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US and UK Routes to Employment: Strategies to Improve Integrated Service Delivery to People with Disabilities



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FOREWORD

On behalf of the IBM Center for The Business of Government, we are pleased to present this report, “US and UK Routes to Employment: Strategies to Improve Integrated Service Delivery to People with Disabilities,” by Heike Boeltzig, Doria Pilling, Jaimie C. Timmons, and Robyn Johnson.

Now more than ever, society needs to draw on the talents of all of its members. Too often, however, the barriers to bringing individuals with disabilities into the workforce remain too high to overcome. In the face of rising unemployment and a struggling labor market, the barriers to productive employment may be getting higher. Today, we simply cannot afford to leave this reservoir of unique ability, perspective, and insight untapped. Government and the private sector must work together to lower barriers and help individuals with disabilities realize their fullest potential to contribute to society.

In this report, the authors examine the experience of the United States and United Kingdom in developing effective strategies for providing integrated service delivery. The report examines what works and what doesn’t work, and provides a roadmap to improving services for individuals with disabilities. While more research is needed, the report identifies 12 strategies to strengthen integrated service delivery systems, and to assist individuals with disabilities in gaining and maintaining productive employment. Implementing these strategies can benefit clients, who have the opportunity to realize their potential more fully; the taxpayer, who is paying less for disability assistance; and society at large, which gains the productive skill of talented individuals.

Both the United States and the United Kingdom have legislative and regulatory frameworks which encourage full and productive participation by people with disabilities. The research reflected in this report demonstrates that some progress has been made, but that significant room for improvement remains. In the United States, frustration with services for people with disabilities continues to receive much attention. The US system has often been criticized for bureaucratic bottlenecks, incoherent policies, and an unacceptable appeals process that does not yield consistent or timely decisions. State governments in the United States have broad programmatic initiatives, but they have met with mixed success as well.



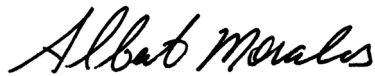
Albert Morales



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What is clearly now needed are more innovative approaches which build on smart human service models of well tuned business processes; streamlined governance between agencies; and smarter, more intelligent delivery systems which provide targeted and balanced service and benefits as appropriate to individuals. Creative approaches which leverage public and private partnerships and encourage active collaboration need to be fully developed to ignite the full spectrum of possibilities for these important and underutilized members of society.

We hope that this report spurs government and the private sector to take a fresh look at what they can do to harness the capabilities of people with disabilities.



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EXECUTIVE SUMMARY

In both the United States (US) and the United Kingdom (UK), there are large numbers of people of working age with disabilities not working and claiming benefits—10.6 million in the US in December 2007, and 2.64 million in Great Britain in August 2007. In the US in October 2008, only 34.9 percent of men with a disability aged 16-64 were employed, compared to 79.4 percent of men without a disability. This difference was even more pronounced for women: 28.4 percent of those with a disability were employed, compared to 68.6 percent for those without a disability. In the UK in the three months prior to September 2008, the employment rate of people of working-age (ages 16-60 for women; ages 16-65 for men) with a long-term disability was 50.7 percent, compared with 80.2 percent for those without disabilities.

Governments in both the US and the UK have been taking policy measures over the last decade to improve Public Employment Services (PES) so that they are more effective in assisting people, including those with disabilities, to move off benefits and into work. Studies have shown that an important reason for the limited effectiveness of the PES was the system's fragmented nature, leading to uncoordinated and often duplicative service delivery. Governments in both countries have started to address these issues by employing a "One-Stop Shopping" approach to service delivery. This approach is about providing customers with a *single* access point (physically or virtually) to public services that may be delivered by multiple agencies. The goal is to provide more integrated service delivery while reducing costs and increasing efficiency.

In the US, the Workforce Investment Act (WIA) of 1998 brought together a number of different

employment and training programs (but not Social Security) into a comprehensive system. Services are delivered through a national network of locally operated and monitored One-Stop Career Centers that provide universal services. WIA provisions require the promotion and development of employment opportunities, job counseling, and placement of people with disabilities. Other US initiatives to improve the employment situation of people with disabilities include the Ticket to Work and Work Incentives Improvement Act of 1999, and the New Freedom Initiative of 2001.

The UK merged its Benefits Agency and the Employment Agency in 2001 into one integrated service called Jobcentre Plus. Services are provided through a network of local offices, coordinated by a central government department, the Department for Work and Pensions. There are some differences in Northern Ireland, though services are generally similar.

In 2001, the New Deal for Disabled People, a voluntary program, was also established through a national network of contracted Job Brokers to provide assistance to people on various disability-related benefits who want to work. Limited utilization of this program led in 2003 to the start of the Pathways to Work program, which requires people newly claiming or re-applying for incapacity benefits to have a series of Work-focused Interviews with a personal adviser, and very recently (October 27, 2008) to changes in the benefits system, designed to further encourage people with disabilities and health problems to work.

Implementing a One-Stop shopping approach into PES delivery is a challenging endeavor evidenced by both the US and UK experiences. The aim of this

report has been to identify strategies that PES activities 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 was to investigate the extent to which these strategies are effective in reaching their goal—achieving sustained and appropriate employment.

Challenges to effective service delivery for people with disabilities are:

1. The current economic situation and rising unemployment.
2. Employers’ lack of knowledge and misperceptions about employing people with disabilities.
3. The need to engage people with disabilities before they move onto long-term benefits.
4. The need to address all barriers to work of people with disabilities.
5. Achieving an appropriate balance between mandatory and voluntary participation in employment-related services.
6. The need for research on employment services and initiatives that is independent of government.

This report presents 12 strategies, including evidence of their effectiveness, that have been grouped into three themes. These strategies are a potential response to the challenges listed above. The strategies described 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.

Strategies to *deliver existing services* more effectively to people with disabilities:

1. Proactively reach out and market to people with disabilities to increase access to employment programs and services.
2. Create universally accessible and customer-friendly environments for direct employment service delivery.
3. Provide specialist support to people with disabilities as needed.

4. Train staff on disability and related issues to build organizational capacity to more effectively serve people with disabilities.
5. Calculate whether people with disabilities would be better off working and give advice on work incentives to help them overcome financial worries about returning to work.
6. Provide supports to help people with disabilities do their jobs and stay in work.
7. Measure the effectiveness of job finding for people with disabilities to continuously improve employment service delivery.

Strategies to *create partnerships* to better serve people with disabilities:

8. Engage disability organizations in direct employment service delivery.
9. Partner with other service providers and share resources to provide more comprehensive employment service delivery but also prevent duplication.
10. Understand employers’ needs as an essential part of the process of finding jobs for people with disabilities.

Strategies to *provide new services* to people with disabilities:

11. Intervene early to help prevent people going from sickness absence onto long-term disability benefits from becoming disconnected from the labor market.
12. Help people to understand and manage their disability or health condition so that they are in a better position to obtain and keep employment.

Introduction

The Concept of One-Stop Shopping: From Categorical to Integrated Service Delivery

In both the United States (US) and the United Kingdom (UK), there are large numbers of people of working-age with disabilities not working and claiming benefits—10.6 million in the US in December 2007 (SSA, 2008) and 2.64 million in Great Britain in August 2007 (DWP, 2009a). In the US in October 2008, only 34.9 percent of men with a disability aged 16-64 were employed compared to 79.4 percent of men without a disability (DOL, 2009a).¹ This difference was even more pronounced for women: 28.4 percent of those with a disability were employed, compared to 68.6 percent for those without a disability. In the UK in the three months prior to September 2008 the employment rate of people of working-age (ages 16-60 for women; ages 16-65 for men) with a long-term disability was 50.7 percent compared with 80.2 percent for those without disabilities (Kent, 2009).

Governments in both the US and the UK have been taking policy measures over the last decade to improve Public Employment Services (PES), so that they are more effective in assisting people, including those with disabilities, to move off benefits and into work. Studies have shown that an important reason for the limited effectiveness of the PES was the system's fragmented nature, leading to uncoordinated and often duplicative service delivery.

In the mid-1990s, the US Government Accountability Office (GAO) published a series of reports (c.f. GAO, 1994a – d) that raised concerns about PES efficiency. It found that “programs shared common goals, often served the same categories of clients,

offered overlapping services, and used parallel delivery approaches despite having separate administrative structures and funding mechanisms” (GAO, 1994a, p.4). In the UK, the separation of the benefits and employment services was seen as an important issue, because people on disability or health-related benefits did not have to be available for work and thus were largely ignored by the employment service (DWP, 2002). Governments in both countries started to address these issues by employing a “One-Stop Shopping” approach to service delivery.

One-Stop Government, according to Kubicek and Hagen (2000), is “a [new] organizational model to deliver [integrated government] services from the point of view of the ‘customer’” (p.1). It is about providing customers with a *single* access point (physically or virtually) to public services that may be provided by multiple government agencies and those contracted by the government to deliver public services. The goal is to provide more integrated service delivery while reducing costs and increasing efficiency. The 1997 (Office of the Vice President of the United States) Federal Benchmarking Consortium Report, *Serving the American Public: Best Practices in One-Stop Customer Service* states that, “One-stop service offers a powerful antidote. Under the one-stop paradigm, all of a customer's business can be completed in a single contact be it face to face or via phone, fax, Internet, or other means. One-stop customers do not have to hunt around, call back, or repeatedly explain their situation. One-stop customer service is convenient, accessible, and personalized.”

Kubicek and Hagen (2000) trace the origins of the One-Stop concept back to the emergence of the modern state and the proliferation of state responsibilities requiring government to create specialized

branches, departments and agencies that not only functioned differently but often also operated separately. Differences in levels of government as well as the increasing use of non-profit and private providers to deliver public services added to the complexity of the system. The result was a fragmented and uncoordinated service delivery system that did not meet or only insufficiently met the needs of its citizens. The One-Stop approach has been used by the US and UK governments in the field of PES to address these issues. It has helped to reduce fragmentation and separation and produced a more integrated—and probably more effective service—but issues remain.

Public Employment Services in the United States and the United Kingdom

In the United States

Public employment services are delivered through a national network of One-Stop Career Centers (One-Stops) that function as local “gateways” to a range of employment and related services aimed at helping job seekers, including those with disabilities, to gain and retain employment. The One-Stop shopping approach to PES delivery was initiated through a series of pilot demonstration projects in the mid-1990s, and then became a permanent part of the PES system on a national basis in 1998 under the Workforce Investment Act (WIA), a federal law, effective on July 1, 2000. The purpose of this effort was to integrate existing federal employment and job training programs into one comprehensive service system. Underlying the One-Stop approach is the assumption that no single agency is entirely equipped to serve all types of customers, which in turn makes service integration and coordination a necessity (Timmons et al., 2004a). As of February 2009, there were 2,914 One-Stops, including 1,788 comprehensive (full-service) career centers throughout the country.²

Prior to the introduction of the One-Stop shopping approach, job seekers with disabilities had typically been served by disability-specific systems (state vocational rehabilitation [VR] agencies, state Commissions for the Blind and Visually Impaired, state Mental Retardation/Developmental Disabilities

[MR/DD] agencies, and state Mental Health [MH] agencies), or would have automatically been referred by employment offices to those systems, especially VR (Skiba, 2001). This changed with WIA, which mandates 17 government agencies and programs to be part of the One-Stop system (Nilsen, 2003), with the public VR program being the only one that specifically focuses on disability (Hoff et al., 2001). The federal government has sent a clear message regarding the obligation that among their various customer groups, One-Stops are to serve people with disabilities. External to the One-Stop, job seekers with disabilities continue to have access to other disability-specific agencies that provide disability employment services and supports.

One-Stops are intended to be universally accessible and available to anyone who wants or needs assistance with their employment needs with no eligibility criteria for basic or “core” services. One-Stops provide a full range of assistance to job seekers, services being organized into core, intensive and training services. In addition, One-Stops also provide services to employers and businesses.

In terms of governance, the One-Stop system is part of a wider network of local workforce investment areas that are overseen and monitored by Workforce Investment Boards at the state and local levels (SWIBs and LWIBs, respectively). WIA mandates that the majority (51 percent) of board members (including the board chair) be employers and also encourages representation of people with disabilities on these boards (Hoff et al., 2001). The US Department of Labor’s (US DOL) Employment and Training Administration (ETA) coordinates WIA activities at the national level.

Parallel to WIA, the federal government launched several other initiatives to help reduce the numbers of individuals on disability benefits and their cost. Through a joint Social Security Administration (SSA)-US DOL initiative, funding for more than 500 Disability Program Navigators (DPNs) has been provided to One-Stop systems throughout the country. The purpose was to raise awareness among SSA beneficiaries of the return to work options and incentives available and to assist them and other people with disabilities in using One-Stop resources. Recent reforms have also focused upon improving health

care insurance provision, which was previously a barrier to seeking employment for people with disabilities. Additionally, comprehensive assistance is available to SSA beneficiaries through Work Incentive Planning and Assistance (WIPA) Programs, which assist them in making more informed decisions about benefits and work and are sometimes provided through the One-Stops. Another initiative is the Ticket to Work Program, an employment initiative of the SSA, which allows beneficiaries to choose from multiple employment options and service providers including One-Stops.

In the United Kingdom

In the UK, both public employment services and benefits are delivered through Jobcentre Plus (there are some differences in Northern Ireland, see page 10). Jobcentre Plus resulted from the merging of two agencies of the Department of Work and Pensions (DWP): the Employment Service and the Benefits Agency. The purpose was to provide more work-focused assistance to people claiming benefits. Combining delivery of benefits with employment services was piloted in the “ONE” program introduced in 1999. From April 2000, all new benefit claimants in ONE areas were required to attend a work-focused meeting with a personal adviser as a condition of receiving benefit. Following the piloting, Jobcentre Plus, which employs the ONE approach, started to be implemented in October 2001 in 56 sites across the country, and now there are local offices covering the whole country.

All working-age people who are claiming out of work benefits, including incapacity benefits because of ill-health or disability, do so through Jobcentre Plus. In addition, Jobcentre Plus provides job search facilities through a telephone line, its website, and Jobpoints (touch sensitive screens for accessing job vacancies) available at local Jobcentres and other locations. It contracts providers to deliver various employment service programs, including some specialist programs for people with more severe disabilities. It employs Disability Employment Advisers (DEAs) who provide various services to people with disabilities wanting help with finding a job. An Access to Work program provides assistance to people with disabilities and employers by helping to pay for adaptations, equipment, support workers and travel. Other services to employers include a

free vacancy advertising service and financial help to train recruits.

In the UK, people with disabilities can claim Jobseekers Allowance (the main unemployment benefit). However, those with a disability or health condition that makes them unable to fulfill the conditions for this benefit³ could, over the period with which this review is concerned (January 2000 to June 2008), claim incapacity benefits (Incapacity Benefit or Income Support on the grounds of incapacity) if they passed an incapacity test. There have been, since 1989, a series of measures designed to encourage people to move off incapacity benefits back into employment. The government's view was that this group had previously been “written off,” given little assistance to return to work, but that many are capable of working and that early intervention would facilitate this.

After piloting a number of initiatives, a nationwide New Deal for Disabled People (NDDP) was launched in the UK in July 2001 as the main program providing employment assistance for people on disability-related benefits who wanted to work. It is a voluntary program, delivered by a network of agencies termed Job Brokers. These brokers are a mixture of public, private and not-for-profit employment service providers contracted by the DWP and based in the community (DWP, 2002).

However, the limited success of the NDDP led to the present Pathways to Work program, which was piloted in seven areas of the country in 2003 and rolled out nationwide in April 2008. This is a much more intensive program than NDDP, involving a series of six mandatory Work-focused Interviews (WFIs) for most new and repeat claimants of incapacity benefits with a specially trained Incapacity Benefit Personal Adviser (IBPA). It is led by Jobcentre Plus in the 40 percent of areas first covered, and by external providers in the other 60 percent. It offers a Choices Menu of voluntary programs, including a new Condition Management program run in conjunction with the National Health Service to help people better understand and manage their disabilities or health conditions, and other programs that were pre-existing, including NDDP. There is evidence that Pathways to Work has been successful in that it increased the percentage in employment a

year and a half after the initial benefit enquiry by seven percent (Bewley et al., 2007).

As indicated above, the claimant system has been changing throughout the period covered by our review. A major change to the benefit system was implemented soon afterwards (October 27, 2008). Incapacity Benefit and Income Support on the grounds of incapacity were replaced for new and repeat claimants by the Employment and Support Allowance. Almost all receiving this benefit will be expected to take active steps towards work (DWP, 2008a).

It should be noted that the UK consists of England, Wales, Scotland and Northern Ireland (NI). While employment services for people with disabilities are largely the same in Northern Ireland as in the other countries, there are some differences. NI has a Department for Employment and Learning (DEL) which provides employment services and a Social Security Agency (SSA), which is within the Department of Social Development (DSD), which delivers benefits. Although DEL and SSA (DSD) are separate departments they are mainly housed together in Jobs and Benefits Offices (JBOs). The Personal Adviser element in Pathways is delivered solely by the Department's staff, while programs in the Choices package are delivered by providers and the Condition Management program is delivered by the Health Service. IBPAs are called Pathways Personal Advisers (PPAs) in NI, and DEAs have been transferred to be Pathways Team Leader Advisers.

A Brief Comparison of US and UK Public Employment Services

US One-Stops and UK Jobcentre Plus are similar in that they attempt to offer universal service, job search, and assistance to obtain training and employment to anyone, with or without a disability, as well as employer services. But underlying the similarities are fundamental differences. In the US, One-Stops are separate from the social security system through which people with disabilities obtain benefits, while the UK Jobcentre Plus combines the benefits and the employment systems.

US Local Workforce Investment Boards select the One Stop operators and oversee and monitor them, a practice that contributes to the wide variation among

One-Stops at state and local levels. In contrast, local Jobcentres in the UK are part of a national system, coordinated by one central government department, the Department for Work and Pensions.

US One-Stops are partnerships between a large number of government agencies and training programs, with services being mainly provided through these partners. UK Jobcentre Plus is part of one central government department which provides services itself or contracts external agencies to provide them. In both countries, employment-related services for people with disabilities are also available through agencies other than One-Stops and Jobcentre Plus.

Increasing the Effectiveness of Programs for People with Disabilities

This paper identifies 12 strategies being used by the Public Employment Services (PES) in the US and the UK to assist people with disabilities to obtain work. Some evidence for their effectiveness exists though this needs further testing. However, the overall effectiveness of these public employment services for people with disabilities is uncertain.

The One-Stop system in the US is meant to serve people with disabilities, but we have found limited evidence of how effective it is in doing so. This is partly because of the difficulty in collecting accurate data and measuring performance.

In the UK, it was the limited success of the New Deal for Disabled People that has led to the present Pathways to Work program. So far research evidence suggests a modest increase in effectiveness of services due to the Pathways program (Bewley et al., 2007).

Challenges to Effective Service Delivery to People with Disabilities

This section of the report presents major challenges facing Public Employment Services in both the United States and United Kingdom. The next section of the report presents strategies to increase the effectiveness of such programs which respond in part to the challenges discussed below.

Challenge One

The Current Economic Situation and Rising Unemployment Could Impact Job Opportunities for People with Disabilities

During the period of this review there was relatively low unemployment in both the US and the UK. At the time of writing in early 2009, both countries, especially the US, were experiencing rising unemployment. Between January 2008 and 2009, the unemployment rate⁴ in the US increased from 4.9 percent to 7.6 percent, totaling 11.6 million unemployed people in 2009 (DOL, 2009b). Likewise, the UK unemployment rate⁵ increased from 5.2 percent in December 2007 to 6.3 percent in December 2008, totaling 1.97 million unemployed people in 2008 (DWP, 2009a). In the US, Federal Reserve leaders are forecasting that unemployment will remain high for the next three years (Irwin and Shin, 2009). Similarly, in the UK there are forecasts of the number of unemployed people rising to over 3 million in 2010 (Hopkins, 2009).

In this situation it is more challenging than in the period covered by our review to assist people with disabilities to move from benefits into work. There have been calls in the UK for delays in the implementation of further plans for welfare reform. The UK Secretary of State for Work and Pensions, James Purnell, has said that difficult economic circumstances are not the time for decreasing efforts but for

providing more support, and ensuring that people on benefits do not lose touch with the world of work (DWP, 2008a). As many people as possible should be helped to find work, and everyone else be prepared for work when the economic upturn comes.

In the US, Congress passed the American Recovery and Reinvestment Act (ARRA), in February 2009, that includes an additional investment of \$3.95 billion into training and employment services under the Workforce Investment Act of 1998 and \$540 million into the public Vocational Rehabilitation (VR) program to provide employment and rehabilitation services under Part B of Title 1 of the Rehabilitation Act of 1973.⁶ It is hoped that this investment will increase employment rates, including those of people with disabilities.

Despite the economic situation, the UK government's policy is to continue with welfare reform. Incapacity benefits were replaced in October 2008 by the Employment and Support Allowance (ESA) and a new medical assessment which places more emphasis on what people can do than what they cannot do (DWP, 2008b). It is expected that about 10 percent more ESA claimants than previously will be placed on Jobseekers Allowance, where there is an obligation to prepare for and seek work. Those on ESA will not be expected to actively seek work or apply for jobs but there will be requirements for all, apart from those with the most severe conditions, to take up the support offered and engage in work-related activities. These requirements will be gradually rolled out through a series of pilots. While this emphasis on seeing people with disabilities as capable of working is positive, it is uncertain how far the proposed requirements on people with disabilities will be productive, especially in times of recession.

Initiatives to overcome employers' misperceptions about employing people with disabilities are also certainly needed, and efforts that are being made in this direction are to be welcomed.

Challenge Two

Employers' Lack of Knowledge and Misperceptions about Employing People with Disabilities Impacts Job Opportunities for Those with Disabilities

However much support and assistance people with disabilities receive to help them obtain work, this can only be realized if employers are willing to employ them. In both countries there is evidence that employers continue to have misperceptions about the abilities of people with disabilities and lack awareness of the help available to assist their employment. Using a representative sample of senior executives in 12 industries in the US, Domzal et al. (2008) found that only 8.7 percent of companies had hired a person with a disability in the last 12 months, the figure being 32.6 percent for large companies (250+ employees), but only 5.4 percent for small companies (5-14 employees). Almost three-quarters of respondents (72.6 percent) said that the nature of the work was such that it could not effectively be performed by someone with a disability. However, further analysis showed that non-recruitment was related more to worries about health care costs, workers' compensation costs and fear of litigation than about the nature of the work. Not knowing how much accommodations would cost (63.7 percent), the actual cost of accommodations (61.6 percent) and difficulty in hiring qualified people with disabilities (63.6 percent) were major concerns.

In the UK, Roberts et al. (2004), using a representative sample of employers, found that about one-half (48 percent) or more thought it difficult or impossible to employ people with most types of disability. This figure rose to 73 percent for those with schizophrenia, 75 percent for those with profound deafness, and 92 percent for people with impaired vision. One-third (33 percent) thought it a major risk for a firm to take on an employee with a disability, and this figure rose to 38 percent in firms with less than 15 employees. In a later survey of small employers (less than 15 employees) in 2005, there were slight changes in a positive direction, possibly

because the Disability Discrimination Act now applied to all employers. For example, slightly fewer, 31 percent, considered taking on someone with a disability to be a major risk (Kelly et al., 2005). Both studies showed a decrease in fears where the employer had hired a person with a disability, with 68 percent of those who had disagreeing that there was a major risk, compared with 58 percent of those who had not in the later study (Kelly et al., 2005).

Knowledge of the assistance available for employing people with disabilities was low in both countries. In the US, only 25 percent of employers in the Domzal et al. (2008) study were aware of the services of their local One-Stop. Only 8 percent knew about the Employer Assistance and Recruiting Network (EARN), a government-funded service which could assist them in locating and recruiting qualified workers with disabilities and in providing technical assistance on disability employment-related issues. The Job Accommodation Network (JAN) provides free consulting services on accommodations, an issue of particular concern to all companies in the survey, but was known to only 7.4 percent. Awareness was much lower for small and medium size companies generally than for large ones. 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, but these are under-used (Robertson and Peterson, 2002). In a 2003 UK study only 20 percent of employers had sought advice about any aspect of employing people with disabilities, and 17 percent had sought advice from Jobcentre Plus (Roberts et al., 2004). In the later study of small employers (Kelly et al., 2005), there had been a decrease in seeking external advice from 15 percent in 2003 to 11 percent in 2005, and only seven percent said that they had sought advice from Jobcentre Plus in 2005.

The lack of awareness about employing people with disabilities, especially among smaller employers, needs to be addressed. In the US, small firms (0-19 employees)⁷ accounted for 18 percent of all employees, and those with 1- 499 employees accounted for 50 percent of all people employed in 2006 (US Census Bureau, 2008). In the UK, small firms (1-19 employees) accounted for 28 percent of employees, and those with under 250 employees accounted for

57 percent in 2007 (Department for Business, Enterprise and Regulatory Reform, 2008).⁸ Policymakers and government managers in both countries should ensure that information on the supports available to employers is widely publicized and easy to access.

Challenge Three

Services Are Needed to Engage People with Disabilities Before They Move Onto Long-Term Benefits

Timing of intervention is another important aspect of designing effective PES delivery to people with disabilities, particularly as problems can accumulate when people have been out of work for some time. Intervening early is important, as most people initially consider that they will return to work but may lose confidence in themselves and become demotivated when they are out of work for a long period. In the US, people with disabilities are not encouraged to think about returning to work until they have been through a lengthy application process for Social Security disability benefits during which they have to provide documentation of their inability to work at self-sustaining levels. By the time benefits have been approved, people have become adjusted to being out of the labor market; it is at that point that they receive a ticket under the Ticket to Work program that is supposed to encourage and motivate them to choose and take up return to work services. The timing of this intervention may have (among other factors) contributed to the low take up of the Ticket program.

In comparison, in the UK, return to work intervention starts at an early stage when people are making their first claim for benefits and, in some pilot projects, when people are on sickness leave from work, before they even apply for benefits. It appears that the UK system is trying to build more “checks” into its system allowing for early and consistent targeting of individuals with disabilities or health issues. This approach is reinforced by the new Employment and Support Allowance that places more emphasis on people’s “work capability” rather than their incapacity (DWP, 2008b).

Further, engaging people with disabilities in return to work activities is challenging (c.f. Gervery et al., 2007). However, innovative strategies are emerging

in the UK that take this into consideration, for example, by placing Jobcentre employment specialists in primary health care practitioner offices working with medical staff on connecting people on sickness or disability-related benefits to employment services before they go onto long-term benefits (Sainsbury et al., 2008). Following a recommendation made by the Black Report (2008), the government will pilot a “Fit to Work” service where health practitioners will electronically refer patients to different types of work-related health supports including exercise and physical training, cognitive behavioral therapy and counseling, physiotherapy, occupational therapy and other interventions (DWP/DoH, 2008). These strategies are well worth experimenting with, but evidence is yet to be provided on their effectiveness in helping people return to work. Equally important for engaging people with disabilities in return to work services is the early provision of accurate advice about the financial implications of returning to work, and information about all the financial incentives available.

Challenge Four

One-Stop Programs Need to Address All Barriers to Work of People with Disabilities

The One-Stop shopping approach is useful because it acknowledges that no one agency or service provider is equipped to address all the needs of job seekers, particularly those with more complex barriers to employment, including people with disabilities and health issues.

There is also an increasing awareness of the many barriers to employment faced by people with disabilities, including their disabilities or health problems. For example, Roessler et al. (2006) surveyed 55 Social Security disability recipients who qualified for the Ticket to Work program about their barriers to returning to work (among other things). Respondents reported an average of 3.59 barriers to returning to work, with 22 percent mentioning six or more barriers. Those mentioned most frequently included: disability limitations (43 percent), lack of available work (18 percent), need for medical treatment (17 percent), lack of skills (15 percent), lack of transportation and lack of confidence (each at 13 percent). Other barriers, mentioned less frequently, were employer confidence, start up cost for self-employment, lack of job accommodation, cost of looking

for work, lack of affordable housing, benefits, family support, home modifications, and child care.

Given the One-Stop concept and the increasing awareness of the multiplicity and complexity of employment barriers faced by people with disabilities there is an opportunity for the PES in both countries to take a more holistic approach to employment service delivery. Innovative strategies are emerging in the UK that take this into consideration by helping people better understand and manage their disability or health condition (e.g., Condition Management program, Fit to Work pilot services), but as already indicated, these need more research on their effectiveness.

Bringing together a range of services and the agencies that provide them and integrating them into a service delivery system that already is complex and often very localized can be challenging as known from previous research. Studies report on Vocational Rehabilitation (VR) staff's initial concerns about rehabilitation services being folded into the generic One-Stop system, their doubts about the system's ability to meet the unique needs of people with disabilities, and fears about loss of professional identity (Timmons et al., 2004b). Other studies reported on the challenges to change One-Stop staff's mindset not to automatically refer people with disabilities to VR (Hall et al., 2007). Further work needs to be done on identifying effective strategies that will help address the obstacles employment service providers within the US and UK PES systems face and allow for the delivery of both comprehensive and integrated employment service delivery.

Challenge Five

Governments in the United States and the United Kingdom Need to Achieve an Appropriate Balance Between Mandatory and Voluntary Participation in Employment-Related Services

Currently the US uses an entirely voluntary approach to encouraging people with disabilities to think about (returning to) work, while the UK has adopted a partially mandatory approach, including a series of Work-focused Interviews (WFIs) in which the possibilities of returning to work are explored for people initially applying or re-applying for incapacity benefits. The Incapacity Benefit Personal Advisers (IBPAs) who conduct these interviews had mixed

views about their mandatory nature: some saw the possibility of sanctions for non-attendance as undermining the building up of a positive relationship, while others saw it as integral to the Pathways process. Many IBPAs contacted claimants before the first WFI to reassure them that they would not be forced back to work (Knight et al., 2005). However, research has shown that some people attended WFIs only because of the threat of sanctions (Mitchell and Woodfield, 2008). While people who were reluctant to attend WFIs generally remained so, others who participated in WFIs did develop a more positive view of returning to work.

There is evidence from research in both countries that people are most motivated to participate in work-related activities if they are doing so on a voluntary basis (c.f. US: Perez-Johnson et al., 2004; McConnell et al., 2005, 2006; UK: Casebourne et al., 2006). However, there is evidence for at least a limited amount of success for the UK mandatory approach, though the effectiveness of a series of WFIs, rather than one or two, is currently unproven (Corden and Nice, 2006a). Such interviews may be useful in at least suggesting the possibility of work, and might be so for existing as well as new benefit claimants. In the UK, there are plans to increase the requirements on most people receiving the new Employment and Support Allowance to engage in work-related activities with the goal to return to work. These are to be piloted, and the mandatory approach should certainly not be generally extended without much more research on achieving the best balance between mandatory and voluntary activities.

Challenge Six

There is a Clear Need for Research on Employment Services and Initiatives that is Independent of Government

Much of the US evidence in this review is qualitative in nature, highlighting a need for more research that better ties specific strategies to employment outcomes of people with disabilities as indicators of the strategies' effectiveness. Creating an evidence-base for effective strategies will positively impact their transferability and replicability to other contexts and settings. This research effort will be not easy given the methodological challenges that arise, for example, from the high variability among One-Stops at the local and state levels in the US, the difficulty of

isolating specific aspects of services for evaluation, and ethical and practical difficulties of using randomized controlled trials.

Further, many of the research studies included in this review were funded by US and UK government agencies seeking answers and possible solutions to a particular set of problems. Although most of this research is carried out by independent researchers, the government has a role in setting the questions to be asked. Davies's study (2008) illustrates how this can lead to the overlooking of important issues. In the UK, there is a strong drive to use the non-profit sector and private contractors to provide public employment services, but few of the many studies commissioned by the Department for Work and Pensions have included an investigation of providers' effectiveness by sector. Davies's (2008) review of government-funded evaluative reports reveals that the little evidence available does not support the government's case for non-profit and private providers being more effective than Jobcentre Plus's own (in-house) provision. Thus, there is a need for more independently-funded research, not tied to the agenda of either government, that investigates strategies and critically evaluates their effectiveness. This will help create a more comprehensive and balanced research agenda that is better able to respond to the changing PES field, allowing for the creation of more objective and useful information and knowledge.

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; Scharztz 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.

Appendix I: Study Methodology

We conducted a scoping review (Pettigrew and Roberts, 2006) of existing empirical research on Public Employment Services (PES) delivery for people with disabilities in the US and the UK and synthesized the findings in form of this report. Scoping reviews are similar to (full) systematic reviews in that they use rigorous and transparent methods for data collection, data analysis, interpretation and synthesis of study findings, however, they usually do not include a quality assessment of the studies included in the review (Arskey and O'Malley, 2005). The methodology for this study consisted of five steps:

1. Recruitment of International Advisory Board
2. Development of inclusion/exclusion criteria
3. Searching for relevant studies
4. Screening studies
5. Data analysis, interpretation and synthesis of findings

1. Recruitment of International Advisory Board

User involvement is an important step in project planning and managing but also provides another level of quality check. We recruited an international Advisory Board, consisting of government managers and administrators, employment service providers and practitioners, researchers and academics, disability advocates and individuals with disabilities from the US and the UK. (See Acknowledgements for a list of Board members.) Board members provided input on important stages of the research and feedback on early drafts of the report.

2. Development of inclusion/exclusion criteria

We developed a list of inclusion/exclusion criteria to guide the literature search. The criteria were also

used to screen studies to determine fit for inclusion in the review. Table 1 presents the list of inclusion criteria.

3. Searching for relevant studies

The literature search was conducted between April and June 2008. We used a combination of approaches to locate empirical studies that were relevant to our review. In doing so we targeted a variety of sources: electronic databases, websites of relevant organizations, and experts in PES and related fields.

Electronic databases included 14 academic databases (e.g., Academic OneFile, ERIC, Dissertation Abstracts) and three citation indexes (e.g., SocINDEX, Educator's Reference Index). *Websites* included those of relevant government entities (e.g., US Department of Labor, US Government Accountability Office, UK Department for Work and Pensions, UK National Audit Office), research institutes and think tanks (e.g., The Law, Health Policy and Disability Center at the University of Iowa College of Law in the US, Centre for Employment Research in the UK), disability organizations (e.g., [US] National Council on Disability, Disability Alliance UK), and employer and business-related organizations (e.g., National Association for Workforce Investment Boards and the Business Leadership Network in the US, Employment Related Services Association in the UK). Additionally, we developed a *list of experts* in PES and related fields. We asked these experts to help us identify relevant studies, especially those that are unpublished ("gray" literature), for our review.

Once we had identified the information sources, we conducted a comprehensive search. A Reference

Table 1: List of Inclusion Criteria

	Criterion	Description
1	Date	Studies should be published or dated in 2000 or after.
2	Language	Studies should be written in English.
3	Country	Studies should be carried out in the US or the UK.
4	Age	Studies should focus on working-age adults.
5	Provider	Studies should relate to programs, services, or work incentives provided by the US or UK PES to help job seekers, unemployed people, people with disabilities, and others who may need extra help in finding work, as well as those employment services that are especially targeted at people with disabilities. ¹¹
6	Disability	Studies should focus on programs, services, or work incentives available to people with disabilities or specialist programs for people with disabilities.
7	Study type	Studies should be based on primary empirical research, both quantitative and qualitative.
8	Study content	Studies should focus on the functioning of a program, service, or work incentive or constituent part of this provided by the US or UK PES that has some relevance to its effect on people with disabilities or to its efficiency. This includes studies investigating variations in PES outcomes, delivery processes, and management of any programs or aspects of programs comprising the PES or of networking between programs.

Librarian from UMass Boston's Healey Library assisted us with these search activities. All studies identified in this search process, with their bibliographic information were entered into a software application called the *EPPI-Reviewer Version 3.0*. The application allows researchers to manage the whole lifecycle of a systematic review type of study, from collecting bibliographic information to analyzing and synthesizing the review findings.

4. Screening studies

The literature search yielded a total 2,235 studies (after 718 duplicates had been removed in the EPPI-Reviewer). The next step involved screening the studies for inclusion/exclusion in the review. Researchers applied the screening criteria to the bibliographic references of the collected studies. The final sample to be included in the analysis consisted of 260 empirical studies: 114 US studies, 144 UK studies, and two cross-national studies that included the US or the UK. We obtained the full text for those studies and uploaded the information into the EPPI application in preparation for analysis. We also identified a number of policy documents and critical reviews of programs and initiatives which we have used to provide information for the background and challenges sections of the report.

5. Data analysis, interpretation and synthesis of findings

The next step in this research was to analyze the 260 studies. We used two techniques to analyze the collected data: *coding and memo-writing*. Coding refers to attaching meaningful 'labels' that signify concepts, actions, or recurrent themes to data or pieces of data (Miles and Huberman, 1994). We developed a coding tool using an existing coding tool (Extraction guidelines; Health Age, and Employment review. London. EPPI-Centre) as a template. The coding tool consisted of five modules: a) administrative details, b) study intention and methods, c) sample, d) US and UK programs, services, and work incentives, and e) strategies and mechanisms, outcomes and evidence of effectiveness. Researchers piloted the coding tool with a subsample of studies prior to implementation. The coding process started with a coding exercise to ensure consistency and quality of the data analysis. The four authors as well as two research assistants were involved in coding with the two project coordinators (Boeltzig and Pilling) conducting regular quality checks.

Once all the studies had been coded, researchers ran a series of coding reports (a table listing the

studies and the text coded relevant to a specific code or combination of codes). The coding reports provided the basis for the analysis. Researchers reviewed the coding reports individually and then in teams and identified emerging themes. Memo-writing further helped to organize themes from the data (Miles and Huberman, 1994). Drafts of the findings were compiled using the themes organized during the memo-writing process. In this way, the memos served as an outline for the results that are presented in this report. A draft of the final report was shared with the International Advisory Board as well as senior staff at the Institute for Community Inclusion at UMass Boston for review and feedback. The final version of the report was then submitted to the IBM Center for The Business of Government.

Appendix II: Glossary

Public Employment Service (PES). There appears to be no definitive version of what constitutes the PES in the US and the UK. For the purpose of the review, PES referred to employment services provided or contracted by the One-Stop system in the US and the Jobcentre Plus system or the Northern Ireland Department for Employment and Learning in the UK that are available to help job seekers, including people with disabilities, and others who may need extra help in finding work, as well as those employment services and supports that are especially targeted at people with disabilities.

For purposes of the review, services had to be at least partially publicly funded and be associated with PES, but could be provided by a variety of organizations (e.g., government, private, non-profit). Federal (US) and central (UK) government financial incentives are also included. Programs exclusively for people with particular disabilities such as programs of the state Mental Retardation and Development Disabilities (MR/DD) agencies in the US were excluded unless they coordinated with the One-Stop system.

People with disabilities. For the purpose of this review, the definition included, but was not limited to, people applying for or in receipt of disability benefits; people with a disability according to the terms of the American or British disability anti-discrimination laws; people receiving or who have received a specialist disability employment program.

United States

(One-Stop) Core services include access to a wide variety of career and employment information

resources such as local labor market information, Internet job listings, and information about education and training providers.

Customized employment services focus on each unique job seeker and tailor employment services and supports to his or her individual needs, abilities, and preferences. Through customized employment job seekers obtain a job that may not have existed before or in a different form and that was “carved out” for them by the employment staff in conjunction with the employer. The approach is specifically targeted at job seekers with significant support needs who find it challenging to use traditional job search strategies and supports.

Disability Program Navigators (DPNs) were established in 2003. The DPN program is a demonstration effort jointly funded by the Social Security Administration (SSA) and the Employment and Training Administration (ETA) of the US Department of Labor (US DOL) intended to build One-Stop capacity to better serve job seekers with disabilities. DPNs are stationed at One-Stops, where they provide disability expertise and serve as a resource to job seekers with disabilities, One Stop staff, and partners. The program was implemented incrementally. As of spring 2009, there are 500 DPNs in One-Stops in 45 states plus the District of Columbia and Puerto Rico.¹² The US DOL also funded Navigator positions through the third round of the Work Incentives Grant (WIG) program also intended to build One-Stop disability capacity.

(One-Stop) Intensive services require some staff assistance and include counseling, case management, and short-term prevocational services.

Supplemental Security Income (SSI) is a major disability benefits program administered by SSA. It provides a monthly income to people who are 65 or older, blind, or have a disability, based on financial need.

Social Security Disability Insurance (SSDI) is a major disability benefits program administered by SSA. It provides monthly disability benefits based on an insured worker's earnings.

Ticket to Work (TTW) Program is an SSA program SSA that provides employment services for SSA beneficiaries who want to work. Ticket users can choose from a list of providers or Employment Networks (ENs), including One-Stops and public Vocational Rehabilitation, for services such as vocational rehabilitation (VR), job search assistance, job training, resume writing, and job coaching. The Ticket program was rolled out nation-wide in three phases (February 2002, Fall 2002, and January 2003). It should be noted that the Ticket program has to this point had very little relationship with the One-Stop system.

(One-Stop) Training services/Individual Training Accounts (ITAs). Job seekers unable to benefit from core and intensive services may be eligible for further assistance in the form of training, with priority given to those on low income or receiving public assistance. Individuals who are eligible receive an Individual Training Account (ITA) that allows them to choose from an Eligible Training Provider List (ETPL) for services such as vocational and/or occupational skills training, workplace training with job readiness training or with adult basic education, as well as skills upgrading. The dollar value attached to an ITA is set by the Local Workforce Investment Board (LWIB); it can range from a minimum of \$1,500 to a maximum of \$10,000 for an average training period of two years.

Public Vocational Rehabilitation (VR) is a mandated One-Stop partner and the only one that specifically focuses on people with disabilities. Job seekers with disabilities can apply for VR services through the One-Stop. Once eligibility for the VR program has been established by a VR counselor job seekers can access a range of services including counseling and guidance; job-related services including job search and placement assistance, job retention services; vocational and other training services; supported employment services; post-employment services; services related to the diagnosis and treatment of impairments; as well as other employment-related

services such as transportation; on-the-job or other related personal assistance services; interpreter services; and rehabilitation technology.

Work Incentive Planning and Assistance (WIPA) Program (which was called the Benefits Planning, Assistance and Outreach Program, BPAO, before October 2006) is a SSA program that provides benefits planning and counseling to SSA beneficiaries with the goal to help them make more informed choices about benefits and work. SSA contracts with a variety of community organizations to establish Community Work Incentive Coordinator positions (CWICs) to provide WIPA services to SSA beneficiaries.

Workforce Investment Boards (WIBs) oversee and monitor One-Stops at the state and local levels (SWIBs and LWIBs respectively). WIA mandates that 51 percent of board members (including the board chair) be employers and also encourages representation of people with disabilities on these boards. SWIB activities include, among others: development of a five year state workforce investment plan and submission to the US DOL; establishment of local workforce investment areas; and development of local performance measures, allocation formulas for funding and certification procedures for training providers. LWIB activities include, among others: selection of a One-Stop operator; development of a five year local workforce investment plan; identifying local training providers; and building and expanding One-Stop partnerships.

United Kingdom

Access to Work is a program for people with disabilities or health problems which can help to pay for special equipment (or alterations to existing equipment) adaptations to premises, or a support worker to help people pursue a job. It can also assist with the additional costs of getting to work for people who cannot use public transport, and support for those who need help with communication at a job interview. Access to Work advisers can be contacted through Disability Employment Advisers (DEAs).

Action Teams for Jobs is a voluntary program available in areas with labor market disadvantage, set up to assist harder-to-help groups, including people with disabilities. Action Teams are available to people on any benefit or none. In 2005, 40 teams were led by Jobcentre Plus and 25 by the private sector.

Teams offer flexible and individually tailored employment services and supports.

Adviser Discretionary Fund (ADF) is a one-off payment that Incapacity Benefit Personal Advisers (IBPAs) can make on a discretionary basis to people to remove barriers to moving into work. The maximum payment is £100 (approximately \$144) and can be used for anything from help with travel costs to clothes for interviews.

Choices Package. See Pathways to Work.

Condition Management Program (CMP) is a new service devised for Pathways to Work which started in August 2004. It is funded by the Department for Work and Pensions but developed jointly between Jobcentre Plus and local health professionals. The aim is to help people better understand and manage their health conditions in order to reach a position where work becomes a possibility. It is aimed, in particular, at the three health conditions that affect the majority of incapacity benefit recipients: mild mental health conditions, back pain and heart conditions. The nature of provision varies between districts.

Disability Employment Advisers (DEAs). DEAs are based at Jobcentre Plus offices and provide specialist advice and information to people who have recently been diagnosed with a disability, those who are having difficulty getting a job because of their disability, or those who may be concerned about losing their job because of their disability. DEAs can offer an employment assessment to help identify people's employment needs and their abilities, refer people to appropriate programs, or help in finding a job.

Employment and Support Allowance (ESA) replaced Incapacity Benefit and Income Support on the grounds of Incapacity for new and repeat claimants on October 27, 2008. Eligibility for ESA involves a new medical assessment called the Work Capability Assessment. Recipients are placed in one of two groups. Those in the Work Activity Group are expected to attend Work-focused Interviews with a Personal Adviser. Refusal to attend or fully take part in Work-focused Interviews may affect entitlement to ESA. Those in the Support Group have been assessed as having a disability or illness which has a severe effect on their ability to work. They are not expected to take part in work, but may do so on a voluntary basis. They receive a support allowance in addition to the basic rate.

Incapacity Benefit (IB) was the main benefit for people who cannot work because of disability or ill health. People had to have sufficient National Insurance contributions or have other qualifying circumstances. Claimants were assessed on a Personal Capability Assessment (questionnaire they had to complete), and might be asked to have a medical examination. It was replaced on October 27, 2008 for new and repeat claimants by the Employment and Support Allowance (ESA).

Incapacity Benefit Personal Advisers (IBPAs). See Pathways to Work.

Income Support (IS) was an income-related benefit for people aged 16-59 working less than 16 hours a week who have insufficient income to meet their needs. Income support was available for people who were unable to work on grounds of disability or sickness and who did not have sufficient National Insurance contributions to qualify for Incapacity Benefit. It was replaced on October 27, 2008 for new and repeat claimants by the Employment and Support Allowance (ESA).

Incapacity Benefit claimants in the report refers to people who are applying for, or recently claimed, Incapacity Benefit or Income Support on the grounds of incapacity.

Incapacity Benefit recipients. This term is used in the report for people who are receiving Incapacity Benefit (IB), or Income Support (IS) on the grounds of incapacity or Severe Disablement Allowance (SDA).

Job Brokers. See New Deal for Disabled People (NDDP).

Jobpoint touch screens with job vacancies. These are available in Jobcentres, and some libraries and supermarkets. People can take the reference number and call about the job.

Jobseekers Allowance (JSA) is the main UK benefit for people who are out of work. It is paid to people under state pension age who are available for and actively seeking work of at least 40 hours per week. There are two types of JSA, one based on contributions and the other on income.

New Deal for Disabled People (NDDP) is the major national employment program available to people on variety of disability-related benefits on a volun-

tary basis, which started in July 2001. It is delivered through a network of **Job Brokers** from a range of organizations, including not-for profit organizations, commercial companies and public sector organizations, which are contracted by Jobcentre Plus. They offer various services, including help with matching skills to job opportunities, information about job vacancies, help with applications, and support in the first six months after obtaining a job. More than one Job Broker can operate in an area. Government funding is outcome related.

ONE was a pilot program which was a forerunner to the merger of the Employment and Benefit agencies into Jobcentre Plus. ONE was available to people of working age who lived in one of the pilot areas. They were eligible to participate if they lived in the pilot area, were working less than 16 hours per week, and were intending to claim Jobseeker Allowance (JSA) or were aged between 18 and 59 and wished to claim one of the other benefits available through the ONE service [this included Incapacity Benefit (IB) and Income Support (IS)]. Prior to March 2000, use of ONE for people intending to claim a benefit other than JSA was on a voluntary basis. After this date it became compulsory. Claimants had an interview with a Personal Adviser who discussed their claim, and job possibilities, including barriers such as disability. The aim was for all clients to have an initial similar experience whether they were claiming JSA, IB or IS, although afterwards specialist services were available.

Pathways to Work is a program designed to encourage new or repeat claimants for incapacity benefits (Incapacity Benefit, Income Support on grounds of incapacity before October 27, 2008) to consider starting or returning to work. Starting as a pilot in 2003 Pathways now covers the whole country. It is delivered by Jobcentre Plus in 40 percent of areas and by external contractors in the other 60 percent. The Pathways program involves a series of mandatory Work-focused Interviews (WFIs) with an Incapacity Benefit Personal Adviser (IBPA) for most claimants of these benefits. It also offers a Choices Package of programs and financial incentives to assist obtaining and retaining work which are available on a voluntary basis. These include: existing programs such as the New Deal for Disabled People; a new program, the Condition Management Program run in conjunction with the local National Health Service and providing short courses on understand-

ing and managing the person's disability or health condition; the Return to Work Credit (described below); and other Jobcentre Plus programs. Pathways support may differ slightly in provider-led areas from that delivered in Jobcentre Plus areas.

Return to Work Credit (RTWC) is an incentive payment made to people who move into paid work of 16 hours or more, available through the Pathways to Work program. The payment is for £40 (approximately \$58) per week and is paid for up to 52 weeks (although it has to be applied for again after six months). People are eligible for the payment if they earn less than £15,000 (approximately \$21,600) per year and have claimed benefits for 13 weeks or more (if people have received Statutory Sick Pay prior to claiming incapacity benefits, this counts towards the 13-week qualifying period).

Severe Disablement Allowance (SDA) is paid to people who had not been able to work for 28 weeks because of disability or ill health. It is not possible anymore to apply for SDA but people receiving it before April 2000 continue to receive it.

Work-focused Interview (WFI). See Pathways to Work.

Working Tax Credit (WTC) is a payment available to people who work, but are on low pay. It is administered through Her Majesty's Customs and Revenue. There is a disability element to provide additional support for people who have a disability, which puts them at a disadvantage in getting a job.

WORKSTEP is the Jobcentre Plus Supported Employment program. It is for people with more severe disabilities. Providers, who may be Remploy (an organization set up by a government act in 1944, which developed a factory network throughout Britain employing people with disabilities), local authorities or voluntary organizations, are contracted by Jobcentre Plus to help people to find employment, and provide support afterwards to both the individual with a disability and the employer. To be eligible for the program people have to meet the Disability Discrimination Act's definition of disability and other criteria, such as being on benefits such as Incapacity Benefit/Severe Disablement Allowance (IB/SDA) or be in danger of losing their employment because of disability. People on WORKSTEP get the same wage as others doing similar work. There is an emphasis on people progressing to open employment.

Endnotes

1. The criteria used for disability can be found at: http://www.bls.gov/cps/cpsdisability_faq.htm#1identified. Retrieved February 25, 2009.
2. Source: America's Service Locator website: <http://www.servicelocator.org/>. Retrieved February 25, 2009.
3. The main conditions for Jobseekers Allowance are the ability to work for at least 40 hours a week and availability for work.
4. Data from Current Population Survey, with unemployed defined as people who are jobless, looking for jobs, and available for work.
5. The ILO (International Labour Organization) definition counts as unemployed people seeking work, whether or not they are claiming benefit.
6. Source: American Recovery and Reinvestment Act (ARRA) of 2009, final text of the legislation. Available at: http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:h1enr.pdf. Retrieved February 25, 2009.
7. Those with zero employees had someone on the payroll during the year.
8. Figures relate to employment in private sector, public, and nationalized companies, but exclude not-for-profit companies.
9. The online training can be accessed at: <http://www.employ-ability.org/legacy.html>. Retrieved February 25, 2009.
10. Company website: <http://dpnavigator.net/main.html>. Retrieved February 25, 2009.
11. Programs exclusively for people with particular disabilities such as programs of the state Mental Retardation and Development Disabilities (MR/DD) agencies in the US were excluded unless they coordinated with the One-Stop system, in which case the study would have been included in the review.
12. Source: <http://www.socialsecurity.gov/disabilityresearch/navigator.htm>. Retrieved February 25, 2009.

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