

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

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Scope of the evaluation

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

Improving Access to Psychological Therapies and the Employment Adviser pilot

IAPT 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.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 percentage who were attending work (i.e. not on sick leave) following receipt of psychological therapy.² IAPT was rolled out nationally in 2010.³

In 2009 an EA pilot programme was introduced by the Department for Work and Pensions to complement the IAPT programme, with the aim of helping individuals with mental health problems retain employment or return to work. Additionally, the EA pilot also grew out of the context of the Government's Health, Work and Wellbeing Strategy and Dame Carol Black's 2008 review, *Working for*

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.

a *Healthier Tomorrow*, which estimated that the annual economic cost of ill-health in terms of working days lost and worklessness was over £100 billion. Furthermore, it is widely accepted that work is generally good for mental health – including for people with mental health conditions. It is also established that the longer people are absent or out of work, the more likely they are to experience depression and anxiety.

Pilots were subsequently established in Scotland and Wales in relation to programmes comparable with IAPT.⁴ The pilot areas were: Buckinghamshire; Cambridgeshire; Camden; Cheshire; Ealing; East Riding/North Lincolnshire; Kent; Lincolnshire; North Tyneside; Shropshire; Scotland; Swindon; and Wales.

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 whom they thought 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 gave the EA teams leeway to obtain referrals outside IAPT too.

Provision of employment advice in the context of psychological therapies marks a new approach to tackling employment retention. Clients receive psychological therapy through IAPT (often cognitive behavioural therapy) which is complemented by employment advice designed to deal specifically with the work-related problems the client is experiencing. EAs provide practical advice and relevant interventions to assist their clients to retain employment and, if off work sick, to help them return to attending work. The specifics of service delivery can be decided at a local level.

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).

⁴ IAPT is limited to England.

Methodology of the evaluation

The approach taken to evaluating the 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 is important to note 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. This research draws upon findings from numerous sources including:

- EA service administrative data;
- IAPT administrative data;
- a longitudinal survey of EA clients;
- in-depth interviews with a sample of EA clients;
- semi-structured interviews with EAs;
- semi-structured interviews with other key personnel including IAPT therapists and commissioners.

Key findings of the research

Reasons for using the service

Problems that prompted IAPT service users to seek employment advice were often associated with relationship difficulties with their managers and colleagues, the reorganisation of work, and difficulties managing workloads.

What did the EA service look like?

Although the overall aim was to improve clients' ability to cope with and manage their problems in the workplace, EA services had the freedom to develop advice in line with local needs, which resulted in a range of approaches being taken. Referrals came from GPs, employers and other sources as well as the IAPT service.

Service integration

EAs reported that the greater the degree of service integration, the better the flow of referrals from IAPT. Integration did not necessarily mean a single organisation or co-location, rather that there was a high degree of communication and co-operation between services. Nonetheless, the model that secured the highest referral numbers was where the IAPT and EA services were delivered by a single organisation. Some EA services struggled to achieve referrals, although this improved as time went on.

Employment Adviser/client relationship

Most adviser/client meetings were held face to face at the outset although it became increasingly possible to deliver online or telephone advice once a relationship was established. The average time spent with a client, in face-to-face meetings, was five hours over approximately five months (six hours including telephone contact).

What did Employment Advisers do?

EAs developed action plans with clients to address their needs including confidence building, seeing the situation from a new perspective, advice on employment rights, and CV/ interviewing skills. Some EAs highlighted the necessity, in most instances, of contact with the employer either by the client and/ or by the adviser. Clients felt that where this had happened, it had been effective in helping resolve problems.

Job change

Around half of EA clients expressed an interest in changing jobs or moving to a new organisation, with 11 per cent of clients having agreed this as an action point with their EA. The vast majority (83 per cent) of EA clients stayed with their existing employer, and 80 per cent of these stayed in their actual job.

Employment advice and therapy

Some IAPT therapists indicated that as employment was not their area of expertise, it was helpful to be able to refer patients, who were having problems at work, to an employment expert. Even within an IAPT service, however, therapists varied in their use of the EA service, with some therapists making many referrals and others relatively few (the EA service reported). Some therapists, EAs commented, followed a medical model and did not refer until the end of treatment, whilst others felt that therapy and employment advice were complementary and should be offered at the same time.

Outcomes

- Client perceptions of the service were positive – 89 per cent of EA clients would recommend the EA service to others and 58 per cent said that their problems at work had been partially or fully resolved by seeing an EA. Of those who had returned to work after sickness absence, 26 per cent said they would not have returned so soon without employment advice.
- Of those who were on sickness absence when they started seeing the EA, 63 per cent were attending work when they stopped seeing their adviser. A key issue, however, is the extent to which this would have occurred in any case, i.e. as a result of IAPT treatment alone. This is difficult to demonstrate definitively one way or another. Analysis proved inconclusive, largely because of the difficulty of securing a robust comparator group - the IAPT database does not record whether a patient has employment problems.
- It is clear, however, that employed IAPT service users who were referred for EA had worse mental health than the IAPT service users who did not see EAs. Whilst it is not possible to demonstrate definitively that the group who saw EAs also had more significant problems at work as well, it is likely that this was so – hence, referral to the EA service - and therefore, likely that the group seeking the support of EAs had more complex needs.

Lessons for policy and delivery

- **The referrals process:** There was a general sense from EAs that referrals from the IAPT service 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 IAPT and EA services might be further integrated. Furthermore, given that the decision to refer someone to see an EA is the responsibility of the individual therapist, there is a need to ensure that the potential benefits of referring someone to see an EAs are communicated to therapists. Finally, if EA sites are to encourage referrals from outside of the IAPT service, there may be a need to specify who is eligible to use the service.
 - **Delivering employment advice:** 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 a therapist needs to be seen first. In providing employment advice, there is a need to recommend that employers are contacted (by either the client and/or the EA) as a means of resolving the client's problems. EAs should also provide their clients
- with the skills which will allow them to discuss problems with their managers, enabling clients to increasingly manage their problems independently. Finally, 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 of office hours) and increase the efficiency with which advice is delivered.
- **Widening participation:** EAs and some therapists mentioned that there were often waiting lists to see a 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. Some EAs also suggested that the service be expanded to include unemployed people.
 - **Information gathering:** 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.

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You can download the full report free from: <http://research.dwp.gov.uk/asd/asd5/rrs-index.asp>

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