more to do with the weight placed on clients trying to resolve the problems by themselves in the first instance, but following the advice provided by their EAs, before the EAs intervened more directly with the employer if a resolution was not forthcoming.

There was general agreement amongst EAs that contact needed to be made with the employer either by the client and/or the EA. Without the involvement of the employer it was unlikely that the employment problem would be resolved. EAs pointed out that their clients were sometimes resistant to discussing their problems with their employer. The evidence from the study suggests that where the clients had approached their employers before they sought the advice of the EA, it had proved less effective in resolving their problems than where they had approached their employer with the support of the EA. Where EAs had made contact with their clients' employers, EAs reported that employers were generally not resistant to the EA being involved in an employment matter.

7.4 EA and IAPT services working together

Where clients had been referred via an IAPT therapist there was evidence that the two services dovetailed with the IAPT therapist concentrating on the psychological or medical aspects of the clients' problems and the EA concentrating on the employment issues. IAPT therapists indicated that they were not always well placed to deal with employment issues – since they had little experience, in most instances, for example, of disciplinary issues – and preferred to concentrate on delivering psychological therapy which was their particular expertise.

The indicative evidence points to the two services – IAPT and employment advice – serving different but complementary needs. IAPT therapists were primarily managing the psychological symptoms an individual was experiencing, while the EA was concentrating specifically on employment issues. There was also some evidence that the EAs freed up some of the IAPT therapist's time to focus more on psychological therapies. EAs, however, were willing to discuss non-employment-related problems with their clients.

7.5 The effectiveness of employment advice – EA client views

The evidence points to the clients of EAs being satisfied with the advice provided:

- nearly all would recommend the service to someone else;
- nearly all had been seen in a timely fashion after being referred;
- most considered EAs to be sympathetic and to have understood the problems they were facing;
- around two-thirds felt that their employment problems had been resolved or had moved towards being resolved as a consequence of seeing an EA;
- few could find fault with the service or suggest improvements.

The clients of the EAs were very much of the view that the advice and support they had received from their EA was instrumental in them being able to either return to work or successfully manage workplace relations such that they were able to remain with their initial employer (i.e. the employer they were with when they first saw an EA). Where people had not returned to work, they generally felt that they were closer to doing so after seeing an EA.

The evidence from the survey indicates that over the period clients were seeing an EA they thought that their overall health had improved, and the severity of the problems which had led them to see an EA had lessened. The evidence also reveals that the EAs clients' satisfaction with their jobs had improved too. Whether this change was a direct result of the EAs' actions is difficult to definitively prove; the general picture to emerge is one of a general improvement in the overall situation of individuals – as reported by the individuals themselves – being associated with obtaining employment advice.

7.6 Overall effectiveness

In order to explore further the effectiveness of the EA pilot, a comparison was made between those people in employment who consulted an IAPT therapist, with those who consulted an IAPT therapist and who also saw an EA. This was undertaken using the IAPT Database for selected sites where a marker was added to indicate whether a person had seen an EA. In this way it is potentially possible to gauge the added value of seeing an EA in addition to an IAPT therapist. For the reasons outlined in the previous section the comparison proved exceedingly difficult to undertake and the results from the analysis should be considered as indicative rather than definitive.

The results indicate that there is relatively little difference in the extent to which those who saw an EA in addition to an IAPT therapist were likely to remain in employment or be attending work compared with those who only saw an IAPT therapist. But those people who saw an EA tended to have higher GAD7, PHQ9, and WSAS scores on entry and these improved more where an EA was seen. They were also more likely to be on sick leave. An interpretation of the findings is that the people in IAPT who were referred to see an EA were distinct from the group of people in employment who only saw an IAPT therapist as indicated by their scores – information collected from selected IAPT therapists is consistent with this view – and that seeing an EA was associated with an overall improvement in their situation such that they were on a par with the group who were in employment and had only seen an IAPT therapist. This interpretation would also be consistent with the reports by clients that in many instances their problems at work had been resolved to some extent by seeing an EA.

Caution is required in relation to the above. As noted, the findings are at best indicative, but at least give a partial insight into the relative effectiveness of EAs.

7.7 Recommendations

On the basis of the evidence provided above, a number of recommendations can be made in relation to improving the provision of employment advice.

The referrals process

- There was a general sense from EAs that referrals from IAPT were low – certainly at the beginning – and that there may have been scope for more referrals to have been made over the course of the pilot. On this basis there is a need to consider how the two services might be further integrated. One solution is for a single organisation to provide IAPT and EA services (e.g. along the lines of Lincoln in the pilots), or to build in joint co-ordination of the two services into the design of any combined EA-IAPT service where the two services are delivered by separate organisations. Several EA sites reported that they did develop close working relationships with IAPT as evidenced in, for example, the early referral process which some EA and IAPT sites had jointly developed.
- In IAPT, the decision to refer someone to see an EA is the responsibility of the individual IAPT therapist. There is a need to ensure that the potential benefits of referring someone to see an EA are communicated to IAPT therapists so that a degree of organisational learning takes places. This is not to infer that this was not taking place, but merely to emphasise the importance of communication in a process where the individual IAPT therapist makes the referral decision.
- Where people are referred via IAPT, an initial assessment is made of their mental health to gauge whether they are suffering from mild to moderate anxiety or depression. Where people were referred to see an EA through pathways other than a health one it is not clear whether they were experiencing similar mental health problems to those referred by the IAPT service. If EA sites are to encourage referrals from outside the IAPT service, there may be a need to specify who is eligible to use the service.

Delivering advice

- EAs were very much of the view that early intervention was most successful but this was not always possible. Some EAs mentioned that the IAPT therapist sometimes preferred to deliver the psychological therapy first before referring a person to see an EA. There may well be good therapeutic reasons for doing so but this could potentially result in a period of several weeks passing before a person saw an EA. In conjunction with their respective EA service, some IAPT services had established a system whereby referrals to IAPT would be initially assessed to see whether there was an employment problem and, if so, a person might then be referred straightaway to see an EA. Given the view that early intervention is most effective in employment matters, there is potential to include this in any future commissioning principles. It needs to be borne in mind that there may be situations where an IAPT therapist needs to be seen first.
- The role of contacting the employer by either the client and/or the EA would appear to be important in resolving the client's problems. So there is a need to recommend that all EAs consider this course of action. This should be included in any advice provided to EAs by commissioners.
- EAs should provide their clients with the skills which will allow them to discuss any problems that they are experiencing and which are affecting their work with their managers and supervisors. In this way the clients will increasingly be able to manage their problems themselves and be less dependent upon the advice provided by the EA service. It will be worth reinforcing this course of action in any commissioning principles.
- Much of the early discussions clients had with their EAs took place face-to-face. Over time, EAs were increasingly able to deliver advice over the telephone and via email. In part this resulted from EAs becoming more proficient in the delivery of advice and getting to know their clients better. There is potential to explore further in what circumstances advice can be dispensed over the telephone or through the use of electronic media in order to both meet clients' needs (which may arise outside office hours) and increase the efficiency with which advice is delivered.

Widening participation

- There was a large and disproportionate number of referrals from the public sector. This may reflect the relative capability of public sector organisations to signpost people to relevant services. Given that the results of the pilot reveal that EA clients regarded the EA service as being instrumental in them being able to remain in employment and attend work, the service is of benefit to a potentially wider population.
- Widening participation would need to include the IAPT service given that many referrals are from this service. EAs and some IAPT therapists mentioned that there were often waiting lists to see an IAPT therapist, so any attempt to widen participation in the EA service would need to consider the impact on IAPT if it leads to more referrals to IAPT. Alternatively, there may be scope to look at how referrals can be stimulated from other sources. But this would need to ensure that eligibility criteria are adhered to.
- Some EAs suggested that the service be expanded to include unemployed people.

Information gathering

- In part because pilot sites were engaged in establishing their respective services, and were busy delivering advice to their clients, various pieces of information required to carry out the evaluation were not always forthcoming. All pilot participants need to be cognisant of the fact that they are in a pilot and provide data on a timely basis. Whilst some sites needed to be cajoled into providing data to the evaluation team, others were exemplary in doing so.
- The evaluation was constrained by the absence of a database which combined data collected by the IAPT and EA services respectively, relating to, for example, the employment positions of people on entry and exit to each service. Or whether a person referred to see an EA actually did so. A combined database would be of benefit to both IAPT and EA services insofar as it would allow each to more readily monitor the progress of the people they were assisting. The IAPT Databases and those held by each EA service should use a common identifier for each person making it possible to link the databases if necessary so that the complete journey of the client through the EA and IAPT services can be monitored and evaluated. The IAPT Database should record whether a person has been referred to see an EA, the dates at which they were referred and exited the EA service, and their employment status at both points in time (i.e. attending work, in employment off work sick, etc.). Ideally, the IAPT Database should also record the nature of the employment problem (e.g. bullying and harassment by colleagues or staff, etc., possibly based on the coding frame used in this analysis).

Appendix A
Survey of Employment Adviser clients' technical details

A survey of the Employment Advisers (EAs') clients was undertaken in order to obtain information about their experience of receiving employment advice. This was a longitudinal survey conducted by Ipsos MORI with interviews taking place in the summer of 2010 and again in early 2011. The sampling frame was supplied by the EA sites. When a person was referred to see the EA they were asked by an EA whether they would be willing to take part in the research project. The EA teams were then to supply Ipsos MORI with the names and contact details of people who had consented to taking part in the study.

It became apparent during the course of the study that not everyone was asked whether they were willing to take part in the research project at the time they were referred to see an EA. It also became apparent that some of the EAs were dilatory in supplying contact details to Ipsos MORI and some provided relatively few contacts.

Fieldwork for Wave 1 of the survey was undertaken between 25 June and 19 September 2010. The Wave 1 Top-up survey was conducted between 4 February and 20 February 2011, and the Wave 2 longitudinal fieldwork took place between 26 January and 20 February 2011. All contacts were sent an initial introductory letter before contact was made to arrange an interview and contacts were required to consent again before undertaking the interview. In Wave 1, a total of 998 useable contacts were received and a total of 543 interviews were achieved. The unadjusted response rate was 49 per cent and the adjusted response rate was 57 per cent. The refusal rate was 15 per cent; 31 interviews were 'out of scope' because the client was not in work at the time when referred to the EA service. These were removed from the data leaving a final sample of 512.

Of respondents in the first wave, 276 were followed up in Wave 2. A total of 389 respondents to Wave 1 gave permission to be followed up at Wave 2; of this 64 could not be traced giving a valid sample of 325 leads. This element of the survey had a response rate of 72 per cent. The additional Top-up sample consisted of people who had been referred to the EA service since the initial fieldwork in Wave 1. EA teams provided 378 leads to follow, of which 109 were removed because they could not be contacted. This left a valid sample of 269 from which a total of 102 interviews were completed. These were added to the survey, giving an overall total of 614 people who had seen an EA. The response rate for the Top-up element of the survey was 46 per cent.

Appendix B Guidance for PCTs on commissioning principles for the IAPT Employment Adviser pilots

B.1 Introduction

This document outlines the key design principles that the Department for Work and Pensions (DWP) views as necessary in commissioning employment advice pilots as core components of the Improving Access to Psychological Therapies (IAPT) service offer. We intend it to be a briefing document for those Primary Care Trusts (PCTs) who will commission services from providers. It may also be used to inform the information and tender documentation for potential providers and for the evaluation of tenders.

The document is structured so that each key design principle has a heading followed by a brief description of the principle and bullet points that highlight what we expect to see in all successful tenders. The overall aim is to encourage flexibility and innovation in service delivery and the approach to the development of the IAPT service. We want to learn what works.

The role of the IAPT Employment Adviser will be to provide skills-based interventions, information and practical support to help people receiving IAPT services to:

- retain employment;
- change to a more suitable job role;
- return to employment from a period of sickness absence from work;
- access employment for the first time;
- return to work after a substantial period of absence from the labour market.

The IAPT Employment Advisers will focus, in particular, on people in employment, helping them to manage employment/employer issues, return to work after sick leave, access occupational health support, or look for new jobs without falling out of work. For those people already on benefits, the advisers will offer basic advice and signpost on to Jobcentre Plus support.

B.2 The design principles

Integration with IAPT

It is essential that the Employment Adviser (EA) service is, and is seen to be, wholly integrated with the IAPT service to test fully the model of embedding clinical and employment advice within the same service provision.

Key principles

- The EA will be an integrated member of the IAPT team. Providers will need to demonstrate that EAs have equal status with practitioners within the team.
- IAPT team information, communication and decision-making processes will involve the EA where appropriate.
- Case conference systems will be used to decide issues around intervention and case management
- IAPT therapy and EA staff will share responsibility for determining appropriate case management arrangements for clients accepted into the EA element of the service. An effective case management system demonstrating shared responsibility will be developed by the provider
- The EA service arm will be managed by the IAPT service lead – detail to suit local circumstances.
- There will be shared training and development events between IAPT therapists and EAs and providers will exploit the skills of both types of staff in the Continuing Professional Development of the rest of the team.
- Co-location of EA and IAPT therapy services is an ideal but other options may be considered provided that there is administrative co-location. Providers will show how they will deliver the required level of integration and communication where services are not co-located.
- There will be a 1:8 EA-to-IAPT therapist ratio (based on the capacity ratios developed in the IAPT demonstration sites) and a Senior Adviser/Employer Adviser Manager for each site.

Working appropriately across health and employment

The IAPT EA must be seen to operate appropriately between the health and the employment elements of the IAPT service. Any indication that the EA is working wholly within the employment arena or wholly within the health arena will undermine the model, compromise the effectiveness of the intervention and damage the reputation of the service.

EAs can be commissioned by a range of providers which are likely to include a strong representation from the voluntary sector. It is highly likely that the EAs will enable the development of the skills of IAPT therapists in recognising and responding to employment-related issues and, in turn, the EAs will develop their knowledge of stepped care and how to provide more effective supports linked to the overall therapeutic package of care.

Key principles

- The EA induction and training will emphasise the need for operating appropriately between the health and the employment arenas.
- Management and supervision will include safeguards to ensure that EAs are operating effectively to safeguard all patients in the IAPT service ensuring appropriate health and employment outcomes.

Early intervention

There is very strong evidence that early intervention (at four to six weeks into a period of absence from work) is effective for helping people return to work. This is a founding principle of the IAPT-EA intervention and deviation from it will lead to compromising the model and the effectiveness of the intervention will suffer. PCTs should be flexible in their use of software and, if they do not do so

already, should consider implementing the Return to Work package[23] to facilitate early intervention triggers. There will be no additional data burdens on IAPT therapists. Any employment data capture tools will interface appropriately with the IAPT minimum dataset and data collection systems.

Key principles

- Providers will acknowledge that the employment intervention may start before the therapeutic intervention and both may proceed simultaneously.
- Referral mechanisms will acknowledge that early intervention is the main driver and seek to minimise delays to intervention as a matter of priority.
- Providers will show a clear understanding of the evidence base for early intervention.
- Service evaluation systems will include data on timing of intervention and this data will feed into pilot evaluation and continual improvement processes.
- EAs will be selected based on their knowledge of early intervention in the employment of this customer group and induction and training of EAs will emphasise this as a key component in the effectiveness of their intervention.
- Management and supervision systems will acknowledge early intervention as a key component of the service and have mechanisms for remediation.

Referral routes

There will be three routes into the IAPT EA service, i.e. GP referral, self-referral and employer referral:

- **GP referrals** – a GP diagnosis of depression and/or anxiety is required, which will include a period of 'watchful waiting' (to ensure the effects of spontaneous remission are avoided). The referral Risk Assessment protocols will mandate earlier referrals (i.e. during the watchful waiting phase) for patients for whom GPs have identified as having employment issues.
- **Self-referrals** – IAPT services need to promote themselves to all sections of the local community and, in particular, to those sections of the community that are traditionally under-served by mainstream NHS services (e.g. Black and Minority Ethnic (BME) communities). Referrals are sought from individuals who perceive themselves as suffering from depression and/or anxiety (which they may describe as 'stress') and/or have difficulties staying in work.
- **Employers** – IAPT services are encouraged to engage with local employers from the establishment of the new services. Employer referrals will be sought from occupational health or line managers where employees have attendance, interpersonal or performance issues that may indicate depression and/or anxiety. Any employer referral will require the consent of the employee.

Key principles

- Providers will show how they will set up, encourage, promote and market these referral routes.
- Promotional efforts should be based around the message 'are you struggling in your job?'.
- Employer marketing should include segmentation, identifying businesses/occupations at risk and how providers intend to target these groups.

[23] The Return to Work software package is a FMed3 recording software system for GP practices, currently being rolled out to all IAPT sites.

- For both self and employer referrals, people who may not meet the clinical needs for therapy should have access to the service. By intervening early with employment support the service may reduce the likelihood of early symptoms becoming worse and developing into clinical conditions.
- Emphasis will be given in the promotion and marketing plans to acknowledge and encourage referrals from BME communities and from small and medium enterprises (SMEs).
- Providers will also need to show how they will engage with and develop relationships with large local employers to promote the service and to ensure a ready on-flow of service users.

Assessment

All referrals to the IAPT service will receive an initial assessment, which will include employment as well as a health and wellbeing component. The initial assessment will continue to be defined by the IAPT specifications. Clear employment protocols (provided by the EA service) will inform the initial assessment process. Where the outcome of the initial assessment includes the need for employment support, the employment protocols will ensure direct referrals to EAs where appropriate.

Case conferencing will ensure close liaison between therapeutic and employment elements of the service.

Key principles

- The access routes will result in customers with varying levels of employment needs.
- Providers will recognise the value of intervening at the earliest appropriate stage for the individual
- Providers will develop and demonstrate effective EA assessment and referral procedures
- Screening out will not happen without appropriate signposting for the customer and the EA's training will reflect the need for the EA to develop sound local knowledge for referral purposes. The provider must be able to provide evidence of having good links to appropriate alternative employment support where referral is necessary for people receiving IAPT services who are on benefits/income support (such as a Conditions Management Programme where they exist).

Competence

The competencies, skills and experience of the EA and their managers are an important element of the intervention and will ensure a better chance of success for the EA service. It is envisaged that the role of the EA will be highly demanding and challenging.

Key principles

- Engagement is vital and EAs should have good interpersonal skills with the confidence and ability to build constructive relationships with a range of others.
- Skilled and experienced management of remote partner services is essential.
- The skills of the adviser are paramount for the solid foundation of the service particularly the interview skills to engage the customer, gain their commitment and facilitate action. Additional important skills are:
  - the ability to get to know a local area and exploit its local services (including employers) for the advantage of their customers;
  - being able to advocate on behalf of a customer, mediate to arrive at solutions acceptable for employee and employer and encourage self-advocacy within the employment setting;

  - the ability to develop a wide range of work solutions with an individual and an employer that aim to enable the individual to perform their work tasks successfully;
  - the ability to recognise distress and know how to act.

  In addition advisers should:

  - be able to act according to sound suicide prevention principles; and
  - display working knowledge of mental health issues, and of common mental health problems.

  Providers will show how they will select for, develop, enhance and maintain these skills in their EAs. Providers should use the EA job role/specification as the key recruitment tool.
- The EA's ability to take a flexible approach and work proactively is an important requirement.
- Selection, preparation, training and development of EAs is a key element and providers will show how their mechanisms will ensure competence in their EAs and their managers. Providers will commit to meeting the training and development needs of EAs through a personal development plan.

Training

The aim of the pilot is to test the value of embedding employment advice as a core component of IAPT services. The role of the EA is key to the success of the project. The way in which the advisers achieve results will be an important element of the EA project evaluation and may inform the development of any future EA service.

The service provider will be expected to ensure that EA training and development needs are addressed in line with the job requirements.

Key principles

- All EAs will receive appropriate training to meet the competencies and job requirements.
- Providers will provide evidence of use of suitable training frameworks.
- Pilots should contribute to programme learning to evaluate the development of a national training framework.

Evaluation and information

As well as undertaking service-wide external evaluation and the evaluation of the role of individual professional practitioners, it is very important that pilots provide timely and accurate data for the national evaluation effort. These are pilots of a concept, and so good quality evaluation data is important if we are to be able to gain a strong case either for or against rolling out the service more widely. PCT data will play an important role in this process. A control group using non-IAPT-EA sites will be used during the evaluation to ensure that comparative data is available.

The evaluation will be carried out in a phased way, with surveys taking place at various phases of the project. In addition, providers will be required to capture and track data for each stage and aspect of the intervention, including, but not exclusively, occupational details, customer start point, timing and nature of interventions, and outcomes. It will be important that data is collected at each of these phases.

The full evaluation schedule is currently being finalised, but data collection will fall into the following broad categories:

- employers;
- EAs;
- IAPT service as a whole;
- service users;
- GPs.

Key principles

- Providers will report on the IAPT-EA pilot data set, detailed data capture requirements/templates will be provided and will be common across all pilots.
- Providers will demonstrate flexibility and willingness to co-operate with the data collection for the IAPT-EA evaluation (details tbc).

Local responsiveness

IAPT EA services will be responsive to local need, and fully embedded within the local community if they are to make a real difference. We are looking to the PCTs to provide this local flavour as the experts about what does and does not work in their locality.

Key principles

- Over time, services will develop their own flavour in response to local needs, priorities and labour-market profile.
- Providers will show how they intend to integrate with local services, employers, third sector, etc.
- Management and evaluation systems will measure and encourage local responsiveness.

Appendix C
Technical appendix to Section 6.4

C.1 Introduction

One aim of the Employment Adviser (EA) pilots was to test whether specialist employment advice in conjunction with psychological therapies leads to improved employment outcomes. Ideally this would be tested by means of an experiment in which people on the Improving Access to Psychological Therapies (IAPT) programme were randomly allocated, or not, to see an EA. This type of evaluation method was not feasible in the case of the EA pilots. An alternative to an experiment is to make a comparison between two groups of people who are, as far as possible, similar in all respects other than having received support from an EA. The challenge is to find two such groups to provide that comparison.

The records of EA clients collected in the pilot sites by the EA teams (the EA Database) and the data collected through the longitudinal survey of EA clients provides only part of what is required as such data relates only to people who saw an EA. Ideally, data are required on comparable people who did not see an EA. The most obvious population from which to draw a comparison group which might be surveyed is that of people who participated in IAPT but this proved infeasible for a number of reasons. By using IAPT administrative data and adding, where possible, a marker to indicate whether a person has seen an EA provides one means of obtaining an insight into the impact of seeing an EA. In the later stages of the evaluation permission was obtained to receive selected anonymised data from four IAPT Database areas which included a marker to indicate whether a person had seen an EA.

C.2 Evaluation approach

IAPT teams in four pilot areas supplied data with a marker indicating referral to an EA. While these data can, potentially, allow the comparison that is required between people with similar characteristics other than seeing an EA, there are severe limitations arising from the nature of this data, mainly that the IAPT Database does not contain many of the variables which are required to ensure that like is being compared with like. There were, for instance, few details about the employment characteristics of individuals, and no information about whether they were facing a problem in relation to their employment.

Table C.1 shows the total number of individuals in the four data sets in EA pilot areas. These are individuals who had completed their treatment in IAPT and were in employment on entry to IAPT. The table also indicates the numbers referred to an EA in each site (where the marker EA=1), the referral rate, the proportion of those referred who were women and the average age for both the referred and non-referred cases.

Table C.1 EA referral rates, age and gender of IAPT patients

	N	Referred to EA (EA=1)	Referral rate	Female		Average age	
				Percentage of EA=0	Percentage of EA=1	EA=0	EA=1
Site 1	1,015	145	14%	66%	66%	41.1	41.6
Site 2	1,857	49	3%	66%	59%	39.9	37.4
Site 3	4,735	320	7%	63%	55%	39.1	42.0
Site 4	292	47	16%	63%	57%	38.7	40.1

Source: IAPT site administrative records.
Notes: Numbers include only those individuals who were employed at the start of treatment and who had completed their treatment.
EA=1 indicates individuals referred to an EA; EA=0 indicates individuals not referred to an EA.

The four sites are drawn from labour markets with differing characteristics:

- Site 1: an area dominated by a large number of small to medium sized towns, with a relatively low level of unemployment, but some clusters of high unemployment in some of the larger towns.
- Site 2: a semi-rural labour market with relatively low levels of unemployment, but relatively high levels of unemployment in selected towns;
- Site 3: a rural labour market with relatively low levels of unemployment;
- Site 4: an urban labour market with relatively high levels of unemployment.

The number of cases considered varies between sites, from 292 in Site 4 to 4,735 in Site 3. The EA referral rate – i.e. the percentage of people referred from IAPT to see an EA – ranges from three per cent in Site 2 to 16 per cent in Site 4. Women form the majority of IAPT clients and this was reflected in referrals to an EA. There were small but not significant differences in the average ages of the referred groups compared with the non-referred groups.

Table C.2 summarises the employment status of people on entry to, and exit from, the IAPT service according to whether they saw an EA or not (divided between those who were in employment at the start and not in receipt of Statutory Sick Pay (SSP), and those in employment at the start and in receipt of SSP. This is the closest measure of attending work which it is possible to achieve using the IAPT Database. For those who had not seen an EA, around 91 to 97 per cent reported that they were in employment and not in receipt of SSP on entry to, and exit from, the IAPT service. The corresponding figures for those who saw an EA are between 73 and 87 per cent.

The second half of Table C.2 shows the employment status on exit from the IAPT service for those who were in receipt of SSP on entry. For those who did not see an EA, between 54 and 70 per cent were in employment and not in receipt of SSP on exit. The corresponding figures for those who saw an EA are between 43 and 87 per cent. At Site 4, the percentage of people who returned to attending work was higher where individuals saw an EA, whereas in the other cases the return to attending work was higher where individuals had not seen an EA.

As was explained in the main body of the report, the results outlined above may well stem from the fact that the mental health situation of those who sought the advice of an EA was poorer – as measured by Generalised Anxiety Disorder Assessment (GAD7), Patient Health Questionnaire (PHQ9) and Work and Social Adjustment Score (WSAS) – than those in employment who did not seek the advice of an EA. Therefore, the lower employment retention rates of those who saw an EA should not be interpreted as indicating that seeing an EA is associated with lower employment retention. The data are nowhere near sufficient to provide the definitive analysis of the effect of seeing an EA, other things being equal, on employment retention or returning to attending work from being in employment but off work sick.

Table C.2 Employment status on entry from the IAPT service

	Site 1			Site 2			Site 3			Site 4		
	EA=0	EA=1	Total	EA=0	EA=1	Total	EA=0	EA=1	Total	EA=0	EA=1	Total
In employment at start not in receipt of SSP, and in employment at exit and not in receipt of SSP (i.e. the closest it is possible to get to attending work)	91%	78%	89%	93%	73%	93%	91%	82%	91%	97%	87%	95%
In employment at start not in receipt of SSP, and unemployed at exit	8%	15%	9%	5%	8%	5%	8%	7%	8%	2%	11%	3%
In employment at start not in receipt of SSP, and in receipt of SSP at end	1%	8%	2%	2%	19%	2%	1%	11%	2%	2%	3%	2%
All in employment at start and not in receipt of SSP	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Base	*597*	*103*	*700*	*1424*	*26*	*1450*	*2189*	*121*	*2310*	*193*	*38*	*231*
In employment at start and in receipt of SSP, in employment and not in receipt of SSP at exit	70%	57%	65%	54%	47%	54%	57%	66%	59%	69%	83%	73%
In employment at start and in receipt of SSP, and unemployed at exit	15%	23%	18%	16%	24%	17%	16%	10%	14%	19%	0%	14%
In employment at start and in receipt of SSP, and in employment at start and in receipt of SSP at exit	15%	20%	17%	29%	29%	29%	28%	24%	27%	13%	17%	14%
All off sick at start and in receipt of SSP	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Base	*54*	*35*	*89*	*180*	*17*	*197*	*228*	*62*	*290*	*16*	*6*	*22*

Source: IAPT site administrative records.
Notes: Numbers include only those individuals who were employed at the start of treatment and who had completed their treatment.
EA=1 indicates individuals referred to an EA; EA=0 indicates individuals not referred to an EA.
Percentages may not add up to 100 because of rounding.

C.3 Analysis of IAPT data with an EA marker

For four IAPT services the IAPT Database contained a variable which indicated whether a person had seen an EA. Using these data the following analyses were undertaken:

- the probability of remaining in employment from the start to the end of IAPT treatment for those who had completed their IAPT treatment;
- the probability of being in employment and not being in receipt of SSP at the end of the IAPT episode (i.e. the closest it is possible to obtaining a measure of attending work).
- the probability of an individual being referred to an EA (in case particular individual characteristics were associated with a higher probability of referral);

Employment retention was estimated using a logit model in which employment retention is represented by $EMPi$ where $EMPi$=1 if individual i was still in employment at the end of IAPT treatment and 0 if an individual was not in employment after treatment. The probability of being in employment at the end of treatment is specified as P($EMPi$=1|Xi, EAi) where X is a set of covariates that capture individuals' characteristics such as age and sex and EA is a dummy variable that indicates whether an individual saw an EA (EA=1) or not (EA=1). Variables contained in X include: gender (woman=1, man=0), age (years), age-squared, interaction of sex and age (age*sex), and ethnicity. Also included are an individual's psychological test scores at the beginning and end of the IAPT treatment as set out in Table 6.2. These scores are represented by PHQ9_1, GAD7_1 and WSAS_1 at the beginning of treatment and by PHQ9_2, GAD7_2 and WSAS_2 at the end of treatment. A further variable indicating whether or not an individual was in receipt of SSP at the beginning of their treatment (SICK_1) was also included (1 if received sick pay, 0 if not). The covariates are described in Table C.3.

Table C.3 Explanatory variables names and descriptions

Variable name	Description/values
EA	1 if individual saw an EA; 0 if not
Sex	0 if male, 1 if female
Age	Age in years
Agesq	Age-squared
sex_age	Interaction of age and sex: age*sex
nonwhite	0 if ethnicity white or not stated; 1 if non-white
ethNS	0 if ethnicity white or non-white; 1 if not stated
PHQ9_1, PHQ9_2	Total score on depression module of PHQ at the beginning of treatment; ranges from 0 to 27 (increasing in severity of depression symptoms). Before treatment PHQ9_1; After treatment PHQ9_2
GAD7_1, GAD7_2	Total score on GAD7 at the beginning of treatment; ranges from 0 to 21 (increasing in severity of anxiety symptoms). Before treatment GAD7_1; After treatment GAD7_2
WSAS_1, WSAS_2	Total score on WSAS at the beginning of treatment; ranges from 0 to 40 (increasing in degree of problems with functioning on daily basis). Before treatment WSAS_1; After treatment WSAS_2
SICK_1	Sick pay status at beginning of treatment; 0 did not receive sick pay; 1 did received sick pay

The estimated coefficients for the logistical regressions for the four IAPT EA pilot sites are provided in Table C.4 and the log odds are presented in Table C.5. The results for the ethnic groups are not included as the estimates were not statistically significant for Sites 1 and 2 and the variables were dropped from the model for Sites 3 and 4.

Table C.4 Estimated coefficients for logit model of being employed after treatment by IAPT site

	Site 1 (n=696)	Site 2 (n=1,546)	Site 3 (n=1,969)	Site 4 (n=189)
EA	-0.652*	-0.318	0.0918	-0.771
	-0.349	(0.505)	(0.323)	(0.951)
Female	-0.396	0.797	-0.499	3.175
	(1.281)	(0.673)	(0.606)	(2.564)
Qge	0.170	0.327***	0.251***	0.329
	(0.104)	(0.0535)	(0.0454)	(0.228)
age-squared	-0.00233**	-0.00382***	-0.00323***	-0.00418
	(0.00117)	(0.000627)	(0.000518)	(0.00260)
sex*age	-0.00218	-0.0172	0.00499	-0.0528
	(0.0277)	(0.0163)	(0.0136)	(0.0572)
PHQ9_1	-0.0790**	-0.0148	0.0229	0.00601
	(0.0395)	(0.0278)	(0.0225)	(0.0646)
GAD7_1	0.0651	-0.00166	-0.0522**	-0.0608
	(0.0428)	(0.0297)	(0.0247)	(0.0878)
WSAS_1	-0.0412*	-0.0378**	-0.0342**	0.0208
	(0.0250)	(0.0169)	(0.0147)	(0.0466)
SICK_1	-0.668*	-1.061***	-0.392	-1.445
	(0.387)	(0.265)	(0.248)	(0.905)
PHQ9_2	0.0587	0.00681	-0.0564	0.0282
	(0.0543)	(0.0353)	(0.0385)	(0.160)
GAD7_2	-0.0919	-0.0188	0.0987**	-0.0643
	(0.0654)	(0.0356)	(0.0427)	(0.174)
WSAS_2	0.000856	-0.000774	0.00128	-0.0245
	(0.0326)	(0.0235)	(0.0206)	(0.0885)
Constant	1.794	-2.651**	-0.984	-2.075
	(2.293)	(1.121)	(1.020)	(5.038)

Notes: Robust standard errors in parentheses.
Significance levels indicated by *** p<0.01, ** p<0.05, * p<0.1.

Table C.5 Estimated odds ratios for being employed after treatment by IAPT site

	Site 1 (n=696)	Site 2 (n=1,546)	Site 3 (n=1,969)	Site 4 (n=189)
EA	0.521 *	0.728	1.096	0.463
Female	0.673	2.219	0.607	23.927
Age	1.185	1.310 ***	1.285 ***	1.390
age-squared	0.998 **	0.996 ***	0.997 ***	0.996
sex*age	0.998	0.983	1.005	0.949
PHQ9 (before)	0.924 **	0.985	1.023	1.006
GAD7 (before)	0.937	0.998	0.949 **	0.941
WSAS (before)	0.960 *	0.963 **	0.966 **	1.021
SSP (before)	0.503 *	0.346 ***	0.676	0.236
PHQ9 (after)	1.060	1.007	0.945	1.029
GAD7 (after)	0.912	0.981	1.104 **	0.938
WSAS (after)	1.001	0.999	1.001	0.976

Notes: Significance levels indicated by *** p<0.01, ** p<0.05, * p<0.1.

The analysis suggests that the probability of retaining employment after completion of IAPT treatment was lower where clients faced greater mental health issues. In Sites 1 and 2, higher PHQ9 scores at the start of treatment were associated with lower probability of remaining in employment, all else equal, although this result is statistically significant only in Site 1 (at the five per cent level). In Site 1, a one unit increase in PHQ9 at the start of IAPT treatment decreased the odds of retaining employment by 7.6 per cent. High GAD7 scores at the start of treatment were also associated with a lower probability of employment after treatment in all except Site 1 (though the relationship was found to be only statistically significant in Site 3). The WSAS score has a statistically significant negative coefficient for Sites 1 (significant at the ten per cent level), and Sites 2 and 3 (at the five per cent level). The effect of a one unit increase in the WSAS score at the beginning of treatment is associated with a decrease of between 3.4 per cent and four per cent in the odds of retaining employment.

Being in receipt of SSP at the beginning of IAPT treatment was also found to be negatively associated with employment retention for Sites 1 and 2 (at the ten per cent and one per cent level of statistical significance, respectively). In Site 1, receiving SSP reduced the odds of retention by almost half (odds ratio=0.503) whilst in Site 2 receiving sick pay at the start of treatment decreased the odds of retaining employment by over 65 per cent. These effects are sizeable, yet without controlling for selection effects, these results may be biased.

Only in Site 1 is the estimated coefficient on the indicator of whether or not an EA was seen (EA) statistically significant (at the ten per cent level) and there it is negative (-0.652). The coefficient on EA is also negative for Sites 2 and 4 these estimates are not statistically different from zero. For Site 1, the odds of being in employment after completion of IAPT treatment if an individual has seen an EA was just over half of that for someone who did not see an EA (odds ratio=0.521), all else equal. This appears to be a relatively large negative effect of EA referral on employment retention but without controlling for selection effects in determining who sees an EA the results presented in Table C.5 are biased.

C.4 The probability of being in employment and not in receipt of SSP on exit from the IAPT service

Taking only those individuals who were employed and in receipt of SSP before starting IAPT treatment, the probability of being employed and not in receipt of SSP after exiting the IAPT service was estimated using a logit model. This variable is the closest it is possible to get to measuring attending work.

The model controlled for a number of variables, including: age, sex, ethnicity, and psychological test scores (GAD7, PHQ9 and WSAS) before and/or after completion. Whether or not an individual saw an EA was also included in the model but under a number of specifications, no statistically significant effect was found for this variable. Seeing an alternative EA (or not) then has not been found to have a statistically significant effect on the probability of a person in the IAPT service coming off SSP. Amongst the psychological test scores, only the WSAS index produced any effect on the outcome that was statistically different from zero. Regardless of statistical significance levels, the various psychological scores were found to be negatively related to the probability of moving from being employed whilst receiving SSP to being employed without SSP.

Again this analysis should be regarded as indicative since it does not contain any variable which can measure the extent to which each group faced employment problems.

C.5 The probability of being referred to an EA

One reason why IAPT clients who were referred to an EA might have lower employment retention rates than those who were not referred to an EA may be because of differences in the characteristics of the individuals in each of the groups, these differences that could be associated with differences in employment outcomes. If so, the comparison is biased. This section considers whether being referred to an EA varies systematically by some individual level characteristic(s).

Again, a logistical regression approach was adopted where EAi (employment retention)=1 if individual i was referred to an EA and 0 if not. The probability of being referred to an EA at the end of treatment is specified as P(EAi=1$|Xi$) where X is a set of covariates that capture individuals' characteristics such as age and sex. A number of covariates were considered with the variables included in the final model being described earlier in Table 6.4.

The estimated coefficients and standard errors are reported in Table C.6. A number of potential explanatory variables were found not to be statistically significant. The coefficient on age was negative in two sites (statistically significant at the ten per cent level for one of these) and positive in the other two. Being a woman was found to be negatively associated with the probability of being referred to an EA in Sites 1, 3 and 4 but this coefficient was statistically significant only for Site 4 (at the five per cent level).

High scores at the beginning of IAPT treatment on the PHQ9 and WSAS scales (where higher scores indicate more severe symptoms) were found to be associated with a higher probability of being referred to an EA across all four IAPT sites with statistically significant coefficients on these variables in the first three sites. The odds ratios for these variables are provided in Table C.7. A one unit increase in an individual's PHQ9 score at the beginning of treatment is associated with a 9.8 per cent increase in the odds that an individual would see an EA, all else being equal, in Site 1. The impact is larger in Site 2 (16.8 per cent) and lower in Site 3 (7.3 per cent). The interaction between PHQ9 and WSAS scores (PHQ*WSAS) is not statistically significant in any of the sites and the odds ratio for this variable is around 1 (0.996-0.998). The GAD7 score is only found to have a statistically significant effect for Site 2 (where the coefficient is negative).

Being in receipt of sick pay at the start of treatment (sick_1=1) is the most strongly significant variable (pvalue=0.000) (in all sites except Site 4) and also has the largest effect on the probability of being referred to an EA with coefficients ranging from 1.061 (Site 1) to 1.68 (Site 3). For sites 1, 2 and 3, the odds of being referred to an EA if in receipt of sick pay at the start of treatment are between 2.9 and 4.4 times the odds of being referred when not in receipt of sick pay, all else equal.

Table C.6 Estimated coefficients for logit model of EA referral by IAPT site

Coefficients	Site 1	Site 2	Site 3	Site 4
Age	0.0342	-0.0185	0.0313	-0.1751 *
	(0.057)	(0.097)	(0.037)	(0.106)
Female	-0.0794	0.6839	-0.3785	-2.8221 **
	(0.776)	(1.168)	(0.469)	(1.270)
age-squared	-0.0004	0.0000	-0.0002	0.0017
	(0.001)	(0.001)	(0.000)	(0.001)
sex*age	0.0026	-0.0198	0.0000	0.0651 **
	(0.018)	(0.030)	(0.011)	(0.031)
PHQ9_1	0.0934 **	0.1555 ***	0.0704 ***	0.1082
	(0.039)	(0.059)	(0.025)	(0.072)
WSAS_1	0.0670 **	0.0873 *	0.0541 ***	0.0805
	(0.032)	(0.046)	(0.020)	(0.051)
SICK_1	1.0577 ***	1.4826 ***	1.4205 ***	0.5926
	(0.243)	(0.332)	(0.135)	(0.512)
PHQ*WSAS	-0.0025	-0.0041	-0.0017	-0.0040
	(0.002)	(0.003)	(0.001)	(0.003)
GAD7_1	0.0062	-0.0681 *	0.0015	-0.0377
	(0.025)	(0.038)	(0.016)	(0.046)
Constant	-4.5591 ***	-4.9591 **	-5.2047 ***	1.1448
	(1.423)	(2.127)	(0.841)	(2.217)

Notes: Robust standard errors in parentheses.
Significance levels indicated by *** $p < 0.01$, ** $p < 0.05$, * $p < 0.10$.

Table C.7 Estimated odds ratios for logit model of EA referral by IAPT site

Odds ratios	Site 1	Site 2	Site 3	Site 4
Age	1.035	0.982	1.032	0.839
Female	0.924	1.982	0.685	0.059
age-squared	1.000	1.000	1.000	1.002
sex*age	1.003	0.980	1.000	1.067
PHQ9_1	1.098	1.168	1.073	1.114
WSAS_1	1.069	1.091	1.056	1.084
SICK_1	2.880	4.404	4.139	1.809
PHQ*WSAS	0.998	0.996	0.998	0.996
GAD7_1	1.006	0.934	1.002	0.963

C.6 Correcting for bias by propensity score matching

In order to estimate the true effect of seeing an EA on the employment outcomes of IAPT patients, it is essential that the EA group and its comparator are the same in all other respects. This is unlikely and potential selection bias must be accounted for. The approach taken here is to match individuals who saw an EA with other individuals with similar underlying characteristics (e.g. sex, age and ethnicity) who did not see an EA. For convenience, the first group will be referred to as the treated group (EA=1) and the second as the untreated group (EA=0). The approach taken uses propensity score matching in which individual characteristics are combined in an estimated propensity (to see and EA) score and individuals are then matched on the basis of these scores. Matching individuals on the basis of their characteristics should mean that the two groups are sufficiently similar that any observed differences between them can be attributed to the only remaining difference – seeing an EA or not. Of course the validity of this approach depends on the closeness of the match between the two groups.

Propensity scores were estimated using a logit model of whether or not an individual was referred to an EA (similar to that described in the previous section). The propensity score function included the following covariates: age, sex, age-squared, sex*age, PHQ9_1, WSAS_1, SICK_1 GAD7_1 and interactions between SICK_1 and WSAS_1, SICK_1 AND PHQ9_1, WSAS_1 and PHQ9_1. The estimated propensity scores were used to match individuals who had been referred to an EA to similar individuals (in terms of their propensity scores) who had not seen an EA. A number of matching approaches were used in order to match EA=1 to EA=0 individuals and to obtain the average treatment effect on the treated (ATT) or in this case, the average effect of seeing an EA on those who were referred.

In effect there is relatively little information on which to match individuals. In order to ensure that like was being compared with like as far as possible, the psychological test scores were included in the matching process. As noted above, many people who saw an EA had relatively high test scores – indicating relatively poor mental health – compared with those who did not see an EA. So a degree of caution is required in interpreting the results from the matching.

The effect of seeing an EA on employment retention is captured by the estimated ATT. Table C.8 shows details of the estimated effects of seeing an EA on employment retention produced through Mahalanobis matching (MM) with propensity scores, radius matching, kernel matching and nearest neighbour matching (with three nearest neighbours) for the four IAPT sites considered.

A positive (but statistically insignificant) effect is found for Site 3 only (using the four matching approaches). The estimates for this site indicate that seeing an EA increased the employment retention rate by between 1.1 and 2.5 percentage points. In Site 2, three of the four estimates indicate a negative effect of seeing an EA on employment retention, though again, none of the estimates are statistically significant even at the ten per cent level. In Site 1 and Site 4 all estimated effects are negative almost statistically insignificant.

Table C.8 Estimated effects of seeing an EA on employment retention (ATT) by matching approach and IAPT site

Matching estimator	n treated (EA=1)	n comparator (EA=0)	ATT	Bootstrapped Std. Error	z
Site 1					
MM with pscore	112	105	-0.056	0.044	-1.25
Radius with calliper(0.01)	124	583	-0.028	0.047	-0.60
Kernel (epan)	126	585	-0.060	0.037	-1.63
NN (3)	125	226	-0.024	0.053	-0.45
Site 2					
MM with pscore	43	42	0.023	0.079	0.29
Radius with calliper(0.01)	43	1,117	-0.005	0.052	-0.10
Kernel (epan)	44	1,121	-0.048	0.052	-0.92
NN (3)	44	118	-0.038	0.066	-0.58
Site 3					
MM with pscore	169	162	0.011	0.033	0.34
Radius with calliper(0.01)	177	2,202	0.025	0.025	1.01
Kernel (epan)	177	2,203	0.022	0.026	0.84
NN (3)	177	431	0.015	0.033	0.45
Site 4					
MM with pscore	35	36	-0.049	0.070	-0.70
Radius with calliper(0.01)	40	178	-0.045	0.066	-0.69
Kernel (epan)	41	194	-0.061	0.050	-1.23
NN (3)	41	87	-0.033	0.061	-0.54

C.7 Conclusions

The data obtained from the IAPT Database provides the basis for providing an analysis which compares the experiences of people in employment and in IAPT who had seen an EA with those who had not seen an EA. In practice, the analysis is limited by there being no data available which indicates whether a person was experiencing problems at work. It might be assumed that the group who saw an EA were facing an employment-related problem, but there is no way of knowing whether a person who did not see an EA had an employment-related problem too and if they did whether it was similar to that faced by the group who saw an EA. This is a significant limitation imposed on the analysis. But as the analysis indicates those who saw an EA had relatively high GAD7, PHQ9, and WSAS scores on entry to IAPT, and were more likely to be in receipt of SSP, which suggests that the position of the group who saw an EA was, from an employment perspective, more abject. Accordingly, if they were to achieve the same employment outcomes as the group who saw an EA, they would have to make more progress in doing so.

This report presents the findings of an evaluation of the Employment Adviser (EA) pilot in Improving Access to Psychological Therapies (IAPT). The IAPT programme was established following the 2007 Comprehensive Spending Review to support the NHS in delivering approved clinical interventions to people with depression, anxiety and other common mental illnesses. In 2009, the EA pilot programme was introduced in 11 areas in England – and later at sites in Scotland and Wales – with the aim of testing the added value of providing employment advice as well as psychological therapy to employed IAPT clients to help them remain at work or return to work if on sick leave.

The evaluation of the EA pilot therefore seeks to establish the extent to which EAs 'add value' to the IAPT service in terms of facilitating a quicker return to attending work from sick leave and increasing the likelihood of remaining in employment (either in the original job or a more suitable alternative); in addition to learning lessons from the EA pilot about what works best and why.

The research covers the duration of the pilot (April 2009 – March 2011) and draws upon a number of sources, including: administrative data, a longitudinal survey and interviews with EA clients as well as semi-structured interviews with EAs and other key personnel.

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