

Strategies to Improve Integrated Service Delivery to People with Disabilities

Implementing a One-Stop shopping approach into public employment service delivery is a challenging endeavor evidenced by both the US and UK experiences. The first aim of this report is to identify strategies that Public Employment Services (PES) in both countries have used in the delivery of services to meet the more complex employment support needs of people with disabilities within systems designed for the “universal” job seeker. The second aim of the report is to investigate the extent to which these strategies are effective in reaching their goal—achieving sustained and appropriate employment.

This section presents three sets of strategies to enhance the effectiveness of service integration for people with disabilities:

- Strategies to *more effectively deliver existing services* to people with disabilities.
- Strategies to *create partnerships* to better serve people with disabilities.
- Strategies to *provide new services* to people with disabilities.

The strategies presented in this section are the result of a scoping review that the authors conducted of existing empirical research on PES delivery for people with disabilities in the US and the UK. Empirical research included both published and unpublished materials that were produced between January 2000 and June 2008. A detailed description of the methodology is included in Appendix I. Key terms and concepts used in the strategy descriptions are explained in the Glossary in Appendix II.

Strategies to Deliver Existing Services More Effectively to People with Disabilities

Strategy One: Proactively Market Services

Proactively reach out and market to people with disabilities to increase access to employment services.

This strategy is about infusing a disability perspective into agency marketing efforts and materials. Increasing the awareness of people with disabilities of the assistance available for obtaining work is vital if more are to be encouraged to work.

One-Stops used a variety of methods to reach out to people with disabilities:

- Wide distribution of newsletters which included success stories of job seekers with disabilities.
- Publication of a monthly newsletter that was specifically targeted at customers with disabilities, and disability and workforce professionals (Cohen et al., 2005).
- Contracting with an advertising company to produce a series of billboards and TV commercials featuring a person in a wheelchair utilizing the One-Stop.
- Using bus placards and placing posters in bus shelters targeted at job seekers with disabilities (Cohen et al., 2004).
- Hosting public forums, conducting focus groups, and holding conferences and trainings targeting the disability community, in addition to using means such as TV, radio, newspapers, and the Internet (Morris and Farah, 2002).

- In the UK, TV advertising has been found effective in encouraging enrollment in programs like the New Deal for Disabled People (NAO, 2005), and also raising awareness of financial incentives to work (Turley et al., 2008).

Partnering with community-based disability organizations was another method to reach out to job seekers with disabilities (Cohen et al., 2004, 2005; Fesko et al., 2003a; Nilsen, 2004). Several One-Stops offered disability organizations a tour of their premises and the use of their premises for meetings in an effort to encourage participants to utilize One-Stop resources (Cohen et al., 2004).

Co-locating at community organizations that serve people targeted by Jobcentre Plus programs was a strategy of the Action Teams for Jobs in the UK (Casebourne et al., 2006). These are government-funded programs, run by Jobcentre Plus or the private sector, aimed at finding employment for particularly disadvantaged groups, including people with disabilities, who live in areas of high unemployment. The teams attributed their outreach methods as one of the main reasons enabling them to exceed their job entry targets (Casebourne et al., 2006).

Several studies reported on One-Stops using specialized techniques such as organized job fairs for people with disabilities that provided information about employment and opportunities to meet potential employers (Cohen et al., 2005; Nilsen, 2004). Likewise, New Deal for Disabled People (NDDP) Job Brokers contracted by Jobcentre Plus in the UK held road shows and booths at job fairs, shopping centers and local events, in addition to sending posters and leaflets to local organizations and leaving them at venues such as primary care surgeries, hospitals, colleges and libraries (Corden et al., 2003; Lewis et al., 2005). Job Brokers' views were that no methods were consistently more effective than others, but that marketing is cumulative and repeated contacts and reminders are necessary (Lewis et al., 2005). However, TV advertising has been found particularly effective as evidenced above.

Several studies point out that marketing and outreach to people with disabilities was often part of the job of specialist disability staff. Over 60 percent of Disability Program Navigators (DPNs, disability specialist staff located at One-Stops who assist job

seekers with disabilities navigate One-Stop programs and services) in the US reported working on making sure that One-Stop marketing and orientation materials included supports, services and accommodations for job seekers with disabilities (LHPDC, 2006). Other studies showed that DPNs developed their own brochures available in multiple formats with large font and Vocational Rehabilitation contact information (Cohen et al., 2004). In other cases, DPNs collaborated with disability agencies, both mandated and non-mandated One-Stop partners, jointly holding community information sessions and One-Stop orientations targeting job seekers with disabilities (Cohen et al., 2005).

Providing information and materials in accessible formats and using language that is tactful and sensitive to multiple perspectives in marketing materials and efforts is also important. For example, using the term "disabled" (the preferred term for people with disabilities in the UK) may inhibit the take up of a program or financial incentive (Corden and Sainsbury, 2003; Corden et al., 2003; Lewis et al., 2005; Turley et al., 2008). Corden and Sainsbury (2003) report that younger people, particularly those with health or mental health problems dislike being perceived as disabled.

Strategy Two: Create Customer-Friendly Environments

Create universally accessible and customer-friendly environments for direct employment service delivery.

Creating environments for providing employment and related services that are physically, programmatically, and technologically accessible—meaning that they cater to the "universal" customer—was another strategy that was used in both countries.

In the US, universal access to One-Stops is mandated by the Workforce Investment Act. Research highlights the effectiveness of resource rooms (a public space within One-Stops where job seekers can access information and materials, computers and the Internet, as well as other resources), which exemplify accessibility from every perspective (John J. Heldrich Center for Workforce Development, 2002). Studies from the UK show that people with disabilities are satisfied with the Jobcentre Plus environment (Coleman et al., 2005). They also highlight

the importance of providing office space that protects people's privacy and allows them to share confidential information (Coleman et al., 2005; Corden and Nice, 2006b; McKenna et al., 2005). This issue was especially relevant to people with disabilities and health issues.

Providing a welcoming and customer-friendly One-Stop and Jobcentre Plus environment was also important for engaging job seekers, including benefit recipients, and making them feel that they are valued customers. A study of 2,000 workforce development agencies in each of the 50 US states (Fagnoni, 2000) identified promising strategies used to create a customer-friendly environment. Essentially, One-Stops strived to "avoid the atmosphere of a government office" (p.17). In doing so, the agencies tried to eliminate the feeling of job seeking as a government transaction. Long lines were reduced by using a front desk at the One-Stop entrance to immediately direct customers to the correct services. Not only did this front desk decrease wait time, but it also provided job seekers with customer-friendly contact and greater accessibility.

Blank and Ryan (2003) found that some One-Stops dedicated staff time to a "greeter" position, who was responsible for making sure that entering customers were connected to the right resources and exiting customers were satisfied with the services they had received. Having staff personally introduce the job seeker when referring him or her to another program was another strategy. Some One-Stops in Cohen et al.'s study (2004, 2005) dedicated staff time from all One-Stop partners to assist job seekers in the resource room; another site hired "peer specialists," individuals with disabilities, to work in the resource room and to support job seekers with disabilities in particular. Fagnoni (2000) reported on having job seekers perform a quick assessment enabling staff to provide more targeted supports and referral. For customers that did not need to meet with staff, Utah's One-Stops, used an "express desk," for fast drop off or pick up of resources (Fagnoni, 2000).

In the US, engaging job seekers with disabilities in planning and implementation helped to increase access and ensure that this group's support needs were met. Individuals with disabilities served on task forces, advisory councils, Local Workforce Investment Boards, One-Stop planning and service

design committees as well as on specialized work groups designing and problem-solving in particular areas (Fesko et al., 2003a). Some studies reported on engaging individuals with disabilities in testing the accessibility of One-Stop locations and evaluating availability of public transport (Fesko et al., 2003a). Others reported on hiring individuals with disabilities to act as "mystery shoppers" (someone who poses as a customer and reports on her experience) and help evaluate services for quality improvement (Fesko et al., 2003a). Individuals with disabilities were also engaged in service delivery. Boeltzig et al. (2008) found that sites benefited from engaging former and current consumers of mental health services in direct employment service delivery.

Strategy Three: Provide Specialist Support to Clients as Needed

Provide specialist or advocate support to people with disabilities as needed.

This strategy addresses some of the challenges related to implementing the universal approach in service delivery practice. The reality is that job seekers do not all neatly fit into the "universal job seeker category" and may have additional or more intense support needs.

Previously, employment service agencies, the predecessors of One-Stops, would have referred people with more complex barriers to employment, such as people with disabilities, automatically to other disability employment agencies (e.g., public vocational rehabilitation program). With the introduction of the universal approach, however, the emphasis shifted from referral to another outside agency to accommodating individual needs internally by making sure that all staff and partner staff are trained on disability-related issues and feel comfortable serving people with disabilities (see Strategy Four) and that specialist disability support is available internally and on an as needed basis.

Disability Program Navigators (DPNs) are one means of providing internal supports. Funded jointly by the Social Security Administration (SSA) and the US Department of Labor, DPNs are located at the One-Stop where they assist job seekers with disabilities to navigate the different programs and services and help build One-Stop disability capacity. In a

DPN evaluation the majority of navigators (82 percent) reported also providing general information about work incentives to SSA beneficiaries (LHPDC, 2006). DPNs often helped coordinate service delivery and funding at the individual job seeker level. Navigators also participated in different inter-agency working groups that focused on activities like coordinating job seeker assessment and screening, developing employment plans, skills training for customers, co-funding of individual service and support needs, and implementing and co-funding of customized employment strategies (described below) (LHPDC, 2006). There is some evidence that DPNs have had a positive impact in providing greater access, more effective and meaningful participation, improved service coordination, and new and additional resources to achieve their employment goal (Emery and Bryan, 2006; Schmeling and Morris, 2005; Schwartz et al., 2007).

Pathways to Work is the UK government's major initiative to help working-age people going onto incapacity benefits to think about returning to work. The policy requires most new and repeat incapacity benefit recipients to attend mandatory Work-focused Interviews (WFIs), usually six. The interviews take place with an Incapacity Benefit Personal Adviser (IBPA) and necessitate an adviser who is knowledgeable about disability and health conditions and the work-related assistance available. As a result, both a specialized role of IBPA and training for the role was developed. (As noted earlier this role is termed Pathways Personal Adviser [PPA] in Northern Ireland.) Key aspects of the role, as described by IBPAs themselves, included developing a personal relationship with the person, focusing on their attributes, and trying to change people's attitudes around employment prospects and the support available (Knight et al., 2005).

Findings from a large-scale study of 3,507 incapacity benefit recipients in the initial pilot of the Pathways to Work program indicate that the majority of them seemed to have had a favorable view of the meetings: 63 percent reported that their IBPA listened to them very well and 26 percent reported IBPAs had "helped a lot" to think about paid work in the future (Bailey et al., 2007). IBPAs saw themselves as a "gateway" or "sign post" for people to the support available through the Choices package (programs and financial incentives available on a voluntary

basis to assist in obtaining work). There is evidence that Pathways has had an effect on increasing job entry for people with disabilities (Bewley et al., 2007) and at least part of this is likely to be attributable to the role of the IBPAs.

Another type of specialist disability employment staff, the Disability Employment Adviser (DEAs), has been established much longer than IBPAs in the UK. DEAs can provide assessment, referral, job matching, and information on local employers with experience of hiring and retaining people with disabilities (NAO, 2005). While there do not appear to be any evaluations of the effectiveness of DEAs in helping people with disabilities obtain and retain employment, there is some evidence of favorable views of people referred to them (e.g., Costello et al., 2002; Osgood et al., 2002, 2003). DEAs were cited as crucial in guiding people with disabilities through the complexity of programs provided by Jobcentre Plus by the National Audit Office (NAO, 2005). Research showed, though, that DEA's role is not clearly defined in relation to that of the IBPAs, and that there is some confusion among IBPAs about who should be referred to them (Dickens et al., 2004a; Dixon et al., 2007; Knight et al., 2005). The Department for Work and Pensions is trying to enhance the DEA's role in relation to a new program for people with more complex disabilities by more actively engaging them in activities such as program referral and developing comprehensive support packages (DWP, 2007). In Northern Ireland a review in 2006 concluded that there are close similarities between the DEA and PPA role, and DEAs have been transferred to be Pathways Team Leader Advisers.

In addition to integrating DPNs into core One-Stop services, some One-Stops provided "customized employment services," tailoring employment services and supports to meet the unique needs of each job seeker (Luecking and Luecking, 2006; Luecking et al., 2006). Studies provide evidence that this approach not only adds to but complements generic One-Stop service delivery and produces positive results for job seekers. In a study of the Tennessee Customized Employment Partnership (TCEP, one of 26 demonstration projects funded by the US Department of Labor), 71 of 135 individuals with significant disabilities received customized services and obtained a job (Luecking and Luecking, 2006). Participants worked in a variety of industries at an average of 19 hours per week. With respect to job retention, 36 individuals

had been working at least six months. An evaluation of other TCEP demonstration projects showed that sites had been making progress with implementing many of the elements of the strategy (individualization, representation, ongoing support) but found little evidence thus far of progress with the key element of employer negotiation (Elinson and Frey, 2005). Many customized employment sites were concerned about consistent use of this approach within a self-directed environment (Marrone and Boeltzig, 2005). They were unsure how far the universal service approach is compatible with this intensive individualized service.

Strategy Four: Provide Staff Training

Train staff on disability and related issues to build organizational capacity to more effectively serve people with disabilities.

Several strategies emerged around building the capacity of the employment service organization to serve the “universal customer” including people with disabilities. Strategies ranged from providing formal and informal disability training and skill-building to staff, training specialist disability staff to assist individuals with more complex needs who may require more intense supports, to cross-training staff on disability and related issues.

Formal training for staff members

In the US, several local boards and One-Stops offered structured disability training that are comprised of formalized curricula to their staff and partners. Nilsen’s 2004 study of 18 local workforce investment areas and their One-Stops found that the majority of staff had received formal disability-related information and training. However, sites varied in the range of disability topics covered: some still focused on basic disability awareness or sensitivity training while others trained their staff in a wider range of disability-related topics (e.g., Vocational Rehabilitation [VR] program eligibility and services, disability community resources), including more advanced topics such as identifying job seekers with unapparent disabilities (e.g., mental illness). Studies also highlighted the need to regularly train staff on assistive technology, making sure that One-Stop services are technologically accessible (Hall et al., 2007; Timmons et al., 2007).

Some sites have created comprehensive training programs around disability issues (Hall et al., 2006;

Nilsen, 2004). For example, One-Stop staff and partners in Los Angeles are encouraged to participate in the Legacy Diversity Training,⁹ a comprehensive disability staff training created by community agencies committed to promoting employment for people with disabilities (Fesko et al., 2003a). Training is provided online and in class, covering a range of relevant disability-related issues, and discussing these issues in the context of particular disabilities and health conditions. Participants could also certify as Disability Specialists. At the time of Fesko et al.’s research (2003a), 500 staff had enrolled in Legacy; the training has since been made available to One-Stops and partners across California (Hall et al., 2006).

Using different modes and formats for delivering staff training to meet the needs of diverse learners is important (Hall et al., 2007). Case studies of One-Stops found that staff and partner access to training could be achieved by incorporating trainings into regular staff development activities such as staff meetings, lunchtime seminars, or monthly mandated trainings (Blank and Ryan, 2003; Fesko et al., 2003a; Marrone and Boeltzig, 2005).

To provide disability-related training, many local boards and One-Stops capitalized on the expertise of disability partners, both VR and community-based disability organizations, by actively involving them in providing staff training (Hall et al., 2007). Several US studies provide qualitative research evidence that these formal training activities were beneficial (Cohen et al., 2004; Fesko et al., 2003a; Nilsen, 2004). In the Nilsen study (2004) “some officials and staff said that the available [disability] training made staff more comfortable interacting with, and providing services to, persons with disabilities and helped them learn about the range of disability-related services” available (p.25).

Formal training for specialist disability staff

Formal training is also provided for specialist disability staff in both the US and UK. In the US, Disability Program Navigators (DPNs) participated in formal training provided by NDI Consulting, Inc.¹⁰ As part of the Pathways to Work implementation in the UK, Incapacity Benefit Personal Advisers (IBPAs), who are part of Jobcentre Plus staff, receive training specifically for their role. IBPAs work with new and repeat IB claimants through a series of mandatory Work-focused Interviews and inform them about the vari-

ous forms of assistance available to help them return to work. This was a new role for Jobcentre Plus staff, and the Psychology Division of the Department for Work and Pensions was commissioned to develop the training (James and Booth, 2005). The training was felt by IBPA focus group participants to have increased their confidence (Dickens et al., 2004b). This training was also used for Pathways Personal Advisers in Northern Ireland. They saw improving their interview skills as a key aspect of the training. Those who had previous experience with claimants on other benefits thought that the technique underlined the difference in the IBPA role from that of other advisers, that it is to help claimants make their own decisions.

Informal training

In addition to formalized training, studies recognize the importance of using informal methods for educating and training staff on disability-related issues. For example, One-Stops in Los Angeles created internship opportunities for customers with vision impairments where they would job shadow staff at the One-Stop while One-Stop staff gained hands-on experience in working with job seekers with disabilities (Fesko et al., 2003a). Further, disability specialist staff—whether in the form of VR partner staff, community-based disability organizations, or DPNs—often functioned as a resource to One-Stop staff and partners providing informal advice, guidance and education on disability-related issues (Emery and Bryan, 2006; LHPDC, 2006; Morris and Farah, 2002; Schartz et al., 2007; Schmeling and Morris, 2005; Timmons et al., in press). In an evaluation of the DPN initiative, the majority of navigators reported spending time on educating staff on disability issues (87 percent) and providing guidance to staff on how to assist job seekers with disabilities (81 percent) (LHPDC, 2006).

Cross-Training

Several US studies highlighted the importance of using cross-training to better integrate the different One-Stop programs and services at the frontline level. Sites used different mechanisms to provide cross-training such as monthly educational workshops, partner presentations, staff job shadowing opportunities, and rotating staff positions (Blank and Ryan, 2003; Cohen et al., 2002a; Cohen et al., 2004; John J. Heldrich Center for Workforce

Development, 2002; Nilsen, 2003). Cross-training was one of several innovative strategies Fesko et al. (2002) identified, which “eased tensions around cultural differences and professional identity concerns” (p.25). Cross-training was also useful for creating linkages between programs with perhaps different philosophies about disability and employment.

Strategy Five: Provide Information on Benefits and Finances

Calculate whether people with disabilities would be better off working, and give advice on work incentives to help them overcome financial worries about return to work.

A major factor impeding people moving off benefits into work is the fear that they will be financially worse off, if their disability or health condition means that they would need to take lower paid jobs or work shorter hours than previously. Calculations to determine what their financial situation would be, and advice on all the in-work financial benefits for which they may be eligible can be critical in people’s decision to return to work.

In the US, many job seekers with disabilities continue to be unaware of the return to work programs and work incentives that may be available to them. Work Incentives Planning and Assistance (WIPA) organizations, funded by the Social Security Administration (SSA), provide guidance to beneficiaries as they make choices about various assistive programs, including the impact securing employment may have on benefits and health insurance. To ensure that job seekers have a clear understanding of benefits and employment services, One-Stops have been making an effort to offer benefits planning and counseling as part of their services by either co-locating WIPA staff at the One-Stop or ensuring timely access to a WIPA staff or other benefit counseling services (Bader, 2003; Marrone and Boeltzig, 2005).

In the UK, people can be assisted in making decisions about the effect of work on their financial situation through “Better Off Calculations” made by various advisers, such as Pathways to Work Incapacity Benefit Personal Advisers (IBPAs), Disability Employment Advisers (DEAs), or New Deal for Disabled People (NDDP) Job Brokers, using specialized computer software. While these “Better Off Calculations” were

seen as critical by both Jobcentre Plus Advisers and their clients (Franses and Thomas, 2004), several studies indicate a need for improving utilization (Kazimirski et al., 2005; Legge et al., 2006).

Providing information on their financial situation if they return to work and raising awareness of the supports available are both important for people with disabilities. One strategy to encourage people with disabilities to work in the UK has been to provide long-term financial incentives to those with low earning potential. People with disabilities who work at least 16 hours per week may be eligible for the Working Tax Credit (WTC) for low earners which has an extra payment for people with a disability that makes it hard for them to get a job (the disability element). Evidence from in-depth interviews with people claiming WTC suggests that the credit and disability element together can be an important incentive in moving into work (Turley et al., 2008). Claiming the disability element had enabled some people to reduce their hours and carry on working when the impact of their disability increased, rather than giving up altogether and going onto out-of-work benefits. Turley et al. (2008) highlight the need for more awareness-raising for the WTC tax credit strategy to be more effective for people with disabilities.

Some financial incentives in the UK are particularly geared to deal with transitional financial problems involved in moving into work. Woodland et al. (2003) found the main worries about this transition to be the earnings gap, work-specific expenses, or getting into debt before starting to receive pay. Several UK programs aiming to assist people with disabilities to obtain work are able to make small payments to people for items that may help them move into work, or assist them in the first weeks of work. For example, a small discretionary fund—the Adviser Discretionary Fund (ADF)—that provides grants of up to £100 (approximately \$142) is available to IBPAs to remove client barriers to work such as clothes, equipment, and travel expenses (Knight et al., 2005). The fund was also used to fill in gaps in training, for example buying short online courses. While only a small percentage of Pathway’s participants received ADF payments (14 percent), those who did were more likely to have found that the program helped them think about paid work (Bailey et al., 2007).

Another financial incentive is the Return to Work Credit (RTWC) that was created to make a visible and significant difference in the first year of work. It is one of the main innovative components of the UK’s Pathways to Work program. It provides those entering work and earning less than £15,000 (approximately \$21,250) a year with a tax free payment of £40 (approximately \$57) a week for a year. Evidence from both recipients (Corden and Nice, 2006a) and IBPAs (Knight et al., 2005) showed the payment both increased confidence to move off benefits and enabled people to accept jobs with lower pay or shorter hours that suited them better. It was also successful in that none of those who had received RTWC stopped working when the payments ended. One area of improvement, however, would be to increase awareness; as noted in a large scale study of the Pathways program, only 24 percent of those eligible had actually taken it up (Bailey et al., 2007).

Strategy Six: Provide In-Work Support

Provide supports to help people with disabilities and health conditions do their jobs and stay in work.

These supports can help people retain employment if they acquire a disability or health condition, or if their condition gets worse. Several UK and US studies in our review emphasized the importance of providing in-work support to people with disabilities which may affect their work. In the UK, Access to Work is a well established Jobcentre Plus program that supports people with disabilities, both those entering employment and those in work by providing special equipment or adaptations, travel (cost) support and support workers. Support workers may provide job coaching when the individual starts a job, be sign language interpreters for people who are deaf, readers for people with visual impairments, or provide help with physical tasks. Thornton and Corden (2002) found the program to be an important source of practical supports for people with disabilities in entering, and particularly, in retaining employment. Of 23 people who received transportation support, only one thought they would still be in their job without Access to Work. For most there were no feasible alternatives. Of 16 people using a support worker, half thought there was no possibility of carrying on without this support. One in three users of equipment said that they were highly

unlikely to carry on without this support, while others thought they would have to find some other source of funding to obtain the equipment.

Access to Work pays for support workers and fares to work for all those eligible, and 100 percent of approved costs for new employees (or the self-employed). The program also pays a proportion of approved costs, shared with the employer, for special equipment or adaptations to premises needed by those who have been employed for more than six weeks. Acknowledging the importance of Access to Work, the Department of Work and Pensions has promised to double its budget (DWP, 2007).

In the US, the Job Accommodation Network (JAN, www.jan.wvu.edu) provides free consulting services for all employers, regardless of the size of an employer's workforce. Services include one-on-one consultation about all aspects of job accommodations, including the accommodation process, accommodation ideas, product vendors, referral to other resources, and the Americans with Disabilities Act compliance assistance. Most accommodations cost little, but a variety of tax credits are available to employers in the US for hiring people with disabilities, and making accommodations. These are currently under-used, have limited impact (Robertson and Peterson, 2002), and the funding system needs to be simplified.

In the UK, Job Brokers who deliver the New Deal for Disabled People (NDDP) are required to provide in-work support, if needed, to their clients for six months after job entry. In addition to practical assistance, such as help with travel, adaptations, use of a personal assistant or support worker, Job Brokers might provide advice and support on how to handle workplace issues, or mediate with the employer. Studies indicated that NDDP participants who received in-work support were highly satisfied (Ashworth et al., 2003; Legge et al., 2006). Another study of NDDP Job Brokers (Lewis et al., 2005) found a number of instances where people felt that the help of the Job Broker had been critical in enabling them to stay in work. Lewis et al. (2005) found that providing regular and standardized personal contact by NDDP Job Brokers contributed to high or medium job retention (in terms of the relative job retention performance of Job Brokers) among people placed into work.

In the UK, unlike the US, the PES funds a program for people with complex barriers to work who need more intensive in-work support—this is WORKSTEP, a supported employment program. Participants work either in supported businesses or in the open labor market in supported placements. Support in both settings includes job coaching when starting a job, physical adaptations to the workplace, flexibility of working hours, visual aids, and checklists to help in carrying out work tasks, mentoring, and provision of support on social and personal issues. An evaluation found that supported employees were enthusiastic about the program and cited many personal and social gains as well as the financial benefits from working (Purvis et al., 2006). In Northern Ireland there is an equivalent program called Workable (NI) which helps people with complex disabilities to find work and supports them and their employers. (Note that supported employment in the US is predominantly provided by private providers who may receive funding from federal or state agencies.)

Strategy Seven: Measure Effectiveness of Programs

Measure the effectiveness of job finding for people with disabilities to continuously improve employment service delivery.

It is essential to know how employment services are actually performing in relation to job finding for people with disabilities. This involves both developing accurate data collection methods and using appropriate standards. Jobcentre Plus in the UK has gone some way towards developing an effective strategy for this while the US is still struggling to find appropriate measures.

In the UK, Jobcentre Plus has introduced a performance measurement system—Job Outcome Target (JOT)—designed to track all movement from benefits to work by matching benefit records with tax records (Johnson and Nunn, 2007). (This tracking system is not used in Northern Ireland.) Jobcentre Plus categorizes people who use its services into five Priority categories, and JOT gives more weight to outcomes from those in the higher Priority Group 1, which includes people with disabilities and health conditions. Because JOT measures performance at district rather than at office or individual staff level, other ways of monitoring individual staff performance have

also been adopted. One of these is the Adviser Achievement Tool (AAT). Nunn and Kelsey (2007) found that Advisers were concerned that the AAT targets did not take into account the diverse needs of the different job seeker groups. A separate AAT for Disability Employment Advisers has been introduced, with reduced targets and deductible time for employer engagement. Advisers considered that this should also be applied to Incapacity Benefit Personal Advisers (IBPAs) (Nunn and Kelsey, 2007). Despite these challenges there is evidence that JOT is working in practice and is helping to improve employment service delivery (Nunn et al., 2007). It had increased staff's willingness to refer job seekers to providers, improved teamwork and decreased competition between individual staff members. IBPAs thought it helped place more emphasis on assisting individuals with disabilities and health conditions to return to work (Nunn et al., 2007).

In the US, the Workforce Investment Act (WIA) established a set of performance indicators including placement, retention, earnings, and skill attainment for all adult, dislocated worker, and youth programs. States and local areas are required to track the outcomes for people with disabilities for each of the mandated performance indicators. However, this presents difficulties both because there is undercounting of disability (see below), and because staff and partners reported challenges with meeting existing WIA performance standards which they perceived as a disincentive to serving job seekers who may be harder to place (Elinson and Frey, 2005; Funaro and Dixon, 2002; Hall et al., 2007; Nilsen, 2004). Thus, there may be an incentive to choose those job seekers most likely to get employed (Cohen et al., 2005; Nilsen, 2002a; 2003).

There were, however, emerging strategies to actually establish performance standards and measurements related to disability. One board in Cohen et al.'s study (2005), established a requirement that 80 percent of the people served through its One-Stops needed to be considered hard-to-serve; they created eight hard-to-serve categories with one being individuals with disabilities. Another board was working together with the One-Stop and a disability partner, a community-based mental health provider, to develop a performance measurement which encouraged staff to serve individuals with disabilities without concerns about meeting performance goals and

to distribute staffing resources more meaningfully (Cohen et al., 2004; Hall et al., 2007). The highest point value was given to staff if they placed a job seeker from a special population (e.g., an individual with a disability) into a high priority job (e.g., health care, information technology).

Accurately identifying people with disabilities is a requirement of performance measuring. However, this continues to be an issue both in the US and the UK PES. In the UK this is to some extent overcome in the JOT performance measure by the use of incapacity benefits as an indicator of disability. However, people with disabilities may receive other benefits, and then reliance has to be placed on self-identification of disability.

In the US there is no matching of benefit and employment data. The best source of data in terms of overall One-Stop usage is the Wagner-Peyser data system. Services funded under the federal Wagner-Peyser Act are a primary source of funding for the core services at One-Stops, through which job seekers enter the system. However, the available Wagner-Peyser data only indicate usage of the system by people with disabilities, not outcomes (Hoff and Bhattarai, 2008). Several studies have recognized the challenge to capture numbers of people with disabilities using One-Stop services (Cohen et al., 2004, 2005; Hall et al., 2007; Nilsen, 2004; Storen et al., 2000). One reason is that individuals may choose not to disclose their disability or may not feel comfortable sharing with staff that they have a disability. Wagner-Peyser data are captured variously: some One-Stops maintain sign-in sheets while others use swipe card systems (Cohen et al., 2005). So even if data are collected on disability, job seekers are likely to be underrepresented, raising doubts about the usefulness of these data for evaluation purposes (Nilsen, 2004).

There have been efforts to (more accurately) capture disability data while protecting customers' confidentiality. One site in Hall et al.'s (2007) study, for example, configured its swipe card system so that job seekers could access it through a touch screen hoping that they would be more comfortable entering disability information online rather than face-to-face. Sites also changed their data entry systems allowing staff to add disability status to a job seeker's file if a job seeker had been referred to the One-Stop by the

public Vocational Rehabilitation (VR) or another disability agency, or if a job seeker disclosed a disability at any point after enrollment in WIA services (Cohen et al., 2005). Sharing data on job seekers between One-Stop programs, especially WIA and VR, was another method to obtain more accurate disability data. Disability partners such as VR are more likely to track job seekers with disabilities since they are their primary customers. However, data sharing could be limited by incompatible data systems and confidentiality protocols (Funaro and Dixon, 2002). To address confidentiality issues, one site integrated security tabs whereby One-Stop staff and partners including VR could use the system to share referrals and track the status of job seekers electronically; the security tabs allowed staff to access different levels of individual job seeker information depending on staff's authorization (Cohen et al., 2002b).

Strategies to Create Partnerships to Better Serve People with Disabilities

Strategy Eight: Use Disability Organizations in Providing Services

Engage disability and advocacy organizations in providing direct employment service delivery.

This strategy is about capitalizing on the expertise and experiences of disability organizations—whether they be other government agencies (e.g. State Mental Health Departments) or community-based disability organizations (e.g. Centers for Independent Living)—by actively engaging them in direct service delivery (e.g., shared case management and service delivery).

Several studies in our review recognized the importance of engaging disability organizations other than Vocational Rehabilitation (VR) in One-Stop employment service delivery. Underlying this is the assumption that no one agency alone can address the needs of all types of job seekers especially individuals with more complex barriers to employment such as people with disabilities (Timmons et al., 2004b).

Community disability organizations, both public and private, often specialize in working with certain groups of people with disabilities (e.g., individuals with intellectual and developmental disabilities, individuals with mental health conditions, individuals with AIDS/HIV) and in providing a specialized

set of services (Funaro and Dixon, 2002). By engaging these organizations, One-Stop staff can better meet the specific needs of individual job seekers with disabilities and provide more comprehensive service delivery (Nilsen, 2004; Timmons and Boeltzig, 2005). In some instances where VR service delivery was limited, community disability organizations helped address and bridge these service gaps (Boeltzig et al., 2005; Nilsen, 2004).

Community disability organizations played different roles within the context of One-Stop service delivery including job placement, job search and transportation support (Timmons and Boeltzig, 2005). Furthermore, as eligible training providers, some disability organizations provided training under the Workforce Investment Act's Individual Training Account (ITA) system to job seekers with disabilities (Storen et al., 2000). (ITAs are a source of funding that may be available, through their local One-Stops, to job seekers who have been determined to be in need for further training.) It should be noted that Disability Program Navigators and other navigator staff, as part of their job, reached out to the disability community and often helped forge linkages and build partnerships between community disability organizations and the One-Stop system (LHPDC, 2006).

While these practices sound promising, their measurable impact on the One-Stop system and job seekers' employment outcomes has yet to be determined. There is some evidence, however, that One-Stops are actively engaging disability organizations beyond VR and are integrating them as partners into the One-Stop system. A national survey of One-Stops conducted by the John J. Heldrich Center for Workforce Development (Storen et al., 2002) found that local community rehabilitation providers were partners of nearly half of the One-Stops (47 percent) surveyed. Engagement of these disability organizations, for the most part, centered on job seeker referral (94 percent); referral relationships were more likely for One-Stops that had disability representation on their Workforce Investment Board. Survey results were consistent with those obtained from a parallel survey of disability organizations (Funaro and Dixon, 2002).

In the UK, not-for profit organizations, including disability organizations, deliver more than 40 percent of the Jobcentre Plus employment programs,

and there are plans to increase the use of specialist expertise (DWP, 2008a). However, evidence is needed on the relative performance of not-for profit and private organizations and Jobcentre Plus (House of Commons, Select Committee, 2007).

Strategy Nine: Partner and Share Resources

Partner with other service providers and share resources to provide more comprehensive employment service delivery but also to prevent duplication.

Several strategies emerged in our review around making program connections and building partnerships as a platform for providing more coordinated and thus integrated service delivery benefiting job seekers including those with disabilities. Some are more formal, others are informal, and others still can be demonstrated by joint funding or co-location.

Formal mechanisms for sharing

Several studies recognized the importance of using formal mechanisms to create program linkages such as interagency agreements. In the US, developing interagency agreements or Memoranda of Understanding (MOUs) was one mechanism that Local Workforce Investment Boards (LWIBs) used to more formally establish their relationship with One-Stop partners. Funaro and Dixon (2002) in their survey of state and local disability agencies found that almost all of them had an MOU in place and that MOU content matched actual One-Stop practice. They found that “in general, MOUs are functioning well as blueprints for partnerships” but also recommend “additional research into whether areas with specific MOUs, created between Vocational Rehabilitation (VR) or other disability-specific agencies and WIBs, have better integration of job seekers with disabilities into their One-Stop system” (p. 9).

Studies also highlighted the usefulness of cross-functional or collaborative teams and staff liaisons (Blank and Ryan, 2003; Fesko and Hamner, 2004; Hall et al., 2007; Nilsen, 2004). Through these teams, One-Stop partners could share information, communicate, and problem-solve. Blank and Ryan (2003) found that, “As a result of the functional team meetings, partners reported that they worked together to solve problems and develop innovative strategies to improve services” (p.25).

Strategies to build partnerships and support coordinated service delivery included linking programs electronically through shared data management systems, joint e-mail networks and electronic mailing lists (Fesko and Hamner, 2004). Other sites formally dedicated staff or staff time to function as liaisons between programs (Blank and Ryan, 2003). In the UK, to create relationships with Jobcentre Plus staff, New Deal for Disabled People (NDDP) Job Brokers felt they needed to raise staff’s awareness of and confidence in the Job Broker service (Davis et al., 2006; Lewis et al., 2005). They made formal visits to Jobcentre Plus offices, gave presentations at Jobcentre Plus meetings, and provided written materials on their services.

Informal mechanisms for sharing

Informal mechanisms are also important in encouraging staff from different programs to connect, communicate and collaborate. These ranged from sharing staff contact lists, holding impromptu meetings, and having social gatherings (Cohen et al., 2005). Staff also informally functioned as “bridge-builders” forging linkages and developing relationships between programs and staff (Hamner et al., 2008). NDDP Job Brokers in the UK also used informal methods to encourage partnership and resource-sharing with their colleagues from Jobcentre Plus offices. They made informal visits to Jobcentre Plus offices, arranged to meet job seekers in Jobcentre Plus offices, and invited Jobcentre Plus staff to their premises.

Resource-Sharing

Sharing staffing, space or financial resources was another strategy that furthered the integration of programs. The Workforce Investment Act (WIA) expects One-Stop partners to participate by sharing and contributing resources, which can sometimes be challenging given individual program limitations and non-existent funding for collaborative activities (Blank and Ryan, 2003; Nilsen, 2003). In spite of this, many examples of resource sharing emerged. For example, in one site, VR staff jointly provided One-Stop orientations to customers and One-Stop partners contributed staff (time) to covering “communal” positions like the receptionist, greeter, or resource room staff (Cohen et al., 2005; Fesko et al., 2003a).

Sharing has also occurred around program funding to enable job seekers access more intensive employ-

ment services, supports or training. Several studies reported on partners “blending” WIA and VR program funds to create or increase training opportunities for job seekers with disabilities (Bader, 2003; Fesko et al., 2003a; Cohen et al., 2004, 2005). Similarly, in the UK there were some instances where Pathways Incapacity Benefit Personal Advisers and NDDP Job Brokers combined funding so that a disability benefit recipient could, for example, take a college course (Corden and Nice, 2006b).

Several UK studies indicate that Action Teams, which help disadvantaged groups in deprived areas to obtain employment, have been effective in establishing relationships especially with organizations that serve similar groups (Casebourne et al., 2006). There were mutual benefits to these partnerships such as joint funding, access to specialist knowledge, increasing local profile, and sharing premises. Partners would refer job seekers to Action Teams when they were ready to obtain employment. Action Teams also partnered with other employment and related service providers including NDDP Job Brokers, drug and substance counselors, and training course providers. Strategies that Action Teams used for building and maintaining these partnerships that allowed for effective resource-sharing included identifying organizations that are a good fit and share mutual interests and benefits, communicating regularly, not over-promising, and establishing clear roles and responsibilities (Casebourne et al., 2006).

Co-Location

Physical proximity also was important in creating program linkages. Several US studies reported on the benefits of co-locating programs within the same building, allowing staff to more easily share information, communicate and develop personal relationships, and customers to more readily and conveniently access the different programs and services (Blank and Ryan, 2003; Fesko et al., 2002; Nilsen, 2002b, 2002c, 2003, 2004). In Nilsen’s study (2004) “officials from the sites at which full- or part-time co-location of VR staff was taking place said that co-location ... helped the One-Stop staff provide faster and less fragmented services to persons with disabilities” (p.6). Fesko and Hamner (2004) found that “full physical co-location encouraged staff from the different agencies to collaborate more and coordinate cases jointly. They utilized and shared more resources for the benefit of their cli-

ents, including equipment, information, and knowledge” (p.1).

Strategy Ten: Work Closely with Employers

Understand employers’ needs as an essential part of the process of finding jobs for people with disabilities.

Whatever strategies or means public employment service agencies use to assist people with disabilities to find jobs, they need to understand employers’ requirements and that the job seeker must fit the selection criteria for the job vacancy. Building a professional relationship with employers can assist this understanding and become a platform upon which the hiring of people with disabilities can take place.

Understand employer needs

Employment service agencies assisting people with disabilities used a variety of strategies to engage with employers. Strategies ranged from limited engagement (preparing the person “behind the scenes” for a job vacancy) to medium engagement (offering help to employers as required), to more intensive, long-term engagement and relationships with some employers. Whatever strategy was adopted, it was essential to understand the employer’s requirements and for the job seeker to fit the selection criteria for the job vacancy (Ecotec, 2002; Hills et al., 2001; Loumidis et al., 2001; Timmons et al., 2006). Research found that employers had quite extensive lists of selection criteria, involving a mix of educational attainment, vocational skills, work experience, and personal characteristics even for quite low-skilled jobs (Aston et al., 2005). A key condition that New Deal for Disabled People (NDDP) Job Brokers in the UK said they needed to meet was to thoroughly understand these selection criteria to be effective in their work of placing jobseekers with disabilities into employment (Aston et al., 2005).

Build sustained relationships with employers

Some NDDP Job Brokers in the UK worked to form sustained partnerships with employers. This approach allowed NDDP Job Brokers to gain a better understanding of employers’ recruitment needs so that they could be better met (Corden et al., 2003). This could lead to some employers approaching the agency with vacancies or the agency being seen as a “preferred provider” of job candidates (Corden et al., 2003; Lewis et al., 2005). Employers

who were confident that the Job Broker understood their needs could become more willing to employ people with disabilities or health conditions. A US study examined strategies to counteract misperceptions around hiring people with disabilities and to increase employer awareness of One-Stops. Many of the strategies implemented were centered on forming sustained relationships with employers that could become the platform upon which hiring people with disabilities could take place and challenges could be counteracted (Timmons et al., 2006).

Aston et al. (2005), in their study of employers who had hired an NDDP job seeker, provided guidelines for building up a relationship with employers. These included introducing employment staff at an early stage in the recruitment process, assigning an individual employment staff as employer contact, holding face-to-face meetings with the employer, assuring ongoing visibility of employment staff, providing employer assistance with pre-screening candidates, help with job entry and ongoing support, and problem solving as necessary.

Dedicating specific One-Stop staff, or perhaps even a unit or department, to work specifically with employers was a strategy highlighted in a number of US studies. These dedicated staff were responsible for a variety of tasks including establishing relationships with employers, developing ongoing relationships with specific ones (to eliminate duplication), addressing specific labor shortage demands, conducting outreach, and acting as liaisons between the employer community and the larger One-Stop system (Blank and Ryan, 2003). By dedicating specific staff to work primarily with employers, they developed and marketed training and placement opportunities for potential job applicants including those with disabilities (Nilsen, 2003). While no outcome data appears to exist about the effect of this strategy on outcomes such as job placement or even employer satisfaction, qualitative research evidence suggests that the strategy proves at least promising.

Many of the employer-focused staff customized support in order to meet each unique employer's needs (John J. Heldrich Center for Workforce Development, 2002; Pinto-Duschinsky, 2001; Nilsen, 2003). Some examples of this include "specialized recruiting and applicant pre-screening, customized training opportunities, and assessments using employer specifica-

tions" (Blank and Ryan, 2003, p.6). This kind of tailored support was used to engage employers, maintain their involvement in the One-Stop system and increase job opportunities for all job seekers, including those with disabilities. Other tailored business support services included use of space at the One-Stop for recruiting or interviewing, or assisting an employer with a business tax credit.

Several studies (Blank and Ryan, 2003; Cohen et al., 2005; John J. Heldrich Center for Workforce Development, 2002; Nilsen, 2005; Pinto-Duschinsky, 2001; Timmons et al., 2006) explained that employer-focused staff worked with industry sectors to more efficiently meet their labor demands. They accomplished this by becoming embedded in that sector, making connections with certain employers and educating themselves about that sector's current shortages or hiring challenges. Both One-Stop leadership and frontline staff indicated that having staff work according to industry cluster helped them better respond to that sector's unique needs.

Jobcentre Plus in the UK has adopted an Employer Engagement Strategy (EES) moving away from a client focused approach to one that considers the employers' needs as well as those of clients (Joyce et al., 2006). The Department for Employment and Learning in Northern Ireland has a similar strategy. Jobcentre Plus is increasingly targeting specific employers and specific types of vacancy. One of the key aims is to obtain vacancies suitable for Priority Group clients including people on incapacity benefits. Jobcentre Plus staff agreed that some progress had been made though it was felt to be slow and overall limited.

Launched in 2007, Local Employer Partnerships are collaborations between employers and local Jobcentres, and another strategy for reaching out and engaging the business community. These Partnerships are a Jobcentre Plus initiative, aimed to help long-term unemployed, including those on incapacity benefits, to obtain work. A dedicated account manager is assigned to employer partners to work with them to better understand their business, recruitment and training needs. Employers offer opportunities, including guaranteed interviews and work trials. The Department for Work and Pensions (2009b) reported in February 2009 that over 100,000 people had been helped back into work—a milestone reached more than two months ahead of schedule, though there is

no specific information for people with disabilities. Strong business links have also been developed in Northern Ireland.

Consider both job seekers' and employers' needs

While considering employers' needs is essential, those of the job seeker are of equal importance. These may not always be met through an extended arrangement with an employer. Some NDDP Job Brokers considered that this approach could result in "funneling" job seekers into jobs that did not meet their needs (Corden et al., 2003; Lewis et al., 2005). Some larger providers of WORKSTEP, Jobcentre Plus's Supported Employment program for people with more severe disabilities, have developed partnership agreements with large employers for placements of program participants (Purvis et al., 2006). Some Disability Employment Advisers interviewed in Purvis et al.'s (2006) study were concerned about WORKSTEP providers acting as agents for employers rather than looking at the person's individual employment needs and then seeking available opportunities.

Strategies to Provide New Services to People with Disabilities

Strategy Eleven: Develop New Services for Returning to Work

Intervene early to help prevent people going from sickness absence onto long-term disability benefits and becoming disconnected from the labor market.

UK employment policy is placing increasing emphasis on informing working-age people with disabilities or health problems of the support and assistance available to help them return to work very soon after they apply or re-apply for incapacity benefits. The strategy is based on the premise that most people initially want to return to work, and that early intervention will prevent loss of motivation occurring.

Involving individuals in mandatory Work-focused Interviews (WFIs), usually six, with a trained Incapacity Benefit Personal Adviser (IBPA) is a central method used to translate this policy emphasis into service delivery practice. The WFIs are the core element of the Pathways to Work program. They provide the platform on which to discuss the individual's health, work options and information about the programs

and financial incentives available to people on a voluntary basis to help them get back to work. The role of IBPAs is to support and enable people on incapacity benefits to progress towards work during their participation in the WFIs.

Research with IBPAs found that developing a personal relationship with the recipient in the WFI process is critical for achieving an open discussion and helping them to overcome employment and related barriers (Knight et al., 2005). However, IBPAs had mixed views about the mandatory nature of these interviews. Many IBPAs contacted claimants before the first WFI to reassure them that they would not be forced back to work (Knight et al., 2005). Benefit claimants' views of IBPAs were largely favorable (Bailey et al., 2007; Corden and Nice, 2006a).

There is evidence of some effectiveness of the Pathways program overall. Bewley et al. (2007) found that incapacity benefit recipients participating in Pathways were more likely to be employed a year and a half after making an initial benefit claim than those not participating in Pathways, the difference being about seven percent. Pathways was also found to have increased the probability of having entered employment by about three to four percentage points for existing benefit recipients 18 months after the initial WFI (Bewley et al., 2008).

There are also attempts in the UK to engage people even earlier, by intervening when they are off work on sickness absence, to help prevent them losing their job, and going onto incapacity benefits. This was an important element of a pilot project which located Employment Advisers from Jobcentre Plus (termed Pathways Support Advisers) in primary care practitioner offices in order to better connect individuals with disabilities and health conditions to Jobcentre Plus (Sainsbury et al., 2008). Advisers acted as a patient "gateway," increasing access to public employment and other services. For people on sickness benefits, the goal was to encourage individuals to access early help and support through the Pathways to Work program, thereby "prevent[ing] the development of a health condition or disability leading to the loss of a job" (p.11). For people who had little connection with Jobcentre Plus, including those who were long-term incapacity benefit recipients, its aim was to increase access to appropriate work-related services.

An important element of the strategy was that it was the health practitioner who suggests meeting the Adviser. This is an interesting finding given that people on incapacity benefits often give as their reason for not participating in programs that would assist them to find work, that their doctor had told them not to work (Stafford et al., 2007). Advisers discussed a broad range of topics with individuals including health, benefits, and training and also assisted with referring them to appropriate programs and services. Sainsbury et al. (2008) found that this approach helped engage individuals on sickness benefit or incapacity benefits, on other benefits, or on no benefits at all to Jobcentre Plus. The UK government is planning to pilot a range of early intervention services, and will extend the project placing Employment Advisers in primary care practitioner offices for another three years (DWP/DoH, 2008). Northern Ireland does not have employment advisers in primary care practices but there is a process whereby health care practitioners can refer patients to Pathways services.

Strategy Twelve: Develop New Services Which Focus on Holistic Approaches

Help people to understand and manage their disability or health condition so that they are in a better position to obtain and keep employment.

Assisting benefit recipients to better understand and manage their disability or health condition as part of the work-focused process is a new and innovative strategy used by Jobcentre Plus in the UK. This strategy is based on the premise that in order to effectively support people with disabilities gain and maintain employment, programs and services need to take a holistic approach to individuals' needs and not only focus on their employment needs.

This approach informs the Condition Management Program (CMP), which is part of the Choices package under the Pathways to Work scheme. This strategy aimed "to help customers understand and better manage their health conditions in order to reach a position where work becomes a possibility" (Bailey et al., 2007, p.13). Developed jointly between Jobcentre Plus and local National Health Service providers, CMP provides a wide variety of supports (e.g., general help and advice related to disability and health conditions, healthy lifestyle and exercise programs, referrals to counselors, cognitive behav-

ioral therapy, physiotherapy). Participation in the program is voluntary and individuals can access CMP services through an Incapacity Benefit Personal Adviser.

Though the approach is innovative, existing evaluations of the CMP program have produced mixed results as to its effectiveness and impact (Bailey et al., 2007). In a qualitative study CMP practitioners reported, "improved confidence, self-esteem, physical appearance and stamina ... [as] observable effects of participation" (Barnes and Hudson, 2006, p.3). However, individuals who took up CMP were relatively unlikely to be in work (18 percent). This may be more a reflection of the type of individuals targeted by CMP, that is, those who are furthest away from the labor market. Attendance at WFLs encouraged people to take up CMP, though overall participation remained low (4 percent) (Bailey et al., 2007).

Providing support about issues arising after return to work that relate to people's disability or health condition is also important. The UK Pathways to Work program has an in-work support (IWS) service provision which can deliver a range of different kinds of support and is highly responsive to the needs and requirements of individuals (Dixon and Warrener, 2008). Pathways IWS advisers could address multiple support needs in a holistic way, providing mentoring, job-coaching, counseling, financial and debt counseling services and referral to specialist services. Both those receiving the service and IWS providers saw this service as being particularly important for people with mental health conditions, such as anxiety, depression or for people with low confidence. For example, support could take the form of providing self-help workbooks to people and helping people manage work-related stress. Pathways providers were enthusiastic about the IWS scheme as well and thought it increased job retention rates (from 80 to 95 percent) (Dixon and Warrener, 2008). Northern Ireland does not have Pathways IWS Advisers but Pathways Personal Advisers can provide some of these support services or they can refer to external providers for enhanced support.