

Does ‘welfare to work’ work? A systematic review of the effectiveness of the UK’s ‘welfare to work’ programmes for people with a disability or chronic illness.

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Revised version: 12th February 2004

Word count: Total 7982 (Abstract 291, Main text 6615, References 1076)

Abstract

Welfare to work programmes directed at increasing the employment chances of people with a disability or a chronic illness are a controversial aspect of welfare reform in countries such as the UK. There has been considerable public debate about their effectiveness and appropriateness. What evidence is there about the effects of these programmes on employment outcomes? This paper adapts the methodology of systematic review to inform the evidence-base for welfare to work as it applies to people with a disability or a chronic illness in the UK. Quantitative and qualitative studies of welfare to work programmes directed at people with a disability or a chronic illness were identified using electronic databases, hand searches of the relevant literature, searches of the world wide web, citation follow-up, and contacts with authors. 5399 abstracts were identified and 16 studies were included and critically appraised. Overall, there is evidence that each of the five main welfare to work strategies operating in the UK in the 1990s helped people with disabilities into work who were previously on benefits. The proportion of participants gaining employment after involvement in one or other of the schemes ranged from 11% to 50%, and was dependent on a number of factors, including the age, type of disability and “job-readiness” of participants, as well as the wider labour market and social security context. However, as the majority of the studies were uncontrolled, it was difficult to determine if the improved employment chances were due to the effectiveness of the welfare to work interventions themselves or attributable to external factors, such as general upward labour market trends. The qualitative components of the studies identified barriers and facilitators concerned with the effective implementation of the schemes, which should aid design of future initiatives.

Key words: Systematic review, Disability, Chronic illness, Employment, Welfare reform.

Introduction

In the UK, disability and chronic illness are associated with poverty and social exclusion (Acheson, Barker, Chambers, Graham, Marmot, & Whitehead, 1998; Bartley & Lewis, 2002; Burstrom, Whitehead, Lindholm & Diderichsen, 2000; Davy Smith, Bartley, & Blane, 1990; Oliver & Barnes, 1998; Oppenheim & Harker, 1996). This is largely because work is one of the main sources of income in the UK and people with disabilities and chronic illnesses have disproportionately low employment rates: the current employment rate for people with disabilities is 49%, compared with 81% for those without (ONS, 2003a). There are 2.7 million people with a disability or a chronic illness who are on state benefits (DWP, 2003a). This is the largest group of benefit claimants, accounting for around 25% of all benefit expenditure (the unemployed account for 10% and lone parents 11%) (ONS, 2003a). Many people with a disability or chronic illness are out of work for long periods of time (around one third of incapacity-related benefit claims last over 5 years). They therefore face a number of barriers to entering employment, not least lack of experience, or skills, discrimination from employers, problems with physical access to work, loss of benefit entitlement, or concerns over pay, hours and conditions (Gardiner, 1997).

Traditionally, public policy in the UK towards increasing the employment of people with a disability or a chronic illness has been fairly ambivalent (Floyd & Curtis, 2000). The Disabled Persons Employment Act of 1944 set up specialist employment facilities (such as *Remploy*), rehabilitation services, and the post-war employment quota. The measures incorporated in this act were supplemented in the 1970s with a number of specialised out-of-work cash benefits such as invalidity benefit (1971) and mobility allowance (1975). Over the last few years (see Web figure A) there has been a significant policy shift as the 1995 Disability Discrimination Act abolished the post-war quota system and introduced a more 'rights based' approach to disability (Oliver & Barnes, 1998). Furthermore, employment measures such as the 1997 *New Deal for Disabled People* have put people with disabilities at the centre of the current UK government's 'welfare to work' strategy (Blair, 2002). This policy change has been in response to both Treasury concerns with the rising costs of incapacity related benefits - around £16 billion per annum - and calls from the disability movement for measures to tackle poverty and exclusion (Barnes, 1991; Disability-Alliance, 1991; Treasury, 1998; DWP, 2003a).

The phrase ‘welfare to work’ refers to a range of policy interventions that are designed to enable and enhance the transition from out-of-work benefit receipt to paid employment; and have become a central part of the present government’s on-going employment strategy (Blair, 2002; Treasury, 2003). Conceptually there have been 5 types of welfare to work strategy aimed specifically at increasing the labour market participation rates of people with a chronic illness or a disability (see figure 1): education, training and work placements; vocational advice and support services; in-work benefits; incentives for employers; and improving physical accessibility.

Welfare to work is therefore an important, well-resourced and salient public policy area, yet the evidence base relating to the effectiveness of the various programmes in terms of increasing employment chances of participants is both diffuse and incomplete. In order to increase understanding of the effectiveness of welfare to work for people with a disability or chronic illness, both in terms of its overall impact as a set of strategies and in respect of the different constituent schemes, a systematic review of the relevant UK literature was conducted. This aimed to locate, analyse, and synthesise all empirical studies that included the assessment of the employment outcomes of welfare to work programmes directed at people with a disability or chronic illness in their evaluation.

The main welfare to work strategies

The main welfare to work strategies are directed at either the individual or the work environment. Three of the strategies focus on the individuals with a disability or chronic illness - by aiming to raise their education and vocational skills levels, providing support and advice in locating and obtaining work, or overcoming financial concerns about the benefits to work transition. The other two strategies concentrate on the work environment: by providing incentives to employers to employ people with a chronic illness or a disability, and by improving access to work via physical modifications to the workplace environment (see figure 1).

Education, training and work placements

Education, training and work placement schemes aim to increase employment rates by providing vocational skills (e.g. *Work Preparation Scheme*), work experience and exposure to employers (e.g. *New Deal Innovative Schemes*), or recognised qualifications (e.g. *Residential Training*). Benefit

claimants with a disability or chronic illness are also able to access other mainstream employment services training programmes, such as *Work Based Training* and courses at local further education colleges.

Vocational advice and support services

Some services are designed to help movement into employment by enhancing job search skills, matching individuals to jobs, arranging access to training and education schemes, offering information about in-work benefits, and providing other forms of individualised vocational advice and support. People with a disability or chronic illness have access to both general employment services such as *Job Centre Plus* and a number of more specialised services such as *Disability Service Teams* that offer higher levels of vocational support such as arranging placements with employers.

In-work benefits

In-work benefits aim to increase employment by overcoming fears on the part of disabled or chronically ill people themselves about taking low paid jobs (e.g. *Tax Credits*), the loss of future benefit entitlement if they become out of work again (e.g. *52-week Linking Rule*), the additional costs of employment such as transport costs (e.g. *Travel to Work* allowance), or the financial difficulties that the initial loss of benefits could create (e.g. *Job Finder's Grant* or *Back to Work Bonus*).

Incentives for employers

Incentives directed at employers aim to encourage recruitment by offering wage subsidies to cover the initial costs of employment (*Job Introduction Scheme*, *Work Trial*). This allows time for employers to assess the suitability of the applicant at no cost to their firm and is designed to break down barriers of uncertainty about workplace abilities.

Accessibility

Accessibility interventions are designed to facilitate employment take up and job retention by reducing the physical workplace barriers, such as the need for specialist equipment, which people with disabilities or chronic illnesses may face. Currently, the main initiative in this area is the Department of Work and Pension's *Access to Work* scheme.

We carried out a systematic review of the literature on the effectiveness of interventions falling into these 5 main conceptual categories. Legislation in the form of the Disability Discrimination Act (1995) is a further strategy to influence the working lives of people with disabilities. It is not, however, a strategy specifically designed to help disabled people into work from welfare benefits, but rather a measure to help employees remain in work by reducing discrimination against them. It was therefore not covered in this review.

Methods

Search strategy

The following 17 electronic databases were searched from start date to 2002: ASSIA (Applied Social Science Index and Abstracts), Caredata, Cochrane Library (Cochrane Database of Systematic Reviews, CCTR, DARE), Dissertation Abstracts, Business Source Premier, Embase, HMIC (DH-Data, HELMIS, King's Fund), IBSS (International Bibliography of the Social Sciences), Index to Theses, Infotrac, Medline, PolicyFile, PsycINFO, SIGLE (System for Information on Grey Literature in Europe) Social Services Abstracts, Sociological Abstracts, Web of Science. Full details of the search strategy are available from the authors.

Relevant national and international sites on the world wide web were also searched: Centre for Research in Social Policy, Department for Education and Skills, Department of Work and Pensions, Disability Archive, Disability Rights Commission, Employment and Disability Network, Economic and Social Research Council, Global Applied Disability Research and Information Network, Health Development Agency, Inland Revenue, Joseph Rowntree Foundation, International Labour Organisation, International Social Security Association, Local Government Association, National Centre for Social Research, Organisation for Economic Cooperation and Development, Social Policy Research Unit, Social Services Inspectorate, Trades Union Congress - Research Section.

The bibliographies of all reports, papers and texts that were reviewed were hand searched and information on unpublished and in-progress research was requested from key research institutes, charities, experts in the field, and government departments and agencies.

Selection

The review sought to identify all experimental and observational quantitative studies that examined the effectiveness of ‘welfare to work’ interventions specifically designed to help individuals with a disability or chronic illness in the UK to move into work from welfare benefits. Qualitative studies that could contribute to an assessment of *why* an intervention was or was not effective were also included. Papers not based on empirical research, but offering opinion or “think pieces” only, were excluded. Studies that did not include employment as an outcome were excluded. The primary outcome measure was employment uptake, but any reported impact on health or socio-economic circumstances was also noted. Individuals with a disability or chronic illness of interest were those of working age (16-59/64) with a moderate physical or mental illness/disability (OECD, 2003). Services specifically aimed at people with learning difficulties were excluded.

Critical appraisal and data extraction

Critical appraisal criteria, that could be applied to observational as well as experimental quantitative study designs, and encompassing qualitative studies, were adapted from the systematic review methodological literature (Black, 1996; Croucher, Quilgars, Wallace, Baldwin, & Mather, 2003; Edwards, Elwyn, Hood, & Rollnick, 2000; Egan, Petticrew, Oglivie & Hamilton, 2003; Malterud, 2001; Mays & Pope, 2000; Popay, Rogers, & Williams, 1998) (Appraisal sheet available from authors). Data were extracted by one reviewer (CB) and checked by a second (MW), both of whom critically assessed each study against the appraisal criteria and resolved any differences in assessment by discussion. Studies of any type with substantive flaws were excluded from the final review of the evidence. We included percentages, confidence intervals (CIs), *P* values, and effect ranges when they were reported in the original study or calculated these statistics if sufficient information was available.

Results

The search strategy identified 5399 studies in total (Web figure B), sixteen of which were included in the final analysis (Arksey, 2003; Arthur & Zarb, 1997; Atkinson & Kodz, 1998; Banks, Riddell, &

Thornton, 2002; Beinart, 1997; Beinart, Smith, & Sproston, 1996; Corden & Sainsbury, 2001; Heenan, 2002; Hillage, Williams, & Pollard, 1998; Hills, Child, Blackburn, & Youll, 2001; Loumidis, Stafford, Youngs, Green, Arthur & Legard, 2001; Maton, Smyth, Broome, & Field, 2000; Riddell, Banks, & Wilson, 2002; Rowlingson & Berthoud, 1996; Thornton & Corden, 2002; Thornton, Hirst, Arksey, & Tremlett, 2001). Seven of the included studies were identified from electronic databases, six from website searches, two from personal communications, and one from citation follow-up. The studies were all recent, the earliest dated from 1996 (Beinart et al., 1996; Rowlingson & Berthoud, 1996). This reflects both the upsurge in welfare to work programmes in the UK and an accompanying increase in the evaluation of policy interventions. References to a further three potentially relevant studies were located, but these were either unobtainable (Employment Department, 1990) or under legal embargo (Corden & Sainsbury, 2003; IES, 2003) and therefore could not be reviewed.

Details of the study designs of the sixteen reviewed studies are summarised in tables 1 to 5, grouped under the five main “welfare to work” strategies. No experimental trials were identified. Eleven were quantitative observational studies (only two of which were controlled) and five were entirely or largely qualitative. It was noteworthy that nine of the eleven observational studies also contained substantial qualitative components, specifically aimed at identifying why an intervention was or was not effective and for whom.

Evaluations of education, training and work placement initiatives

Four studies assessed the effects of education, training and work placement initiatives on the employment of people with a disability or chronic illness (table 1). All of the studies found a positive impact on employment for participants in the initiatives: 18.5% (Banks et al., 2002), 20.8% (Riddell et al., 2002), 15% (Hills et al., 2001), and 50% (Maton et al., 2000) of participants were employed after involvement in the interventions.

The studies examined three very different education, training and work placement initiatives. The *Work Preparation* scheme was run by *Jobcentre Plus* and offered three different types of training: work placement, in-house personal development and vocational training, and a modular approach which combined aspects of both (Banks et al., 2002). The two *Work Preparation* evaluations, whilst both

finding that the employment rate of disabled people was moderately increased by involvement in the scheme, nonetheless differ over which aspect of *Work Preparation* was the most successful and for whom. The Riddell and colleagues (2002) study of *Work Preparation* in Scotland noted that the employment outcome for the work placement strand was significantly higher than for the in-house or modular strands ($p < 0.001$). However, the Banks and colleagues (2002) study of Work Preparation schemes in three English regions was less conclusive (perhaps due to unknown outcomes for over half of the cases, response rate $< 60\%$), as whilst employment was a more likely result of participation on the work placement strand in two of the three regions, in the third, it was a less likely result. They also diverged over the extent to which employment rates varied by type of impairment, as the Riddell and colleagues (2002) study suggested that particular groups, most notably those with mental health problems, had fewer opportunities to participate and were less likely to gain employment as a result of their participation ($p < 0.007$). In contrast, Banks and colleagues (2002) found no significant difference by impairment type ($p = 0.26$).

The *New Deal for Disabled People* is part of the current Government's broader *New Deal* programme for all types of benefit claimants (DWP, 2003b). It incorporates two different elements, the *Innovative Schemes*, and the *Personal Adviser Service*. The *Innovative Schemes* were designed to assist individuals to move into employment and they include a variety of both training and work placement schemes (they also included some vocational advice and support services). The Hills and colleagues (2001) evaluation of the *New Deal Innovative Schemes* covered twenty-four diverse schemes run by public, voluntary, and private sector agencies. Monitoring data, combined with findings from in-depth qualitative studies, were used to compare the relative effectiveness of the different schemes. The average employment rate achieved by participants on schemes that had been in operation for two years was 39%, but this varied extensively across the constituent schemes, ranging from 14% to 80%. Schemes with a higher employment rate were characterised by the selection of more 'job ready' clients, as in the case of one scheme that was run by a national company and trained clients for specific work within their call centres. Another type of scheme that achieved higher employment rates shaped training to the needs of the local labour market, as in the case of a local authority scheme that was non-discriminating in its recruitment, but provided high levels of training, had good relations with local employers, and offered ongoing support once employment was gained. Schemes that achieved a lower

rate of participant employment tended to either focus on the employment needs of those groups of disabled people considered less 'job ready', (for example, one scheme focused on people with mental health problems); or they offered less support to participants, were not in-tune with the needs of the local labour market, or had fewer resources and less skilled staff.

The *Residential Training* scheme used specialist-training colleges to provide extensive one-year education and training courses, sometimes leading to vocational qualifications, for people with disabilities and chronic illnesses. The study by Maton and colleagues (2000) analysed output data from all 14 UK training colleges to establish the subsequent employment rate of participants. Employment rates reached 43% one month after participation in the course, rising to 50% of participants eighteen months later. The majority of employment was full time (76%) and permanent (73%). Participants with sensory problems were less likely to be employed after participation than others (23.6% compared to 43%). Furthermore, those with shorter periods out of work before participating were more likely to be employed after the intervention. The study also surveyed 150 former participants and asked their views of the scheme: 70% perceived that the training programmes had improved their employment opportunities and some (16%) felt that it had enabled them to gain better employment than would otherwise have been the case.

Evaluations of vocational advice and support services

Table 2 summarises the results of the four studies that evaluated vocational advice and support services. The studies all indicated that involvement with vocational advice and support services improved the employment rate among people with a disability or chronic illness, though only one of the studies had controls. This controlled study failed to find a statistically significant difference in outcome between participants and non-participants in the schemes.

Placement and Assessment Counselling Teams (renamed *Disability Service Teams* in 1999) were responsible for the provision of specialist *Disability Employment Advisers*, who in turn provided assessments of the vocational and training needs of individuals with a disability or chronic illness, helped them gain placements, gave advice and guidance to both them and prospective employers, and helped with locating and gaining suitable employment. Beinart's (1997) evaluation involved a survey of

700 *Placement and Assessment Counselling Teams*' clients who were asked about their involvement with the service and their subsequent employment history. The evaluation found an overall increase in the employment rate after 6 months from 18% to 26%. However, only a quarter of people who gained work attributed it to their involvement with the service. Women were more likely to be employed than men (32% compared to 24%), and participants with a mental illness were more likely to remain out of work than people with physical disabilities (29% compared to 18%).

The *New Deal for Disabled People Personal Adviser Service* was part of the wider *New Deal for Disabled People* programme that also incorporated the *Innovative Schemes*. The *Personal Adviser Service* offered one-to-one support and guidance to people with a disability or chronic illness on locating, obtaining and remaining in employment. Our review located two studies that evaluated this service. A study by Loumidis and colleagues (2001) included a controlled comparison of participants and non-participants exits from benefits, found that 11% of participants, compared to 7% of non-participants, left benefits over the two-year observation period. Participants also left benefits at a quicker rate than non-participants, and benefit exit was more likely ($p < 0.05$) amongst those participants with a shorter history of benefit duration, lone parents (OR 3.84), and those not involved in training or education (OR 2.08). The evaluation found no difference in outcome by gender. It should be noted that benefit exit does not necessarily equate with employment. The results of the qualitative assessments (Loumidis et al., 2001; Heenan, 2002) supported the findings of the quantitative studies, with participants perceiving that the intervention had a positive impact on their employment, self-esteem and social inclusion: '*it turned my life around*' (Heenan, 2002). However, there were also some concerns expressed by participants about the quality of the employment gained (Loumidis et al., 2001).

The final study in this category was of a small-scale, short-lived, local government funded project - the *People into Employment Service* (Arksey, 2003). This service focused on providing employment for disabled people and carers in an area of high unemployment (Sunderland, Tyne and Wear). Monitoring data from the scheme showed a high rate of employment gain for participants with a disability or chronic illness. By the end of the two-year project, 44 out of a total 68 clients with disabilities had obtained jobs. No information was given about how applicants to the service were selected, nor how sustainable the jobs were. This success was attributed, from the qualitative component of the study, to

the favourable client-to-adviser ratio, which enabled staff to tailor job search activities and support to specific individual needs and also provide more in the way of ongoing help and support once employment had been gained.

Evaluations of in-work benefits

Four studies evaluated the strategy of providing in-work benefits (table 3), including *Disability Working Allowance*, the *Travel to Work* programme, the *Disabled Person's Tax Credit*, *Jobmatch*, the *52-week linking rule*, and the *Job Finder's Grant*. Whilst three of the four studies indicated that the provision of in-work benefits had a positive influence on the employment levels of some people with a disability or chronic illness who took up the benefits, awareness of, and uptake of, the benefits among the target population was generally low, and other major factors meant that the impact of this strategy was weak. The *Disability Working Allowance* was introduced in 1991 as a wage top-up for disabled people in paid work. It was intended to act as an incentive for movement off benefits and into work. In 1995 it was subjected to some changes, such as access to free NHS prescriptions and extra money for those working over 30 hours per week, which were intended to further enhance its effectiveness. The two (linked) studies that examined the *Disability Working Allowance* (DWA) were carried out before (Rowlingson & Berthoud, 1996) and after (Arthur & Zarb, 1997) the changes to the benefit. The first study (Rowlingson & Berthoud, 1996), was a multi-faceted controlled evaluation. It encompassed a cross-sectional study of people on sickness and disability benefits, postal and face-to-face follow-up surveys of sub-samples of the original survey over two years, two cohort studies of people who had recently moved on to Disability Working Allowance followed for one and two years, two pieces of qualitative work with disabled people to investigate their attitudes to employment, barriers to work and experiences of DWA, and lastly a survey and case study work with a sample of applicants who had been rejected for DWA. The conclusion drawn from the various facets of the study was that helping disabled people move into work was the key aim of DWA but the benefit had not been very successful in achieving it. Putting the benefit into the wider context, between 1992 and 1995, only 2% (30,000) of the 1.5 million working-age recipients of one of the main incapacity benefits moved off these benefits into full-time work. Virtually all of these made the transition from benefits to work without the help of DWA. In addition, the study found that:

- Two-thirds of those on the qualifying benefits had not heard of DWA and so could not have been encouraged into work by the benefit;
- Although respondents who were aware of DWA at the start of the study were twice as likely to gain employment over the follow-up period than those who were unaware, this difference was not statistically significant (10% of aware gained employment v. 5% of unaware, difference n.s.)
- Only 200 of the 3,500 claiming DWA in October 1993 had been directly encouraged into work by the benefit.
- From the qualitative studies, a number of reasons emerged for the observed low impact of the DWA, in addition to low awareness of the benefit: many disabled people felt unable and had very low expectations of working again; those who could or wished to work wanted to move into full-time “proper” jobs paying a fair wage - independent of state help; there were many barriers to work including overall lack of jobs, employers’ attitudes, unattractive jobs of low status, low pay.

The *second Disability Working Allowance* study (Arthur & Zarb, 1997) was based on a 1996 postal survey of a nationally representative sample of 2,800 people who received DWA in 1995, comparing those who received DWA before and following the 1995 changes to the benefit. Of all respondents still in work at the time of the survey, 45% said they would probably or certainly not be in a job without DWA. This was similar to the pattern observed in the Rowlingson & Berthoud survey in 1993. Taking the results as a whole, Arthur & Zarb concluded that there had not been any significant increase in the overall incentive effect of the intervention since 1995.

The *Travel to Work* scheme was part of the wider *Access to Work* programme that provides financial assistance towards the costs of removing the physical barriers that disabled people face when entering the labour market. *Travel to Work* provided a contribution towards the costs of transportation to and from the workplace, for example, taxi fares. The only assessment of this intervention (Thornton & Corden, 2002) was a largely qualitative study of users that concluded: “*there was strong evidence from users that Travel to Work was essential to taking up a job*” and that, furthermore, around a quarter of respondents reported that there was “*a strong possibility of losing their job without Travel to Work*”.

Four other schemes involving the introduction of in-work benefits: the *Disabled Person's Tax Credit*, *Jobmatch*, the *52-week linking rule*, and the *Job Finder's Grant*, were assessed in one qualitative study of perceptions of recipients of these benefits (Corden & Sainsbury, 2001). The *Disabled Person's Tax Credit* was perceived to have influenced some decisions to take work, especially when it offered a higher amount of in-work financial assistance. Likewise, the *Jobmatch* scheme was perceived as having had a positive influence and the *52-week linking rule*, despite low awareness, was highly valued by those whose decisions it had influenced. The study also reported that the *Job Finder's Grant* scheme had no perceived effect on employment uptake, as those that had experienced it viewed it as a reward, rather than an incentive.

Evaluations of employer incentive initiatives

No quantitative studies were located that evaluated incentive schemes for employers, but the two qualitative studies both suggested a positive employment outcome for participants (table 4). One of the studies, Atkinson & Kodz (1998), examined the *Job Introduction Scheme*; a 6-13 week wage subsidy paid directly to firms that employ a benefit claimant with a disability or chronic illness. The study mainly explored the views of beneficiaries, administrators of the scheme and participating employers. A majority of the employers reported that they had maintained employment for participants of the scheme at the end of the 6-13 week placement. The employers interviewed also admitted that the intervention tended to be used to fill a hard to recruit vacancy or for part-time posts:

'the Job Introduction Scheme helped with the wages bill, but we would probably have taken him on anyway. We desperately needed to fill the post'.

The majority of employment obtained as a result of the intervention was subsequently low paid and low skilled: one employer acknowledged that it was possible to *'earn more on benefits than in this type of work'*. The study concluded that, because the *Job Introduction Scheme* only offered employers £270 (£45/week at the time of the study in 1997) towards the total cost of the placement, it only appealed to a very small niche of employers, and that a more substantial sum would be required to increase the

future appeal of the scheme. Indeed, the level of subsidy had not kept pace with inflation since it was first introduced in 1977 – if it had, the subsidy would be worth close to £100 per week, rather than the £45 offered to employers in 1997.

The Corden and Sainsbury (2001) study reported on participants' and non-participants' views of the usefulness of another employer incentive scheme - the *Work Trial* programme. This programme enabled employers to assess the capabilities of a disabled applicant whilst the individual remained on benefits. The study found that all participants obtained employment after the 15-day intervention period had ended, but that longer-term retention was considered to be a potential problem. The views of those who did not directly experience the *Work Trial* scheme were split between some who welcomed the opportunity and those who were reluctant to work without wages.

Accessibility evaluations

The *Access to Work* scheme is made up of four main types of support: the *Travel to Work* scheme (reviewed in the “in-work benefits” section), on-the-job support, aids and equipment, and alterations to premises. Table five summarises the results of four studies that evaluated the impact of parts of the *Access to Work* initiative. None of the studies was controlled. One was a qualitative study of recipients of help under the *Access to Work* scheme (Thornton and Corden, 2002), one was a cross-sectional survey of recipients (Thornton et al, 2001); and two (linked) studies were multi-faceted and included cross-sectional interview surveys with a national, random sample of applicants for *Access to Work* support, coupled with surveys of employers, and qualitative interviews with managers, administrators and providers of the constituent services (Beinart et al, 1996; Hillage et al, 1998).

The results were generally positive for participants in the scheme: in the 1995 national survey, 49% of recipients reported that they would not have commenced employment without the intervention (Beinart et al, 1996), while in the similar survey in 1997, 41% of recipients made the same response (Hillage et al, 1998). Employers were more ambivalent about the impact of the scheme, with 17% in the 1997 survey saying that that they would not have employed/continued to employ the recipient without the intervention, while 68% said that it made no difference (Hillage et al, 1998).

In both the 2000 national survey recipients (Thornton et al, 2001) and the 2001 qualitative study (Thornton and Corden, 2002), substantial proportions of recipients expressed the view that they “could not work without it” or it would be “highly unlikely” that they would be in employment without it. These overall results, however, mask variation in the impact of *Access to Work* by type of employment, ‘impairment’, and type of support received. One study, by Thornton and colleagues (2001), found that employees in the private sector (53%) more likely to report that they could not work without it than public sector employees (40%). It also found that individuals with certain types of impairment, such as mental health problems (53%) or eye complaints (55%) were more likely than others, such as those with musculo-skeletal problems (40%) or ear complaints (43%), to say that they could not work without the scheme. Another study, Thornton and Corden (2002), compared the different types of support offered by *Access to Work*, and whilst in overall terms its findings were positive, the study revealed variations in participants’ views of the scheme by the specific type of support that was received under the *Access to Work* umbrella. The scheme was more positively rated by users of on-the-job support and those in receipt of special aids and equipment, than those who had experienced the “alterations to premises” scheme.

Discussion

Effectiveness of welfare to work

Overall, there is evidence that the various welfare to work programmes operating in the UK in the 1990s helped people with disabilities into work who were previously on benefits. The proportion of participants gaining employment after involvement in one or other of the schemes ranged from 11% to 50%, and was dependent on a number of factors, including how selective the services were in accepting applicants onto the schemes; the age, type of disability and “job-readiness” of participants, as well as the wider labour market and social security context. Participants generally reported positive perceptions and experiences of the schemes. What is harder to determine, however, from the available evidence is how much of the success of participants in gaining employment could be attributed to the specific welfare to work programme in which they participated, and how much to external factors influencing employment trends in general. Study designs with controls would have helped to answer this question, but few of the identified studies were controlled. The two controlled studies (Loumidis et al, 2001; Rowlingson & Berthoud, 1996) reported higher subsequent employment rates for

participants compared to non-participants but the differences were not statistically significant. It is therefore not possible from the identified studies to isolate the employment impact of the schemes as such. One possibility is that the demand for labour was expanding in the UK over the same period, increasing opportunities for employment for people with and without a disability (Smith and Twomey, 2002). Indeed, all the studies were conducted at some point in the period between 1993 and 2002, which was a period of general employment expansion in the UK (ONS, 2003b). We cannot tell if the employment outcomes would have been achieved in a less hospitable employment market.

The very comprehensive study by Rowlingson and Berthoud (1996) was the only one to address the broader effectiveness question of what impact a specific scheme could have on the total number of disabled people on benefits in the country who wanted to move into work. The findings were not encouraging: of the estimated 1.5 million disabled people on benefits in the country only 2% (30,000) moved into work in 1993, the vast majority of whom did so without the help of the scheme under evaluation – the Disability Working Allowance. In that year, there were 3,500 claimants for the DWA, only 200 of whom had been encouraged into work directly by the scheme. The qualitative pieces of work within this study were important in examining which of the underlying assumptions on which the scheme was built were incorrect. The findings challenged the assumption that awareness of DWA would be high (it was very low) and that disabled people were likely to want/be able to work shorter hours and at lower rate of pay than non-disabled people (respondents wanted “proper” full-time jobs at a “fair wage”). The qualitative components of this and several of the other larger studies were able to unpick barriers and facilitators concerned with the effective implementation of the schemes, which should aid design of initiatives in the future. On the issue of differential impact, it was difficult to determine from the studies under review who, within the disabled and chronically ill population, the welfare to work schemes helped into employment. There was very little evidence provided by any of the included studies about the characteristics of

successful participants in terms of gender, age, type of impairment/disease, or socio-economic status. The few studies that did include such factors (Rowlingson & Berthoud, 1996; Beinart, 1997; Maton et al, 2000; Loumidis et al, 2001; Banks et al, 2002; Riddell et al, 2002) tended to focus their analysis upon differential outcomes by disease type; and the evidence they offered was inconclusive. Only three studies differentiated their findings by gender; one found a higher employment rate for women for the vocational advice and support services intervention (Beinart, 1997), one found no difference by gender for that intervention (Loumidis et al, 2001), and another study that evaluated in-work benefits found that single men were more likely to gain employment than single women (Rowlingson & Berthoud, 1996).

Research implications

This systematic review has collected, analysed and synthesised the available evidence on the effectiveness of UK welfare to work programmes aimed at individuals with a disability or chronic illness. Locating the included research was more difficult than had been anticipated, as most of the included studies (9 out of a total of 16) were not identified through the extensive electronic searches. Research on welfare programmes, and especially research on welfare to work as it relates to people with a disability or a chronic illness, is poorly indexed in the electronic databases. This has also been the experience of other systematic reviews on social policy topics as diverse as housing (Thomson, Petticrew & Morrison, 2001), mortgages (Croucher et al, 2003), and transportation (Egan et al, 2003), which have all subsequently had to rely more heavily upon citation follow-up, internet searches, and personal communications.

The overall quality of the observational studies for evaluating employment outcomes was variable. The lack of controls in all but two of the studies limited the inferences that could be drawn about effectiveness in relation to employment outcomes. Four were limited to measures of perceived benefits rather than actual employment outcomes. The qualitative studies were similarly problematic in some cases, where only sparse information was given about the participants' characteristics, selection process, or conduct of the study. On the other hand, there were some impressively comprehensive studies, which combined quantitative and qualitative elements, conducted with a range of relevant stakeholders (users, employers, service managers, administrators and providers). These demonstrate

good practice in the evaluation of complex social interventions, in which it is important not only to register the outcome, but also to find out how the desired outcome was, or was not, achieved. This includes investigating how well an intervention has been implemented and understanding the interaction of the various components of the intervention with the context in which it is being played out. We need more of these kinds of evaluative studies to help answer policy-relevant questions.

The evidence base on welfare to work is not extensive - the review only located sixteen studies of impact in total. Whilst at least one study was located on each of the 5 main types of welfare to work strategy, there were still some evidence gaps. Experimental evidence was particularly lacking, as, for example the evaluation of employer incentives was limited to subjective assessments of the perceptions of participants and employers. Several aspects of other interventions were also only assessed in this way. The review process revealed that most of the research on welfare to work programmes was either unconcerned with employment outcomes, or only included them as a secondary element of a broader analysis. Similarly, there was little consideration given to how welfare to work schemes for people with a disability or chronic illness may have a differential impact by gender, ethnicity or social group. The review shows that there is a clear need for more extensive research in this area, especially as the welfare to work policy agenda continues to evolve in the UK.

Policy implications

The review indicates that some of the recent welfare to work programmes in the UK have produced positive effects in terms of their impact on the subsequent employment of those who took part in the schemes. A proportion of participants in welfare to work programmes directed at individuals with a disability or chronic illness have moved into work after participation, though it has not been possible to determine from the evaluations how much of the increased employment was attributable to the programmes themselves. The evidence reviewed also tentatively suggests that some types of welfare to work - most notably education, training and work placement, and vocational advice and support services – are more soundly based than others. In the employer incentive schemes, one of the sticking points may have been practical - the financial value of some of the subsidies paid to employers had declined over the years, so that it was no longer sufficient to provide a credible incentive. In terms of the strategy of providing in-work benefits to disabled people, the underlying assumptions on which the

schemes are based may have to be re-examined - people with disabilities wanted proper jobs paying a fair wage, rather than being taken on in low-paid, part-time employment with earnings topped-up with state benefits. The incentive appeal of this strategy is therefore potentially low. No single UK welfare to work approach stands out as by far the best way of solving the twin policy problems of low employment rates amongst people with a disability or chronic illness, and rising numbers of incapacity benefit claimants (Treasury, 2003). Additional strategies are needed. In other European countries, such as Sweden, the policy emphasis has been on the prevention of individuals with a disability or chronic illness leaving employment in the first place, rather than on ‘treatment’ measures to return them to the labour market once they have left. This strategy may prove more fruitful in the long term and is the subject of a subsequent review.

Funding:

This study was funded as part of the UK’s Economic and Social Research Council Centre for Evidence Based Public Health Policy, “EvidenceNetwork” project grant number H141251011.

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Figure 1: Typology and examples of the main welfare to work strategies to improve the employment chances of individuals with a disability/chronic illness in the UK

Education, training and work placements	Vocational advice and support services	In-work benefits For employees	Employer incentives	Improving accessibility Of work environment
<i>New Deal Innovative Schemes</i>	<i>New Deal Personal Adviser Service</i>	<i>Working Tax Credit</i>	<i>Job Introduction Scheme</i>	<i>Access to Work</i>
<i>Work Preparation</i>		<i>Travel to Work</i>	<i>Work Trial</i>	
<i>Residential Training</i>		<i>Job finder's Grant</i>		
		<i>Jobmatch</i>		
		<i>52-week linking rule</i>		

Table 1 – Summary of studies that evaluate education, training and work placement programmes

Study	Programme and year of evaluation	Study Details (sample size and study design)	Methods ^a	Results: employment outcomes
Riddell et al (2002) ^b	Work Preparation 1998/1999 Six Scottish PACT areas	2381,uncontrolled cohort of all participants in Scotland +21 case studies of participants and key informants	A: 3 5 B: 4 5	13 weeks after participation: 20.8% employment, 24% education/training programmes, 55.1% no outcome.
Banks et al (2002)	Work Preparation 2000/2001	2823,uncontrolled cohort of clients in 3 regions, +cross-sectional postal survey of all 122 providers, + 4 focus groups, 21 tele-interviews with key informants	A: 3 5 B: 4 5	After participation 18.5% employment, 12.3% education/training programmes.
Hills et al (2001) ^c	New Deal Innovative Schemes Pilots 1998/2000	Monitoring data on all 24 schemes (1332 clients) + qualitative interviews with managers, staff, clients, employers	A: 3 5 B: 4 5	10 schemes commenced in 1998. Average % of clients placed in employment by 2000 was 39%. 14 schemes commenced in 1999 and by 2000 the average % of clients placed in employment was 26% (still on-going).
Maton et al (2000)	Residential Training 1999/2000	150 (out of 475) uncontrolled cohort of ex-trainees + 88 in-depth interviews with current trainees, all 14 training providers	A: 2 3 5 B: 4 5	18 months after participation 50% of ex-trainees in employment, two thirds of whom had been in work for a year or more. 9% of ex-trainees education/training programmes, 41% no outcome. 62% employment duration of 1 year or more. Bias in provision of training towards the South East of England

^aA= quantitative: 1= control; 2= response rate/follow-up >60%; 3= adequate/representative sample size; B= qualitative: 4= appropriate sample; 5= appropriate interpretation of findings ^bResults also available in Wilson et al (2000). ^cPreliminary results reported in Blackburn et al (1999).

Table 2 – Summary of studies that evaluate vocational advice and support services

Study	Programme and year of evaluation	Study Details (sample size and study design)	Methods ^a	Results: employment outcomes
Beinart (1997)	Placing Assessment and Counselling Teams 1996	700, uncontrolled cohort of participants	A: 2 3 5	After 6 months participant employment rate increased from 18% to 26%, involvement in education/training increased from 7% to 16%.
Loumidis et al (2001) ^b	New Deal Personal Adviser Service Pilot 1999/2000	2557, controlled cross-sectional study of participants and non-participants in 12 pilot areas. + 1156 national postal survey of recipients of incapacity benefits + 91 in-depth interviews with stakeholders in all 12 pilot sites	A: 1 2 3 5 B: 4 5	11% of participants in the PAS pilot and 7% of non-participants left benefit at least once during 2-year observation period. Participants left benefit at a faster rate than non-participants Intervention increased participants' confidence and most perceived that it had a positive impact on their move towards employment.
Heenan (2002)	New Deal Personal Adviser Service Pilot 1999/2000	14 clients who had gained jobs Focus group	B: 4 5	Majority felt that they would not have been in employment without the support they had been given by the scheme. Participants identified emotional support given by Personal Advisors as a key factor in their successful move.
Arksey (2003) ^c	People into Employment Service Pilot 2000/2002 in South Tyneside	Monitoring records +36, postal survey to clients, +postal follow-up to 23 clients + 16 tele/face-to-face interviews with stakeholders	A: 3 B: 4 5	By end of 2-year period, 44 out of 68 clients with disabilities had obtained jobs.

^a See key in Table 1. ^b Preliminary results reported in Arthur et al (1999). ^c Results also available in Arksey (2002)

Table 3 – Summary of studies that evaluate the strategy of in-work benefits

Study	Programme and year of evaluation	Study Details (sample size and study design)	Methods ^a	Results: employment outcomes
Rowlingson and Berthoud, (1996)	Disability Working Allowance (DWA)(pre-1995 changes) 1993/1995	1113, controlled, cross-sectional survey of people on sickness and disability benefits and 324 recipients of DWA, plus follow-up for 2 yrs + two cohorts of new DWA recipients, +focus groups and depth interviews with disabled people and rejected DWA applicants	A: 1 2 3 5 B: 4 5	Respondents aware of DWA at the start of the study were twice as likely to gain employment as those who were unaware, but difference was not statistically significant (10% of aware gained employment v. 5% of unaware, n.s). 43% of workers on DWA said that they would not be in a job now if DWA had not existed.
Arthur and Zarb (1997)	Disability Working Allowance (post-1995 changes) 1995/1996	2800, uncontrolled cross-sectional survey of DWA recipients, half of whom had experienced the pre-1995 scheme and half only the post-1995 changes	A: 2 3 5	45% of new recipients in work reported that they would not have retained their employment without DWA; and 40% of new recipients starting employment reported that they would not have taken employment without the intervention. Little difference between this a previous years (comparison with Rowlingson and Berthoud above).
Thornton and Corden (2002) ^b	Travel to Work 2001	36 full case-studies of users and their employers	B: 4 5	Evidence from most users that they considered that Travel to Work was essential to their taking up a job.
Corden and Sainsbury (2001) ^c	Disabled Person's Tax Credit, Jobmatch 52-week linking rule Job finder's Grant2000	34 in-depth interviews with clients who had used one of the interventions + Group exercises with 29 admin staff in 5 of the 15 pilot areas	B: 4 5	Disabled Person's Tax Credit: Influenced some decisions to take work, more so when estimated in-work benefit was over £50 per week. Jobmatch: participants said that it had influenced their decision to take up employment. 52-week linking rule: low awareness, few said that it had influenced their decision to take work – but these valued it highly. Job finder's Grant: Participants said that it did not influence their decisions to take employment. Viewed as a reward not an incentive.

^bThis study also examined accessibility initiatives (see table 5). ^cThis study also examined employer incentive schemes (see table 4)

Table 4 – Summary of studies that evaluate employer incentive schemes

Study	Programme and year of evaluation	Study Details (sample size and study design)	Methods ^a	Results: employment outcomes
Atkinson and Kodz (1998)	Job Introduction Scheme 1997	Indepth interviews with 40 employers, 32 advisers, 14 regional managers, and 10 beneficiaries	B: 4 5	Majority of employers (30/40) continued the employment of the participant after the 6-13 weeks intervention period. Half of the employers said that they would have offered the employment to the participants without the intervention. Subsidy too small to act as incentive
Corden and Sainsbury (2001) ^b	Work Trial 2000	34 in-depth interviews with clients	B: 4 5	All participants obtained employment after the 15-day intervention period expired. Longer-term retention was considered to be a problem especially when health worsened.

^bThis study also examined in-work benefits (see table 3)

Table 5 – Summary of studies that evaluate accessibility initiatives

Study	Programme and year of evaluation	Details (sample size and study design)	Methods ^a	Results: employment outcomes
Beinart et al (1996)	Access to Work 1994/1995	791 recipients 466 employers Uncontrolled national cohort of recipients and their employers, + comparison with LFS +qualitative interviews with stakeholders	A: 2 3 5 B: 4 5	Recipients: 49% of respondents reported that they would not have commenced employment without the intervention, 31% reported that the intervention had no influence on their employment. Employers: 18% took on ATW recipients as employees after they had received an offer of help. 49% said that the intervention made them more likely to employ individuals with a disability or illness in the future.
Hillage et al (1998)	Access to Work 1997	492 applicants 258 linked employers uncontrolled cohort in 5 regions + comparison with LFS, +in-depth interviews with managers, advisers, regional directors and job centre staff	A: 2 3 5 B: 4 5	Recipients: 41% of respondents perceived that they would not have commenced employment without the intervention, 38% reported that the intervention had no influence on their employment. Employers: 17% perceived that they would not have employed/continued to employ the recipient without the intervention, 68% said that the intervention made no difference and that they would have maintained/offered employment anyway.
Thornton et al (2001)	Access to Work 2000	628 national cross-sectional survey of ATW users + 20 in-depth interviews with users	A: 2 3 5 B: 4 5	Respondents rated the extent to which the intervention enabled them to work: 45% perceived that they 'could not work without it', 32% 'a great deal', 14% 'not much', 1% 'not at all'.
Thornton and Cordon (2002) ^b	Access to Work 2001	97 full case-studies with clients and associated employers	B: 4 5	Most respondents reported that they found the intervention was valuable and that it was 'highly unlikely' that they would be in employment without it.

^aSee key in Table 1. ^bThis study also examined in-work benefits (see table 3)

Web figure A: Evolution of disability employment policy in the UK

(Adapted from Barnes, 2002; DWP, 2002; HMSO, 2003; Oliver & Barnes, 1998; Thornton & Lunt, 1997).

1944	Disabled Persons (Employment) Act Set up the post-war disability employment quota of 3% for employers with over 20 staff. Some vocational services initiated and special, initially sheltered, employment started ('Remploy').
1970	Chronically Sick and Disabled Persons Act Improved access to local authority public buildings and services
1971	National Insurance Act Invalidity benefit set up
1973	Employment and Training Act Introduced employment rehabilitation centres and resettlement officers
	Social Security Act Attendance Allowance introduced - subsidises the costs of home care/assistance
1975	Social Security Benefits Act Introduced the Mobility Allowance – a cash benefit paid for transport costs
	Social Security Pensions Act Non-Contributory Invalidity Pension (later known as Severe Disablement Allowance)
1980	Social Security Act
1991	Disability Living Allowance and Disability Working Allowance Act Disability Living Allowance combined the Attendance and Mobility allowances, Disability Working Allowance - wage top-up for low paid workers (replaced with a tax credit in 1999)
	Placement, Assessment and Counselling Teams (PACTs) Vocational preparation and placement services (renamed Disability Service Teams in 1999)
1994	Social Security (Incapacity for Work) Act Introduced the All Works Test and Incapacity Benefit.
	Access to Work Programme Replaced a number of separate schemes – provided financial assistance towards practical aids, workplace adaption, and personal support.
1995	Disability Discrimination Act Unlawful to discriminate in recruitment, promotion, training, working conditions, and dismissal on the grounds of disability or ill health. Abolished the 1944 employment quota.
1998	New Deal for Disabled People Pilots A package of different interventions including the Personal Adviser service, the Innovative Schemes, and smaller projects such as the Job Finders Grant.
1999	Tax Credit Act Introduced the Disabled Person's Tax Credit – a wage top up for people with disabilities in low paid employment (merged into the Working Tax Credit in 2002).
1999	Disability Rights Commission Monitors implementation of the Disability Discrimination Act
1999	Welfare Reform and Pensions Act Incapacity Benefit became means tested, Severe Disablement Allowance was age restricted, and the Personal Capacity Test replaced the All Works Test.
2000	WORKSTEP programme New term for Supported Employment - assists with transition from segregated supported work into mainstream employment and includes supported placements with mainstream employers.
2001	Special Educational Needs and Disability Act Extended the provisions of the Disability Discrimination Act to education providers
2002	Tax Credits Act Disabled Persons Tax Credit merged into the Working Tax Credit for all low paid workers
2003	Disability Discrimination Act 1995 (Amendment) Regulations 2003 Incorporates the Disability provisions of recent EU Employment Directives
2003	Pathways to Work Green Paper Combined approach offering both vocational advice and support services such as work-focused interviews or employment 'action plans', and financial incentives such as a 'Return to Work' credit of £40 per week (for 52 weeks) when work income is less than £15,000 per annum.

Web figure B: Search flow

