

Responses to the Evidence Consultation on Long-term Sickness Absence and Incapacity

Report

Responses to the Evidence Consultation on Long-term Sickness and Incapacity

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1 Summary

The National Institute for Health and Clinical Excellence (NICE) has been asked by the Department of Health to develop guidance for primary care services and employers on the management of long-term sickness and incapacity. The guidance will provide recommendations for good practice that are based on the best available evidence of effectiveness and cost effectiveness.

The draft evidence reviews and economic modelling report underpinning the guidance were made available for public consultation in May and June 2008. Following the consultation, 54 primary studies and five review papers were submitted for inclusion from eight separate organisations and individuals. All have been sifted and screened following the method used in the original evidence reviews. As a result a further three papers met the inclusion criteria and are summarised in this paper.

All the newly included studies are relevant to the evidence review covering research question 4 (about interventions to help recipients of incapacity benefit return to work).

As a result three additional evidence statements have been developed, as follows:

Evidence statement

CR1.1: There is limited evidence from a before and after evaluation study (rated '-') using econometric analysis that a programme comprising attendance at a work-focused interview plus up to five further interviews with trained advisers and access to return to work support (including further interviews, employability training, help with managing their health condition, financial support and in-work occupational health and personal support) can be effective at increasing the chances of existing claimants of Incapacity Benefit (IB) being in work 18 months after the programme of intervention began (Bewley et al. 2008).

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Evidence statement

CR1.2: There is limited evidence from a before and after comparison evaluation (rated '-') that an intervention in North East England designed to help people off Incapacity Benefit and into work by providing access to health and condition management advice from a health caseworker, employment advice and a range of employability support from an employment case worker can lead to beneficiaries gaining sustained employment (ie for at least three months) (Frontline, 2008).

Evidence statement

CR1.3: There is evidence from one UK cost benefit analysis (rated '+') that the Pathways to Work intervention, comprising attendance at a work-focused interview and access to return to work support (including further interviews, employability training, help with managing their health condition, financial support and in-work occupational health and personal support), is likely to be cost saving compared to no such intervention in returning people currently receiving Incapacity Benefit to work if the effectiveness evidence reported by Bewley et al (2007) on which this analysis is based is accepted (Adam et al 2008).

Adding the new findings to those reported in the evidence review covering research question 4 report, then a body of evidence is building up to indicate that an intervention involving a work focussed interview coupled with access to tailored support to meet health or employability needs is effective at increasing the rate of return to work among incapacity benefit recipients.

2 Consultation Process

The four evidence reviews and the economic modelling report were submitted to registered stakeholders for consultation in May and June 2008 to enable them to consider the evidence gathered and comment, in particular, on:

- major gaps in the evidence gathered, including papers in the published literature that we have not been able to identify
- queries around the interpretation of the evidence, both of single studies and the reviewed material as a whole
- the applicability of the evidence and its usefulness for the development of guidance
- issues relating to cost-effectiveness.

As part of the responses to the evidence consultation process eight separate individuals and organisations submitted additional evidence for consideration. Each of these submissions is summarised in the table in Appendix 1 with the details of the response from the evidence review team.

In total, 54 primary studies and five review papers and reports were submitted. All the papers were sifted and screened using the same process and checklists as that used in the original evidence reviews (see for example Hayday, 2008 for a full description of the method adopted).

2.1 Primary studies

Of the primary studies submitted, 15 had already been screened and excluded, using the criteria established for the initial evidence reviews and three were duplicate submissions. The abstracts and titles of all the remaining 36 studies were title/abstract screened by the review team and 29 were excluded at this stage with

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seven going forward for full paper screening. Of these seven, three additional papers have been included and the data extracted (two effectiveness studies and one cost-effectiveness study) and summarised in this report and four were excluded. All are relevant to the evidence review covering research question 4 (about interventions to help recipients of Incapacity Benefit return to work). The three additionally included papers are:

- Adam S, Bozio A, Emmerson C, Greenberg, Knight G (2008), A Cost Benefits Analysis for Pathways to Work for new and repeat incapacity benefit claimants DWP Research Report 498
- Bewley H, Dorsett R, Ratto M (2008), Evidence on the effect of Pathways to Work on existing claimants, DWP Research Report 488
- Frontline Consultants (2008), Evaluation of Aim High Routeback, Report for One NorthEast

The results of the additional sifting and screening process are summarised in Table 2.1. The list of excluded studies is presented in Appendix 2. The main reasons why studies were excluded were that they either covered an intervention which was not planned, managed, delivered or funded with primary care or employer involvement or they did not employ a longitudinal methodology (ie with quantitative data captured on at least two separate points) and were therefore out of scope of the evidence review.

Table 2.1: Primary study references submitted during evidence consultation

| Primary study references submitted | Duplicates | No. of references previously assessed for the review | No. excluded at title and abstract screening stage | No. excluded at the full paper screening stage | No. of additional studies included |
|------------------------------------|------------|--|--|--|------------------------------------|
| 54 | 3 | 11 | 33 | 4 | 3 |

Source: IES/IWP/SchARR

2.2 Review studies

If a review met the full paper screening inclusion and exclusion criteria its reference list was checked by two reviewers to identify potentially relevant additional studies. Any duplicates with primary study references already on the review data bases were removed and titles/abstracts ordered for retrieval. Abstracts of any primary studies thus identified were screened using the appropriate screening checklist and if they were accepted/included the full papers were retrieved.

2.2.1 Full review screening

Suggestions from the stakeholder consultation identified five potentially relevant reviews. One (Hill et al., 2007) had already been screened and the references checked. Each of the other four was screened for relevance using the review title/abstract checklist. Three of the four suggested reviews passed the title/abstract review screening stage and full documents were obtained. One (National Audit Office, 2003) was excluded as was not a review of intervention studies.

For the two remaining reviews, 117 primary study references were screened. Six potentially relevant studies were identified, four of which were duplicates of studies already included in the original evidence review and so excluded.

Two additional primary references were identified through this process and full papers were retrieved but subsequently excluded because they failed to meet at least one of the inclusion criteria for the study (Gerson et al. (2000) and Schmidt (1996)) (see Appendix 2).

Table 2.2: Review references submitted during evidence consultation

| Review references submitted | Duplicates (already screened in main review) | No. of reviews excluded at title/abstract screening stage | No. of primary study references title/abstract screened ¹ | Primary papers included for full paper screening | No. excluded | No. included |
|-----------------------------|--|---|--|--|--------------|--------------------|
| 5 | 1 | 1 | 117 | 6 | 2 | 4 (all duplicates) |

Source: IES/IWP/SchARR

¹ IE from the three remaining reviews.

3 Additional Findings

All three additional studies relate to the evidence review covering research question 4: *‘What UK primary care-based interventions, programmes, policies or strategies are effective and cost-effective in helping those in receipt of incapacity benefit to return to full or part time employment? These could be delivered by a number of sectors (such as voluntary or education sectors) in collaboration with, and/or funded by, employers and primary care services.’*

The first two are effectiveness studies and the last one is a cost effectiveness study. All relate, directly or indirectly, to the Pathways for Work intervention covered by a study (Bewley et al. (2007)) included in the initial evidence review covering research question 4.

3.1 Additional effectiveness findings for research question 4

3.1.1 Bewley et al. (2008)

This study (rated ‘-’) is an econometric study of the impact of the Pathways to Work programme on the employment outcomes of Incapacity Benefit (IB) recipients.

In October 2003 the Pathways to Work initiative was launched in three Jobcentre Plus (JCP) districts in England, Wales and Scotland. Six months later, April 2004, pilots started in four more areas in England. The Pathways programme, at that time, involved of the following elements. Individuals aged between 18 and 60 not in work and making a claim for incapacity benefit (IB) were required to attend a Work Focussed Interview (WFI) with a trained IB Personal Adviser (IBPA). Initially this process applied to new claimants, although existing claimants could volunteer for the intervention. From February 2005 the programme was extended

and participation became mandatory for existing claimants whose claim had been accepted within two years of the start of the pilot. Pilot sites had until April 2006 to ensure that all eligible people had entered the programme.

Failure to attend the WFI could have led to benefit sanctions. Claimants had to attend a further five WFIs unless they were judged either to have particularly severe medical conditions or likely to return to work without further help.

Participation in all other aspects of Pathways was voluntary and could involve the following elements:

- a 'choices' programme of training or support to help people enter the labour market, including the New Deal for Disabled People (NDDP) and a Condition Management Programme (run with local health providers to help people manage their health condition)
- a Return To Work Credit (RTWC) – of £40 a week (for up to a year) for working over 16 hours a week in a job earning less than £15,000 pa
- In-Work Support (IWS) including one or more of the following: mentoring, a job coach, occupational health support, financial advice and in-depth support to complement that provided by IBPAs and NDDP job brokers [no other information about this support is provided in the study]
- Advisers' Discretionary Fund (ADF) – to make purchases of up to £100 to help people find work.

The overall evaluation of the Pathways programme has a number of strands. The impact of the programme on *new claimants* was reported in Bewley et al. 2007. This report focuses on impact of *existing customers*, ie people who were already in receipt of IB before they became involved in the intervention.

The method involved analysing three streams of quantitative data for each of the two sets of pilot areas (those starting in October 2003 and those in April 2004):

- administrative data on the 23,300 claimants in the pilot areas during the study period (from the National Benefits Database) including personal characteristics and benefits claims history for each of 18 months after the initial benefit enquiry
- data from a telephone survey of a random sample of the eligible population (drawn from administrative records) (n = 1,808)
- the third data source is the Pathways evaluation database which captures information on the actions taken by advisers and the progress of individuals through the Pathways intervention.

The three databases were linked using encrypted National Insurance numbers and a total 1,196 linked records were included, of whom 83 per cent are recorded as having a WFI). Of the 612 survey participants not included in this analysis 74 per cent (n = 451) were exempt from the intervention (eg because their condition was too severe), 13 per cent (n= 79) started Pathways as if a new claimant and 13 per cent (n = 82) did not have any records on the Pathways database, (eg due to administrative error).

The main method used in the evaluation was 'duration analysis' which is an econometric technique which estimates the chances of making a transition from one labour market state to another, eg in this case from IB to employment. The authors say that the advantage of this approach is that it can take account of the fact that participants take part in their first WFI at different points after Pathways was introduced – some had a WFI within three months of February 2005, others took up to 12.

The method involved analysing the effects of Pathways as a whole and not any one of its component parts. Thus every 'case' examined had at least a WFI, but may have had various other forms of intervention as well.

Primary outcomes

The primary outcome was the chances of returning to work. The chances of entering employment from IB are low. For example the estimated 'survival rate' of those on IB remaining in that state (compared with getting a job) after 18 months is 97.2 per cent – ie only an average on 2.8 per cent of people are estimated to normally enter employment. This is the 'counterfactual' against which the impact of Pathways (ie taking part in at least a WFI) is measured.

The authors found that the chances of entering employment (at the 18 month point) was 3.5 percentage points higher for claimant who received a WFI within three months of February 2005. In other words the proportion who were estimated to leave IB to get a job rose from 2.8 per cent to 6.3 per cent (a difference of 3.5 percentage points). The result (and all others reported in this summary) are, according to authors, 'statistically significant at conventional levels' (but no supporting statistics are provided).

The chances of entering employment declined for those who received a WFI later in the process. For example the chances of getting employment for claimants who had a WFI within six months of February 2005 were 2.9 percentage points higher (than if they did not have a WFI at all) and 1.6 percentage points higher for who had a WFI within a year. [However the length of time between the start of an individual's IB claim and their first WFI is unclear.]

The chances of entering a full-time job of at least 30 hours a week or more were lower. The chances of IB recipients in the absence of Pathways remaining out of full-time work 18 months on from February 2005 were estimated to be 98.9 per cent. The chance of being in a full-time job (among those who had a WFI within three months of February 2005) was 97.7 per cent – an improvement of 1.2 percentage points. Their chances of getting a job of at least 16 hours a week were lower than that of getting any job, but higher than those of getting a full-time job (2.7 percentage point increase on a baseline of 97.8 per cent).

Secondary outcomes

The study also looked at the effect of Pathways on people ceasing to claim IB. In the absence of the intervention the study estimated that 87.1 per cent of IB claimants would still be claiming 18 months on (as people obviously leave IB to a destination other than employment). The study estimated the proportion who received IB at the same point following a WFI in the three months after February 2005 was 4.9 percentage points lower.

The study examined the effects according to the characteristics of the claimants (eg sex, age and existence of dependent children). However no statistically significant effects were found (no significance statistics reported). The authors say that this 'may simply reflect the sample sizes being too small to be able to detect significant differences across subgroups in within the population.'

Limitations of the study

The study has been quality assessed and given a rating of '-'.

The authors state that the survey sample population was drawn from a different sample source to the administrative data (the former were those making an initial enquiry about and IB claim and the latter had actually started making a claim) and that this could have affected some of the results.

Of the seven pilot areas, three started Pathways in October 2003 and four in April 2004. During this time, considerable organisational change took place in the Jobcentre Plus offices as a new regime was introduced on an area by area basis. The Jobcentre areas involved in the October 2003 pilots were among those in the first wave of these changes and could have been disproportionately affected (eg in their ability to deal with claimants) some of which underwent the changes at a later date.

The study only examines the first entry to employment (and the first exit from IB) and does not look at whether such transitions are sustained.

The study includes participants who had been claiming IB up to two years at the start of the pilot and who were still claiming as at February 2005 – thus the duration of their claim was between 15 and 38 months in the pilots that began in October 2003 and 10 to 33 months in the April 2004 pilot areas. During the time between the start of the pilot and February 2005 claimants could voluntarily participate in Pathways.

The reviewers note that no details of the effect of voluntary participation are examined in the study neither is the length of time that individuals spend on benefit included in the analysis. The reviewers also note that the fact that the chances of entering employment declined for those who received a WFI could just be a result of the shorter time period in which they had the opportunity to gain employment as the measurement point was fixed (ie 18 months on from February 2005 not 18 months on from the time they first had a WFI).

Evidence statement

CR1.1: There is limited evidence from a before and after evaluation study (rated ‘-’) using econometric analysis that a programme comprising attendance at a work-focussed interview plus up to five further interviews with a trained adviser and access to return to work support (including employability training, help with managing their health condition, financial support and in-work occupational health and personal support) can be effective at increasing the chances of existing claimants of Incapacity Benefit (IB) being in work 18 months after the programme of intervention began (Bewley et al. 2008).

3.1.2 Frontline Consultants (2008)

This is a before and after comparison evaluation (rated ‘-’) of an intervention in North East England designed to help people off Incapacity Benefit and into work. Aim High Routeback (AHRB) is a pilot initiative started in April 2005 to support incapacity claimants back to work by providing health advice, condition management, employment advice and a range of employability support to IB claimants in and around the district of Easington in North East England. The programme of support is financed by the North East Regional Development Agency (One NorthEast) and is housed in a community centre and is advertised in local general practitioner surgeries and at local community venues. Clients could be referred by their GP or another member of the PCT team or they could self-refer.

A total of 373 IB claimants have joined the AHRB programme (as at February 2008), 72 per cent had been on IB for at least a year, 37 per cent for five or more years. Most were referred to the programme by either a community adviser (33

per cent) or health professional (30 per cent) (n = 365). Almost half of the participants (47 per cent) had mental health problems as their primary health condition, 35 per cent had musculo-skeletal conditions, four per cent had cardiovascular problems and 14 per cent had other health conditions. Over a third (37 per cent) are aged 35 or under and the rest are aged between 36 and 65.

Participants are initially interviewed by a health caseworker to discuss their conditions and the barriers that the client faces in getting back to work. When deemed appropriate, ie they have the confidence that their health problems are not prohibitive) the client is introduced to a co-located employment case worker. The Pathways to Work programme was rolled out in the area, from April 2006. AHRB continued as a separate programme. In part of the area (Haswell) an enhanced AHRB services, funded by the Coalfields Regeneration Trust (CRT) provided additional intensive support to enter employment (including providing a discretionary budget of £1000 a client) to 33 AHRB clients.

A quarter (25 per cent) of those involved with the programme had ten or fewer contacts with case workers, 36 per cent had between 11 and 20 contacts and 39 per cent had 21 or more contacts.

The evaluation of the programme is based on an examination of the AHRB's database (covering participant characteristics and their outcomes). In addition 112 programme participants 'were consulted' using a combination of telephone interviews, face-to-face interviews and focus groups (involving 20 people). The authors 'believe that our sample is fairly representative of the total population of AHRB beneficiaries in terms of outcomes' although they also say that females are over-represented in the survey sample (no statistics provided).

Primary outcomes

One hundred and fifty-one participants were 'supported into employment', that is 59.7 per cent of the 253 people who left the programme (the source of the outcome data is not identified). Nine in ten (91 per cent) of those who got a job who were interviewed (n =120) rated AHRB's contribution to them securing employment as 7 or above (on a 10 point scale with the higher scores being the most positive).

Employment outcomes among those in the Haswell area where the additional intensive programme was provided were no higher than in other parts of the district.

Based on interviews with participants (n = c.100), the evaluation team found that at least 73 per cent of those in employment has been so for three months or more.

The evaluation compares the number of job outcomes secured with estimates of the counterfactual (ie what would have happened in the absence of the intervention). To do so they used a range of data and information including estimates of the success rate of Pathways to Work and other potential forms of support (eg for clients with mental health problems) and data from surveys of participants (self-report on the extent to which AHRB helped them get a job). The evaluation concluded 'that it is likely somewhere between 13 and 85 jobs are genuinely additional (ie between nine and 56 per cent)'.

Secondary outcomes

The authors state that 'as a direct result of AHRB', 55 per cent of participants 'have decreased their GP visits and 41 per cent reduced their medication'.

Limitations of the study

The study was quality assessed and rated '-'

The reviewers note that there is little information on the attitudes and motivations of participants in the programme and there could be a significant 'selection effect' underlying the results in that those accessing the programme (even through referrals) are better disposed towards finding a job than typical IB claimants.

According to the administrative data 99 per cent of participants (ie all but two) were on Incapacity Benefit at the start of the programme. However the interview data suggest only 84 per cent were in receipt of IB on signing up to the AHRB programme.

Although attempts are made to infer the additional effects of the programme, the absence of a comparison group limits the conclusions on the effectiveness that can be drawn.

Evidence statement

CR1.2: There is limited evidence from a before and after comparison evaluation (rated '-') that an intervention in North East England designed to help people off Incapacity Benefit and into work by providing access to health and condition management advice from a health caseworker, employment advice and a range of employability support from an employment case worker can lead to beneficiaries gaining sustained employment (ie for at least three months) (Frontline, 2008).

3.2 Additional cost effectiveness findings for review question 4

One economic evaluation has been included which considers the cost-effectiveness of interventions to return people to work who are in receipt of Incapacity Benefit in the UK and is therefore of relevance to the evidence review covering research question 4.

3.2.1 Adam et al (2008)

'A cost-benefit analysis of Pathways to Work for new and repeat incapacity benefits claimants' by Adam et al. (2008) estimates the costs associated with the four main initiatives within Pathways; staff expenses for the Work Focused Interviews, the cost of the 'choices' package, the Return to Work Credit and the Adviser Discretionary Fund and compares these costs with the monetary benefits of Pathways to Work. The Pathways to Work study is described in further detail in Section 3.1.1.

Primary outcome:

The outcome evaluated within the analysis is cost-benefit of Pathways based on return to work.

The analysis is based on one observational study and is carried out from an Individual perspective of those receiving Incapacity Benefit and from an Exchequer perspective. The results are also presented from a societal perspective which is the combination of the Individual and the Exchequer perspectives.

Due to the length of the benefits of Pathways to Work being unknown because of the short follow up of the study, the model assumes that the benefits will last only 70 weeks as a conservative estimate and 150 weeks as a less conservative estimate. Costs are only assumed to be incurred initially. The resource use and cost data was based directly upon the observational study. All costs to the NHS are assumed to be reimbursed by DWP. The intervention itself, therefore, does not incur additional costs to the NHS, although cost savings to the NHS may occur from returning people to work at an earlier stage. Any such savings have not been incorporated into the model.

The effectiveness data was based on monetary gains including increases in family disposable income (to the Individual), and reductions in Incapacity Benefit payments and increases in taxes (to the Exchequer). The model does not incorporate benefits in terms of quality of life of the individuals.

Outcomes in terms of tax and benefit payments are predicted for a sample of individuals from the Family Resources Survey (FRS), containing information around the net Exchequer transfer position from direct taxes, tax credits and benefits, combined with using models of outcomes estimated using individuals in the Pathways to Work Evaluation Dataset (PED). This dataset contains information on a sample of individuals who made an enquiry about claiming incapacity benefits in pilot and comparison areas, both before and after the reform was implemented in the pilot areas.

The probability of an individual experiencing each of six possible outcomes, from being employed 16-29 hours per week and not receiving IB to being unemployed and receiving IB, with and without being subject to Pathways to Work, is predicted using regression. Weekly earnings are then predicted for each individual in the FRS sample. The model assumes that individuals' earnings are equal to the value of the goods and services they produce. Both costs and benefits are measured in market prices (i.e. VAT included). The average indirect tax rate is 20.4 per cent which differs from the standard 17.5 per cent VAT to allow for excise duties on fuel, alcohol and tobacco.

The analysis was based on 2006 prices which have been uplifted to 2007 prices within this report. Results are presented with benefits assumed to continue for 70 weeks in Table 3.1 and for 150 weeks in Table 3.2 below.

Table 3.1: Estimated costs and benefits of Pathways (duration of benefits=70 weeks)

| Perspective | Cost | Benefit | Net benefit | CB ratio |
|-------------|------|---------|-------------|----------|
| Individual | £0 | £550 | £550 | - |
| Exchequer | £355 | £539 | £184 | 1.5 |
| Society | £355 | £1,089 | £734 | 3.1 |

Table 3.2: Estimated costs and benefits of Pathways (duration of benefits=150 weeks)

| Perspective | Cost | Benefit | Net benefit | CB ratio |
|-------------|------|---------|-------------|----------|
| Individual | £0 | £978 | £978 | - |
| Exchequer | £355 | £1,138 | £783 | 3.2 |
| Society | £355 | £2,116 | £1,761 | 6.0 |

These results suggest that Pathways to Work is likely be cost-saving to the individual in receipt of Incapacity Benefit, to the Exchequer and to society.

Scenario analyses were carried out to investigate:

- (1) the impact of different lengths of benefits;
- (2) how the results from the seven original sites and the 4 April sites differed;
- (3) the impact of different discount rates;

(4) the impact of having no disability premiums for workers

All of the above analyses had a limited impact upon the model results with the exception of the length of time that the benefits are assumed to be incurred. If the benefits of Pathways to Work last twice as long, the gross benefits almost double.

With the exception of London, the findings are likely to be able to be generalised to the whole of Great Britain given that the original seven pilot sites are broadly representative. However, the impact of Pathways to Work in London is uncertain due to the lower historic Incapacity Benefit exit rates and the greater likelihood of receiving only National Insurance Credits as opposed to also receiving Incapacity Benefit.

Limitations of the study

- The effectiveness evidence which the analysis is based upon has several limitations leading to questions around its validity (Hillage et al., 2008).
- There is no analysis of cost-effectiveness in terms of health outcomes.
- The time period of the analysis is limited.
- The costs and benefits of individuals not mandated onto Pathways have not been incorporated into the model. The study data shows that for those receiving Jobseeker's Allowance around 3.5% are less likely to move off benefit following Pathways, while those in receipt of Incapacity Benefit who could volunteer to participate in Pathways were more likely to move off benefit within 12 months.
- There is uncertainty around generalisability to the London area.
- There is a limited analysis of uncertainty.

Two reviewers independently assessed the quality of this study, both gave a quality assessment rating of '+'.

Evidence Statement

CR1.3: There is evidence from one UK cost benefit analysis (rated '+') that the Pathways to Work intervention, comprising attendance at a work-focussed interview and access to return to work support (including further interviews, employability training, help with managing their health condition, financial support and in-work occupational health and personal support), is likely to be cost saving compared to no such intervention in returning people currently receiving Incapacity Benefit to work if the effectiveness evidence reported by Bewley et al (2007) on which this analysis is based is accepted (Adam et al 2008).

4 Conclusions

Three additional studies have been included as a result of the evidence consultation. All are studies published since our initial search and relate directly or indirectly to the Pathways to Work programme. If we couple the findings of the studies included in this additional report with those from Bewley (2007) reported in the evidence review covering research question 4 (Hayday et al., 2008), then a body of evidence is building up to indicate that an intervention involving a work focussed interview coupled with access to tailored support to meet health or employability needs is effective at increasing the rate of return to work among Incapacity Benefit recipients. However, the evidence reviewed suggests that the impact, while positive and cost effective, is fairly modest and furthermore the effects of each element of the Pathways or similar intervention are unclear. Further research is required to clarify the effectiveness of each of the elements of Pathways and similar interventions and their impact on individuals' return to work.

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Evidence Tables

Bewley et al. 2008

| Study details | Intervention, policy, strategy or programme description | Sample and setting | Duration of study and follow-up period/s | Primary and secondary outcomes | Results | Confounders and limitations |
|--|--|--|--|--|--|---|
| <p>Title and source: Bewley H, Dorsett R, Ratto M Evidence on the effect of Pathways to Work on existing claimants, DWP Research Report 488, 2008</p> <p>Study design: Before and after comparison study</p> <p>QA Grade: +</p> | <p>Aim: To evaluate the effect of the Pathways to Work pilot programme which aimed to encourage employment among people claiming incapacity benefits through compulsory attendance at a work-focussed interview and access to return to work support.</p> <p>Intervention: Individuals aged between 18 and 60 making a claim for incapacity benefit (IB) were required to attend</p> | <p>Included: People who had been claiming IB at the start of the pilot programmes (in October 2003 and April 2004 and were still claiming when the particular intervention started in February 2005. Findings based on linked survey and administrative data for a sample of 1109 individuals</p> | <p>Duration and follow-up: Baseline data were collected from administrative and survey sources. Administrative data (outcome) were collected for at least 18 months after the start of the intervention</p> | <p>Primary outcomes: Return to work (in employment (at 16 + or 30 + hrs pw) 18 months after their initial claim.</p> <p>Secondary outcomes Receipt of incapacity benefit</p> | <p>Primary outcomes: The authors found that the chances of entering employment (at the 18 month point) was 3.5 percentage points higher for claimants who received a WFI within three months of February 2005 than the estimated counterfactual (of 97.2 per cent). The result are, according to authors, 'statistically significant at conventional levels' (but no supporting statistics are provided).</p> <p>The chances of being in a full-time job(ie of 30 hours a week or more) for those</p> | <p>Identified by author: The survey sample population was drawn from a different sample source to the administrative data (the former were those making an initial enquiry about and IB claim and the latter had actually started making a claim).</p> <p>Of the seven pilot areas, three started Pathways in October 2003 and four in April 2004. Due to the timing of its implementation, changes in the Jobcentre Plus may have had a greater</p> |

| Study details | Intervention, policy, strategy or programme description | Sample and setting | Duration of study and follow-up period/s | Primary and secondary outcomes | Results | Confounders and limitations |
|---------------|---|--|--|--------------------------------|--|--|
| | <p>a Work Focussed Interview (WFI) with a trained IB Personal Adviser (IBPA). Claimants had to attend five further WFIs, unless they were judged either to have particularly severe medical conditions or likely to return to work without further help. Other aspects of the programme were voluntary and could involve:</p> <ul style="list-style-type: none"> - access to a 'choices' programme of training or support to help people enter the labour market - a Condition Management Programme (run with local health providers to help people manage their health condition) - Return To Work Credit (RTWC) - of £40 pw for jobs >16hrs pw earning less than £15,000 pa | <p>Excluded:</p> <p>Those that were judged either to have particularly severe medical conditions or likely to return to work without further help were excluded from the programme.</p> <p>Setting:</p> <p>Seven Jobcentre Plus districts, one in Scotland, one in Wales and five in England</p> | | | <p>who had a WFI within three months of February 2005 was 97.7 per cent - an improvement of 1.2 percentage points on the counterfactual of 98.9 per cent.</p> <p>The chances of getting a job of at least 16 hours a week were 2.7 percentage points higher (than a baseline of 97.8 per cent).</p> <p>Secondary outcomes</p> <p>In the absence of the intervention the study estimated that 87. One per cent of IB claimants would still be claiming 18 months on. The study estimated the proportion who received IB at the same point following an intervention in the three months after February 2005 was 4.9 percentage points lower.</p> <p>No statistically significant effects according to the characteristics of the claimants were found (no significance statistics reported).</p> | <p>impact on the October 2003 areas relative to its comparator areas than the April 2004. For this and other related reasons most of the reported analysis was based on the latter areas.</p> <p>The study only examines the first entry to employment (and the first exit from IB) and does not look at whether such transitions are sustained.</p> <p>Identified by reviewer:</p> <p>The study includes participants who had been claiming IB up to two years at the start of the pilot and who were still claiming as at February 2005 - thus the duration of their claim was between 15 and 38 months in the pilots that began in October 2003 and 10 to 33 months in the April 2004 pilot areas. During the time between the start of the pilot and February 2005 claimants could voluntarily participate in</p> |

| Study details | Intervention, policy, strategy or programme description | Sample and setting | Duration of study and follow-up period/s | Primary and secondary outcomes | Results | Confounders and limitations |
|---------------|--|--------------------|--|--------------------------------|---------|---|
| | <ul style="list-style-type: none"> - In-Work Support (IWS) including mentoring, occupational health support, financial advice - Advisers' Discretionary Fund (ADF) - to make purchases of up to £100 to help people find work. <p>Comparison:</p> <p>Benefits claimants in comparable non-pilot areas</p> | | | | | <p>Pathways. No details of the effect of voluntary participation are examined in the study neither is the length of time on benefit included in the analysis.</p> |

Frontline Consultants (2008)

| Study details | Intervention, policy, strategy or programme description | Sample and setting | Duration of study and follow-up period/s | Primary and secondary outcomes | Results | Confounders and limitations |
|--|--|--|---|--|--|---|
| <p>Title and source: Frontline Consultants Evaluation of Aim High Routeback, Report for One NorthEast, 2008</p> <p>Study design: Before and after comparison study</p> <p>QA Grade: -</p> | <p>Aim: To evaluate the impact of the Aim High Routeback (AHRB) pilot programme on the health and employment of participants.</p> <p>Intervention: AHRB provides health advice, condition management, employment advice and a range of employability support to IB claimants. The programme of support is financed by the North East Regional Development Agency (One NorthEast) and is housed in a community centre and is advertised in local general practitioner surgeries and at local community venues.</p> <p>Comparison: There is no comparison</p> | <p>Included: 373 IB claimants referred by their GP or another member of the PCT team or self-referred.</p> <p>Excluded: none known</p> <p>Setting: The district of Easington in North East England.</p> | <p>The intervention started in April 2005. Administrative data (including personal characteristics and outcomes as at February 2008) were collected from participants. Survey data were collected on 120 participants</p> | <p>Primary outcomes: Return to work (ie in employment) (based on administrative data). Sustainability of employment (ie continuous employment for 3 months (based on survey data).</p> <p>Secondary outcomes Use of health services</p> | <p>Primary outcomes: 151 participants were 'supported into employment', that is 59.7 per cent of the 253 people who left the programme (data source not identified). 91 per cent of those who got a job who were interviewed (n =120) rated AHRB's contribution to them securing employment as 7 or above (on a 10 point scale with the higher scores being the most positive).</p> <p>Based on interviews with participants (n = 120), at least 73 per cent of those in employment has been so for three months or more.</p> <p>The evaluation compared the number of job outcomes secured with estimates of the counterfactual (using a range of data and information including estimates of the success rate of Pathways to Work and other potential forms of support and data from surveys of participants). The evaluation concluded</p> | <p>Identified by author: none</p> <p>Identified by reviewers: There is little information on the attitudes and motivations of participants in the programme and there could be a significant 'selection effect' underlying the results in that those accessing the programme (even through referrals) are better disposed towards finding a job than typical IB claimants.</p> <p>According to the administrative data 99 per cent of participants (ie all but two) were on Incapacity</p> |

| Study details | Intervention, policy, strategy or programme description | Sample and setting | Duration of study and follow-up period/s | Primary and secondary outcomes | Results | Confounders and limitations |
|---------------|---|--------------------|--|--------------------------------|--|--|
| | | | | | <p>'that it is likely somewhere between 13 and 85 jobs are genuinely additional (ie between nine and 56 per cent.</p> <p>Secondary outcomes</p> <p>The authors state that 'as a direct result of AHRB', 55 per cent of participants 'have decreased their GP visits and 41 per cent reduced their medication'</p> | <p>Benefit at the start of the programme. However the interview data suggest only 84 per cent were in receipt of IB on signing up to the AHRB programme.</p> |

Appendix 1: Evidence Consultation Submissions

| Organisation responding to stakeholder consultation | Evidence or comment submitted | Response |
|---|--|--|
| British Association for Counselling and Psychotherapy | 'Counselling in the workplace: a comprehensive review of the research evidence - second edition' by John McLeod (2008) | The review document was screened and reference checked. No additional papers were identified for extraction that met the specified inclusion and exclusion criteria. |

| Organisation responding to stakeholder consultation | Evidence or comment submitted | Response |
|---|---|---|
| DWP | <p>Two documents submitted:</p> <p>The first was a list of DWP publications (43 references).</p> | <p>16 were excluded on methodological grounds eg did not contain longitudinal data) or were interim publications of aspects of the evaluation now included (eg Bewley 2007, 2008)</p> <p>The other 25 publications covered intervention which were out of scope of the evidence review and/ or the reports were excluded on methodological grounds:</p> <ul style="list-style-type: none"> ■ The New Deal for Disabled People (NDDP): neither the reports to which we were referred nor the DWP website indicates any employer or PCT involvement in co-planning, designing, delivering, managing and/or funding the evaluation ■ WORKSTEP: no longitudinal data ■ Permitted work rules: No employer or PC involvement, no longitudinal data ■ Supported employment: Unclear about relevance of intervention, no longitudinal data ■ Residential Training Provision: Unclear about relevance of intervention to the specific research questions, no longitudinal data <p>Two studies were included (Adam, 2008 and Bewley, 2008)</p> |
| DWP | <p>The second document submitted was a review Hill D et al 'What Works at Work'</p> | <p>The review document was screened and reference checked. No additional papers were identified that met the specified inclusion and exclusion criteria..</p> |
| EEF, The manufacturers' organisation | <p>Survey evidence enclosed to support the 'direction of travel' of the review and which identified potentially effective interventions (EEF, 2007 and EEF 2008)</p> <p>The EEF also suggested that the NICE inclusion and exclusion criteria</p> | <p>The material submitted was reviewed against existing inclusion and exclusion criteria and review documents were screened and reference checked. No additional papers were identified that met the specified inclusion and exclusion criteria..</p> |

26 Responses to the evidence consultation on long-term sickness absence and incapacity

| Organisation responding to stakeholder consultation | Evidence or comment submitted | Response |
|---|---|---|
| | need to be reviewed in order to allow evidence-based guidance to be assessed (reference supplied) ; | |
| One NorthEast | A recent evaluation of 'Easington Aimhigh Routeback' (a Pathways to Work - type intervention) was submitted | Included |
| Richard Preece | Two papers submitted: S Taimela et al. 2008 and S Taimela et al. 2008 | The papers were full paper screened (by two researchers) and this otherwise interesting study was excluded on the grounds that they are based on a 'mixed population' of employees who have and those who have not been absent from work due to sickness in the past year and it is not possible to distinguish the results for each group separately |
| RCN | Submitted a comment that they were surprised not to see mention of the Condition Management Programmes (CMP) which claimants are referred to, even if only to comment on lack of credible evidence. CMPs are well thought of amongst the claimant population and deliver additional positive outcomes, not just limited to employment (e.g. decrease in dependency on medication). Four reference were supplied: Barnes H, Hudson M (2006), Adams et al. 2008. Bewley et al. 2008 Sainsbury R et al. 2008 The RCN also referred to a literature review: one covering sickness absence management conducted by the NAO, 'A safer Place to Work' NAO report .2003 and two DWP publications | Three of the primary research papers were duplicates of those suggested by DWP (of which two are now included) The other primary research paper was assessed and excluded The review documents were screened and reference checked. No additional papers were identified that met the specified inclusion and exclusion criteria. |
| Tomorrow's People | Submitted a copy of an independent evaluation carried out on the work of a Tomorrow's People's Employment Adviser in the James Wigg GP practice in Camden, North London. | This was considered to be a relevant intervention but the (small) sample of participants was equally divided between those in receipt of Incapacity Benefit (or equivalent) and those not (and separate data for the two were not presented) and therefore the study had to be excluded on grounds of a mixed population . |
| University of Central | Permission was obtained from the DH to share the current working | This paper was screened and appeared eligible for inclusion. |

| Organisation responding to stakeholder consultation | Evidence or comment submitted | Response |
|---|---|---|
| Lancashire | draft of our report on the Evaluation of the Impact of the Condition Management Programme Pilots. | However in the data extraction stage it became apparent that the outcome data (relating to the proportion of participants who gain employment (20 per cent)) was drawn from a different source to the other data about participants (eg about their characteristics and pre-intervention experience) and (as a consequence) the 'n numbers' differed significantly. After further consultation with the one of the author it was agreed to exclude this paper.. |

Appendix 2: Excluded Primary Studies from Evidence Consultation

Ineligible intervention

Eg an intervention were delivered outside a workplace or primary care setting with no primary care or employer involvement in the planning design, delivery management or funding.

Adelman Laura, Kazimirski Anne, Legge Kate, Mangla Jane, Pires Candice, Reyes de Beaman Sandra, Shaw Andrew, Stafford Bruce, *New Deal for Disabled People: Survey of Registrants - Report of Cohort 1 Waves 1 and 2*, DWP Research Report WA213, Nov 2004

Ashworth Karl, Hartfree Yvette, Kazimirski Anne, Legge Kate, Pires Candice, Reyes de Beaman Sandra, Shaw Andrew, Stafford Bruce, *NDDP National Extension: first wave of the first cohort of the survey of registrants*, DWP Research Report WA180, Nov 2003

Aston J, Willison Rebecca, Davis S, Barkworth Robert, *Employers and the New Deal for Disabled People: Qualitative Research, Wave 2*, DWP Research Report RR 231, Feb 2005

Banks Pauline, Beyer Stephen, Riddell Sheila, Thornton Patricia, *A Study of Providers New to WORKSTEP*, DWP Research Report W 195 July 2004

Bell Stephen H, Kornfeld Robert, Orr Larry L, *Tests of non-experimental methods for evaluating the impact of the New Deal for Disabled People*, DWP Research Report WA198, Aug 2004

- Beyer Stephen, Thomas James, Thornton Patricia *The Net Costs and Individual Benefits of the Supported Employment Programme*, DWP Research Report WEA152
- Corden Anne, Thornton Patricia, *Results-based Funded Supported Employment: avoiding disincentives to serving people with greatest need*, DWP Research Report WA160, 2004
- Corden Anne; Harries Tim, Hill Katherine, Kellard Karen, Lewis Jane, Sainsbury Roy, Thornton Patricia, *New Deal for Disabled People National Extension: Findings From the First Wave of Qualitative Research with Clients, Job Brokers and Jobcentre Plus Staff*, , DWP Research Report WA169 , Oct 2003
- Davis Abigail, McDonald Siobhan, Stafford Bruce, *Report of the survey of Job Brokers*, DWP Research Report WA197, Nov 2003
- Dewson Sara, Davis S, Loukas George, *Final outcomes from the Permitted Work Rules*, DWP Research Report RR 268, 2005
- Dobbs Lynn, Purvis Ann, Lowrey James, *WORKSTEP evaluation case studies: Exploring the design, delivery and performance of the WORKSTEP Programme.* , DWP Research Report RR 348, March 2006
- Greenberg David, Davis Abigail, *Evaluation of the New Deal for Disabled People: the cost and cost benefit analyses*, DWP Research Report RR431, May2007
- Griffiths Rita, Durkin Steve, Mitchell Alison, *Evaluation of Residential Training Provision* DWP Research Report RR448 2007
- Lewis Jane, Corden Anne, Hill Katherine, Kellard Karen, Sainsbury Roy, Thornton Patricia, Dillon Lucy, *An in-depth study of Job Broker Service Delivery*, DWP Research Report RR 246, June 2005
- Meah Angela, Thornton Patricia *Desirable outcomes of WORKSTEP: user and provider views*, , DWP Research Report RR 279, July 2005
- New Deal for Disabled People: First Synthesis Report* , DWP Research Report W 199, Sept 2004
- Purvis Ann, Lowrey James, Dobbs Lynn, Smith Lindsay *WORKSTEP Modernisation Funds evaluation*, , DWP Research Report RR 378, July 2006
- Stafford Bruce et al, *New Deal for Disabled People: Second synthesis report – interim findings from the evaluation*, DWP Research Report RR377, Aug 2006
- Stafford Bruce with others *New Deal for Disabled People: Third synthesis report – key findings from the evaluation*, DWP Research Report RR430, May 2007

Study design

This includes purely qualitative studies, studies which do not have at least two data points (ie are not longitudinal in design) and interim or preliminary findings subsequently covered by another report.

Bailey Rossy, Hales, Jon Hayllar Oliver, Martin Martin, Pathways to Work: customer experience and outcomes: Findings from a survey of new and repeat customers incapacity benefit customers in the first seven areas, DWP Research Report RR456, Nov 2007

Barnes Helen, Hudson Maria, Pathways to Work - extension to some existing customers: Early findings from qualitative , DWP Research Report RR232, Feb2006

Blyth Billy, Incapacity Benefit reforms – Pathways to Work Pilots performance and analysis , DWP Research Report WP26, Jan2006

Blyth Billy, Pathways to Work Performance Summary, DWP Research Report, May 2007

Corden Anne, Nice Katharine, Pathways to Work from Incapacity Benefits: A study of experience and use of Return to Work Credit, DWP Research Report RR353, June 2006

Dickens Sarah, Mowlam A, Woodfield Kandy, Incapacity Benefit Reforms: the Personal Adviser role and practices. Prepared for the Department for Work and Pensions, DWP Research Report W 212, 2004

Dickens Sarah, Mowlam A, Woodfield Kandy, Incapacity Benefit Reforms: early findings from qualitative research. Prepared for the Department for Work and Pensions, DWP Research Report W 202, 2004

Engineering Employers Federation Sickness absence and rehabilitation survey 2008, EEF May 2008

Engineering Employers Federation Sickness absence and rehabilitation survey 2007, EEF July 2007

Ford F and Plowright C Realistic Evaluation of the Impact and Outcomes of the Condition Management Programme, University of Central Lancashire (in print)

Knight, Tim; Dickens, Sarah; Mitchell, Martin; Incapacity Benefit reforms - The Personal Advisor role and practices: Stage Two, DWP Research Report RR 278, 2005

Laurette Douglas, Goldstone Carol Pathways to Work from Incapacity Benefits: a pre-pilot exploration of staff and customer attitudes, DWP Research Report W162 June 2002

Mitchell, Martin; Woodfield Kandy; Qualitative research exploring the Pathways to Work sanctions regime, DWP Research Report ,RR475, Jan 2008

Nice, Katherine; Irvine, Annie; Sainsbury, Roy; Pathways to Work: A study of experience and use of the Job Preparation Premium, DWP Research Report RR474, Jan 2008

Pittam G, Socker J, Plowright C and Ford, F, Qualitative Evaluation of the Impact of the Pathways to Work Condition Management Programme, University of Central Lancashire and Anglia Ruskin University, March 2008

Sainsbury R et al. *The Pathways Advisory Service: Placing employment advisers in GP surgeries*, DWP Research Report No 494

Population

This category includes studies of a mixed population eg of employed and unemployed people or people on and not on Incapacity Benefit and for whom the results cannot be disaggregated.

Rawson E A Statistical Evaluation of the Tomorrow's People Camden GP Surgery Initiative Tomorrow's People 2008

Taimela S, Malmivaara A, Justén S, Läärä E, Sintonen H, Tiekso J, and Aro T 'The effectiveness of two occupational health intervention programmes in reducing sickness absence among employees at risk. Two randomised controlled trials' *Occup Environ Med* 2008; 65: 236-241

Taimela S, Justén S, Aronen P, Sintonen H, Läärä E, Malmivaara A, Tiekso J, and Aro T 'An occupational health intervention programme for workers at high risk for sickness absence. Cost effectiveness analysis based on a randomised controlled trial' *Occup Environ Med* 2008; 65: 242-248.

Screened and exclude in original Evidence Review

(covering research question 4)

Barnes Helen, Hudson Maria, Pathways to Work: Qualitative research on the Condition Management Programme, DWP Research Report RR346, March 2006

Corden Anne, Nice Katharine, Incapacity Benefit Reforms Pilot: Findings from the second cohort in a longitudinal panel of clients, DWP Research Report RR 345, March 2006

Corden Anne, Nice Katharine, Pathways to Work: Findings from the final cohort in a qualitative longitudinal panel of incapacity benefit recipients, DWP Research Report RR398, Oct2006

Corden Anne, Nice Katharine, Sainsbury Roy, Incapacity Benefit Reforms Pilot: Findings from a longitudinal panel of clients, DWP Research Report RR 259, 2005

Davis Abigail, Pound Elspeth, Stafford Bruce, *New Deal for Disabled People Extensions: examining the role and operation of new Job Brokers*, DWP Research Report RR384, Sept 2006

Dewson Sara, Ritchie Helen, Meager Nigel, *New Deal for Disabled People: Survey of Employers*, DWP Research Report RR301, Nov 2005

Dixon Josie, Mitchell Martin and Dickens Sarah, Pathways to Work: Extension to existing customers (matched case study), DWP Research Report RR418, Jan 2007

Kazimirski Anne, Adelman Laura, Legge Kate, Shaw Andrew, Stafford Bruce, Taylor Rebecca, Arch Josephine, Keenan Laura, Tipping Sarah, *New Deal for Disabled People Evaluation : Registrants Survey Merged Cohorts (Cohorts one and two, Waves one and two)*, DWP Research Report RR260, July 2005

Legge Kate, Magadi Monica, Phung Viet-Hai, Stafford Bruce, *NDDP: Survey of Registrants – report of Cohort 3*, DWP Research Report RR369, July 2006

Orr Larry L., Bell Stephen H, Lam Ken, *Long-term impacts of the New Deal for Disabled People*, DWP Research Report RR432, May 2007

Pires Candice, Kazimirski Anne, Shaw Andrew, Sainsbury Roy, Meah Angela , *New Deal for Disabled People Evaluation: Eligible Population Survey, Wave Three*, DWP Research Report RR 324, March 2006

Outcomes

(eg did not contain data on return to work)

Gersons, Carlier, Lamberts, Van der Kolk (2000) Randomised clinical trial of brief eclectic psychotherapy for police officers with post traumatic stress disorder *Journal of Traumatic Stress*, Vol. 13, No. 2

Schmidt, Stannard (1996) The utility of personality inventories in the Employee Assistance Process: A study of EAP referred police officers *Employee Assistance Quarterly* Vol. 11, No 4.