CASE STUDIES ON SELECTED RETURN-TO-WORK SERVICES FOR PERSONS WITH DISABILITY AND SOCIAL DISADVANTAGES

Johannes Siegrist, Diego Montano & Hanno Hoven

Authors:

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1 Introduction

Within the framework of the "Agenda for new skills and jobs" proposed by the European Commission as part of the general Agenda Europe 2020 [1], the concept of flexicurity constitutes the core strategy of labour market policy. According to the Council of the European Union, flexicurity means in general the combination of flexible contractual arrangements in the labour market (i.e. deregulation) and employment and sustainable social protection systems [2]. One of the particular aspects of the flexicurity concept concerns the need of promoting inclusive labour markets by increasing the re-employment opportunities of vulnerable groups such as the low skilled, unemployed, in unstable employment, and people with disabilities.

Even though flexicurity is usually referred to in the context of labour market policy, there are also important implications of labour market outcomes regarding health inequalities given the strong relationship between health and several socio-economic factors such as income, occupation and differential exposure to stressful physical and psychosocial conditions [3,4]. Employment may be beneficial for health in so far as it can lead to a significant improvement of living conditions such as appropriate housing, increased income, better health care access and active social participation [5]. Thus, the promotion of inclusive labour markets and the development of effective return-to-work services for less privileged socioeconomic groups, and specifically for the most vulnerable groups in society can have an overall positive public health impact and contribute towards a reduction of persistent health inequalities.

In spite of the recognition that the implementation of inclusive labour market arrangements and, in general, of flexicurity policies, requires the consideration of national and regional practices in the specific labour markets, and the possibilities, challenges and priorities of each Member State [6], it has been criticised that the flexibility component has dominated over the security component in European labour market policy [7]. Furthermore, empirical analyses from 2008 have pointed to a positive association between flexibility and precariousness of work in European labour markets [8]. This tendency might even become stronger given a sharp decline of real consumption wages, i.e. the actual purchasing power of workers that was observed in 2011 across 21 Member States [9].

At least conceptually, however, flexicurity implies that an increasing deregulation of labour markets should be complemented by an equivalent increase of employment and income protection. In this regard the four major components of flexicurity proposed by the European Commission, namely: (1) flexible and reliable contractual arrangements, (2) comprehensive life-long learning, (3) active labour market policies (ALMP), and (4) modern social security systems [1], can contribute to significantly improved social security policy measures in European labour markets. Such policy measures may not only increase the availability and quality of work and employment, but also mitigate some of the adverse effects of stressful work on health and wellbeing [10]. Special efforts are needed to increase employability and quality of work among the most vulnerable groups within the Member States.

In the context of the Work Package 3 (WP3) on Fair Employment within the DRIVERS project, the three case studies included in this final report address the social security component of flexicurity measures by demonstrating threats and improvements among two minority groups whose opportunities of labour market participation are severely restricted. The first group is defined by a chronically disabling handicap, spinal cord injury. We analyse their prospects and barriers in returning to work in a distinct national social and labour policy

context, i.e. Switzerland (case study 1). The second group is defined by socially disadvantaged people (esp. homeless people, ex-offenders, low skilled, long-term unemployed) living in the United Kingdom who are supported by specific rehabilitation agencies in their efforts to return to work. Case study 2 describes the results of a job coaching program that aims at increasing the employability of this group. In case study 3 the employers' views on (re)-integrating these socially disadvantaged groups are explored, again in the context of United Kingdom.

It was recently concluded that disabled and severely disadvantaged population groups have not received sufficient attention in mainstream research on social inequalities in health, and specifically on the role of work and employment in health inequalities [11]. With this report we intend to narrow this gap of knowledge by focusing on barriers to labour market participation and good quality of work among socially disadvantaged groups. While we cannot explore potential health effects we nevertheless shed some light on those conditions at different policy levels that can contribute towards reducing the burden of social disadvantage.

The three case studies included in this final report are:

Case study 1: "Reducing social inequalities in return-to-work among disabled persons"

Authors: Diego Montano and Johannes Siegrist

Target population: Persons with spinal cord injury (SCI)

Country: Switzerland

Methodology: Quantitative and qualitative methods

Abstract

Objectives: To identify the potential benefits of vocational rehabilitation programs on the chances of re-employment among persons with spinal cord injury (SCI) in Switzerland, with a focus on socioeconomic inequalities.

Methods: (1) Statistical analysis of survey data (n = 1215, 72% males), (2) expert interviews with managers of the return-to-work programmes in Swiss clinics and in insurance agencies of the Swiss social security, and (3) a focus group session with persons with SCI.

Results: Overall, well-developed medical and vocational rehabilitation services supported by a comprehensive national insurance policy result in a high re-employment rate (54%) of persons who are disabled by SCI. Nevertheless, low-skilled persons and those who were not able to return to their former employer require additional efforts towards re-integration.

Conclusions: The Swiss system of medical and vocational rehabilitation of disabled groups may serve as a model of good practice to several other European countries. Still, distinct structural improvements are desirable.

Case study 2: "Labour market integration of disadvantaged people: Analysis of the Business in the Community Ready for Work Programme in the United Kingdom"

Authors: Rebecca Ford, Stephanie Hagan, Anne Willmot, and Hanno Hoven

Target population: People with social disadvantages (i.e. people who are homeless, lone parents, have caring responsibilities, ex-offenders, live with disability, low skilled, long-term unemployed)

Country: United Kingdom and Republic of Ireland

Methodology: Quantitative and qualitative methods

Abstract

Objectives: (1) to assess whether personal job coaching within the framework of a privately funded return-to-work programme ("Ready for Work") is positively associated with success in gaining and sustaining employment among disadvantaged groups, and (2) to explore the experiences of clients and Ready for Work Managers concerning the job coaching tool, other programme specific components, and the relevance of other social support agencies.

Methods: (1) Statistical analysis of homeless clients' records (n = 2480, 70% males) and (2) semi-structured interviews with a small sample of clients and Ready for Work managers.

Results: About 30% of clients participating in this program gained employment during the period evaluated by this study. Clients being supported by a job coach have significantly higher chances to gain and sustain employment than those not being supported. This holds particularly true for the youngest age group. Qualitative analyses indicate that this association may partly be explained by individual motivation and a cooperative job coaching relationship. Clients valued the support given by the Ready for Work Managers, especially regarding the personalised approach, their availability and responsiveness.

Conclusions: Specific factors of the Ready for Work programme that may contribute to success in gaining and sustaining employment are (1) access to support that is personalised, responsive and readily available, (2) privileged access to vacancies through the Ready for Work programme, (3) a personalised network of support.

Case study 3: The role of employers in promoting the employability and employment of people from disadvantaged groups

Authors: Rebecca Ford, Stephanie Hagan, and Anne Willmot

Target population: Employers participating in a privately funded return-to-work programme ("Ready for Work")

Country: United Kingdom

Methodology: Qualitative methods

Abstract

Objectives: To increase knowledge on (1) how companies participating in the "Ready for Work" programme support or employ people facing barriers to work, (2) what provision they have in place to promote the health and well-being of disadvantaged groups, and (3) who or what influences the decisions they take in relation to supporting disadvantaged groups and health and well-being provisions.

Methods: (1) Telephone interviews with representatives of 13 companies, (2) one focus group with 3 employers, and (3) a qualitative online survey completed by 7 employers.

Results: Companies included in the analyses are partners of specialist agencies. The specific provisions offered by companies to support disadvantaged groups include corporate parenting and flexible work arrangements. Human resources directors play a decisive role in relation to supporting disadvantaged groups and well-being provisions. Major factors influencing recruitment and well-being provisions for disadvantaged groups are brand reputation, legislation/directives and competitors' strategies.

Conclusions: Socially disadvantaged groups require intense and continuous support in improving their employability. Legislation is fundamental for enforcing high social protection standards. Additional company-led provisions, initiatives and activities can boost the positive effect of legal requirements by taking into account individual needs and difficulties of people with social disadvantages.

2 Overall conclusions and recommendations

Although the three case studies included in this report differ in their target populations, methodologies and regional characteristics, some common elements can be identified that may enhance the chances of labour market participation and improve the security components of labour market policy, specifically among disadvantaged population groups.

First, it is obvious that well-developed national social and labour policies contribute to a significant extent to improved return to work rates, as evidenced in case of persons disabled by spinal cord injury in Switzerland. Second, specialized agencies in charge of vocational rehabilitation, e.g. non-governmental organizations such as Business in the Community in the UK, can achieve relevant improvements in returning socially disabled groups to work. Third, employers can have a pro-active role in this process, and specific motivations and mandatory regulations may enhance their commitment.

The following recommendations result from these observations:

1. Special efforts are needed at different policy levels (national legislation, labour and social programmes; organisations and institutions responsible for medical and vocational rehabilitation services, employer organisations etc.) to improve return to work among disadvantaged population groups. However, rather than being directed to narrowly defined, formerly deprived subgroups they should be developed as inclusive policies, addressing the whole spectrum of social inequalities in return to work. Respective policies can be organized in accordance with the principle of proportionate universalism, prioritising subgroups with special needs without neglecting measures that reduce social gradients of return to work within the whole of society [12].

2. Improving reintegration of disadvantaged population groups should be part of a larger societal movement that aims at strengthening equity and fairness of opportunities. Social norms reinforcing cooperation and a societal climate of solidarity are important elements in this process. Within and across enterprises, corporate social responsibility measures and explicit human resource management strategies addressing the needs of deprived groups should complement this development.

3. In times of macroeconomic crisis resulting in austerity measures of national policies and cuts in public spending priority should be directed towards maintaining decent levels of social security provision, of health care and of labour market participation. More specifically, infrastructures and personnel delivering rehabilitation services should remain capable of providing their support to all those who need it, rather than favouring population groups who can afford these services.

4. In designing rehabilitation services a client-oriented approach enabling individual counselling should be preferred to 'one-size-fits-all' strategies. Comprehensive skill training that includes a strengthening of social competencies and of work-related motivations and attitudes requires additional training of professionals providing these services as well as appropriate investments into personnel and facilities. Moreover, more effort in documenting and evaluating rehabilitation measures in a systematic and convincing way are required to make a strong case for their further promising development.

Case study 1: Return-to-work of persons with spinal cord injury (SCI) in Switzerland

Case study „Reducing social inequalities in return-to-work among disabled persons" within the EU-Project DRIVERS – Work Package 6 (WP6)

Authors: Diego Montano1, Johannes Siegrist2

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1 Research Associate, Senior Professorship "Work Stress Research"
2 Professor, Senior Professorship "Work Stress Research"

Center for Health and Society
Faculty of Medicine
University of Duesseldorf
Merowingerplatz 1a
40225 Duesseldorf
Tel.: +49-211-385428-111/112/134

1 Introduction

1.1 Return to work among persons with spinal cord injury (SCI)

Spinal cord injury (SCI) is a serious health condition associated with permanent impairment of several body functions. Depending on both the level at which the injury has occurred and the severity of the neural lesion below that level, spinal cord injured persons may suffer from varying degrees of tetraplegia (in general, impairment of function in the neck, arms, legs, trunk and pelvic organs) or paraplegia (in general, impairment of trunk, legs and pelvic organs, but not upper limbs) [13]. The impairments associated with SCI are multiple and range from loss of bowel, bladder and sexual functions, restriction of mobility (e.g. changing body positions, walking), activities of daily living (e.g. bathing, dressing, eating, cleaning) to limitations of social participation (e.g. employment, education, social relationships) [14]. Prevalence estimates of SCI per million population in some European countries range between 280 and 526 cases per million, whereas incidence estimates have been reported to lie between 10 to 40 new cases per million [14].

There are two major reasons why employment and vocational rehabilitation of persons with SCI are particularly important in the context of social and health inequalities. First, traumatic incidents such as traffic accidents, falls or injuries during sport or work and violence account for the majority of registered cases of SCI world-wide and occur more often among (young) adults [14]. This may lead among others to increased risks of unemployment, poverty and social exclusion. Second, life expectancy among persons with SCI has increased substantially since the 1940's due to medical treatment and technological advances [15]. Even though the overall costs of SCI are high, indirect costs associated with lost productivity may well exceed the direct costs associated with health and rehabilitation services [14]. Thus, an increase of employment rates among persons with SCI may reduce substantially

the financial burden on the social security systems and, at the individual level by increasing income, reduce comorbidities and pain [16], and improve the perceived quality of life [17].

In spite of the several body impairments associated with SCI, most people with SCI are able to work and have the potential of being economically active members of society [14]. However, persons with SCI, and in general people with disability, are confronted additionally with multiple structural barriers to employment and social participation [18]. Among others, inaccessible workplaces, inaccessible public transportation, negative attitudes towards persons with SCI, restricted possibilities of job accommodation or adaptation of work schedules, and financial disincentives of government benefits have been identified as major environmental barriers to employment [19]. This explains to some extent the fact that employment rates of persons with SCI are frequently much lower than the average rates for the whole population. Although data on employment outcomes of persons with SCI is rather scarce, available estimates suggest large differences between high and low-income countries in Europe. Whereas average employment rates for the UK, Sweden and the Netherlands are about 50.7% (95% CI 47.1% – 54.4%) [20], the percentage of employed persons with SCI in Italy is about 34.7% [21], and in Spain during the period 1975-1993 about 13% [22,23].

It has been acknowledged that an early implementation of vocational rehabilitation programmes specifically tailored for persons with SCI may enhance their chances of being employed after injury [19,14]. At international level, the vocational and physical rehabilitation services offered to persons with SCI in Switzerland are among the most comprehensive [24]. In the context of Work Package 3 on Fair Employment of the DRIVERS project, the present case study on the Swiss return-to-work programmes illustrates the strengths and limitations encountered during the implementation of nationwide rehabilitation programmes.

1.2 Return-to-work programs in selected Swiss rehabilitation clinics

The stakeholders of the return-to-work programmes in this case study are:

1. Persons with spinal cord injury (SCI) including both tetraplegics and paraplegics.

2. Employers of persons with SCI.

3. Rehabilitation clinics, especially the managers of their vocational rehabilitation programmes who are responsible for structuring and supporting the implementation of the programmes.

4. Swiss Insurance Agencies: (i) Invalidity Insurance Agency (IV), and (ii) Accident Insurance Agency (SUVA), especially the case managers of the rehabilitation programmes.

All information on return-to-work programmes in Swiss clinics was based on publicly available documentation describing contents and scope of the programmes. Even though each clinic implements a specific rehabilitation programme, there are common features among them. In general, vocational rehabilitation programmes are based on three phases.

1.2.1. Phase 1. Early rehabilitation in the clinics and initial assessment

Assessment of functional limitations and begin of the employment and career counselling. Depending on the clinic several services are offered:

1. Guidance on the requirements for obtaining social security services (Invalidenversicherung).

2. Assessment of interests and skills of the patient by applying corresponding screening instruments.

3. Development of a plan of employment re-integration and launching of return-to-work measures including employers, social security agencies, clinics and patients.

1.2.2. Phase 2. Assessment of employment chances

Clinics offer support and counselling for those occupations suitable for persons with SCI. Among others re-training or vocational rehabilitation is encouraged in the following occupations and/or industrial sectors: commercial and clerical occupations, IT professions, languages and crafts (e.g. goldsmith, watchmaker), electronics and professional occupations. During this phase theoretical and practical vocational skills are discussed, learning abilities identified, and career perspectives and re-integration in the labour market are focused. In addition, apprenticeships or vocational courses can be completed and, if required, occupational retraining is encouraged. The duration and intensity of phase 2 depends on the needs of the patient and require between three or four months in full time.

1.2.3. Phase 3. Labour market integration

Begin of a job, an apprenticeship or a vocational programme depending on the individual assessment. In addition, clinics may offer directly at their premises apprenticeships in the following branches: gardening, cuisine and pastry, facility management, home care, and technical support. Some clinics may offer in addition coaching on the job. The duration and intensity of this phase is about six months in full-time.

1.3 The Swiss invalidity and accident insurance agencies

Depending on the cause of spinal cord injury the Invalidity Insurance Agency (IV) and the Accident Insurance Agency (SUVA) are the main health care and social security services suppliers for persons with SCI. Even though both IV and SUVA clients may claim pension benefits, the minimum disability level required differs among IV and SUVA clients. According to Swiss law (Invalidity and Accidents Laws), IV clients must experience a 40% reduction of work ability in order to receive pension benefits, whereas SUVA clients must prove a 10% work ability reduction only.

The Swiss law on disability (Bundesgesetz über Invalidenversicherung) is primarily conceived as an instrument for the re-integration of persons with disability in the labour market (Art. 1a). Persons with disability are obliged not only to reduce the magnitude and duration of work inability, but also to prevent permanent disability by participating in return-to-work and vocational and physical rehabilitation programmes (Art. 7). Failure to comply with these duties may be sanctioned with reduction or revocation of pension benefits (Art. 7b). The law stipulates the legal framework of early return-to-work interventions and further vocational rehabilitation measures that aim to minimise pension benefits by enhancing labour market participation (Arts. 7d, 15-18d). In this context, vocational counselling, (re-)training programmes, job placement services, and the so called job attempt (a 6-month work period during which persons with SCI are fully subsidised by the insurance agencies) are the major return-to-work instruments.

2 Objectives

The case study "Reducing social inequalities in return-to-work among disabled persons" is conducted to assess the potential health and psychosocial benefits of vocational rehabilitation programmes for persons with spinal cord injury (SCI) in Switzerland. In particular, we aim to obtain detailed information on:

1. The components and processes defining the return-to-work programmes.

2. The most important socio-economic barriers and facilitators of post-injury employment.

3. The role of the different actors in the process of labour market participation of persons with SCI.

4. The perception of persons with SCI on the return-to-work programmes and labour market participation.

3 Methods

This case study is a mixed methods study [25] comprising qualitative and quantitative methods.

3.1 Quantitative methods

The quantitative methods utilised for the statistical analyses of survey data are described in detail in Section 0.

3.2 Qualitative methods

3.2.1 General criteria of evaluation and appraisal

For the reporting of the methods and results of the qualitative part of the case study the consolidated criteria COREQ was adapted [26]. As a general approach for appraising the return-to-work programmes and evaluating the qualitative data, we developed an analysis tool integrating (i) disability and quality management concepts [27–31], and (ii) the results of the research on employment determinants for persons with SCI [32,17,33–35,32]. Thus, we analyse the return-to-work programme for persons with SCI in Switzerland as the process of supplying client-oriented services and goods. This process should increase the client's chances of attaining stable employment contracts in the labour market. This analysis strategy is based on the quality management approach for the services supply sector [36] by means of which the strengths and weaknesses of the return-to-work programmes can be evaluated with conventional quality management tools.
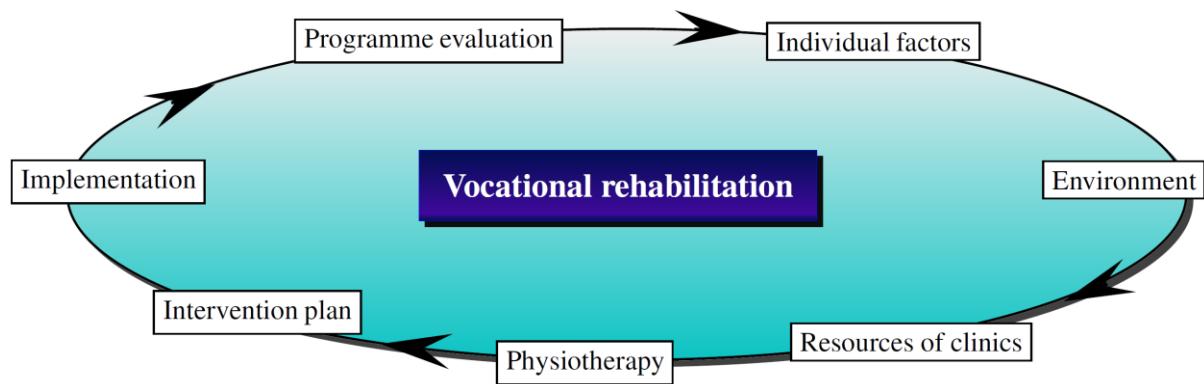
Figure 1. Schematic representation of the criteria for appraising and evaluation the return-to-work programmes for people with SCI.

Table 1. Description of the criteria for appraising and evaluation the return-to-work programmes for people with SCI.

Main factor	Contents
Individual factors	Injury specific factors:
	Impairment and disability grade of body functions, intensity and frequency of physiotherapeutic programmes.
	Employment specific factors:
	Education level and occupation before injury, work experience, age, and occupational abilities and other skills.
	Psychological factors:
	Coping strategies, motivation, social network (e.g. family, or friends as individual resources).
Environmental factors	Regional labour markets and economic structure; occupations best suited for persons with spinal cord injury.
	Social inequality regarding education, occupation, income and health.
	Accessibility at home and at the work site, and social security policies that regulate the financial basis of return-to-work programmes.
	Active integration of employers in the return-to-work programmes.
Personnel and material resources of rehabilitation clinics	Setting and maintenance of a cooperation network between clinics, potential employers, social security institutions, and other relevant stakeholders.
	Qualifications and tasks of health care workers, quantitative staff resources, materials, buildings, and technical devices.

Main factor	Contents
Physiotherapeutic factors:	Somatic rehabilitation and ergotherapy; ability to live independently.
Individual intervention plan	Assessment of the chances of successful reintegration in the labour market considering individual and environmental factors (e.g. return to previous job, possibility of performing previous occupation, etc.).
	Assessment of the need of further education or participation in vocational programmes.
	Demands of the injured persons on the return-to-work programme.
	Funding of return-to-work measures and economic viability analysis.
	Setting of a time frame and objectives of the services included in the programme.
	Integration of the employer in the return-to-work process, and continued support of the programme.
Implementation	Supervision and support during the implementation of the intervention plan.
	Rendering of the services specified in the intervention plan (e.g. continued education, vocational training, internships, physiotherapy and ergotherapy, devices).
	Quality control of the implementation process and, if necessary, modification of the original intervention plan.
Data analysis and quality assessment	Reporting of the intervention process on the basis of the analysis of collected data and relevant performance indicators.
	Evaluation of the programme regarding planning and implementation, and attainment of objectives.

With these objectives in mind, we established a general framework that allows the identification of the most important factors that should be included in return-to-work programmes for persons with SCI (see Figure 1). The arrows in Figure 1 indicate that return-to-work programmes should constitute a feedback process capable of being improved by incorporating new information from each factor of the process. The main factors of the return-to-work programmes and their specific contents are reproduced in Table 1.

3.2.2 Data collection

Expert telephone interviews

Semi-structured telephone interviews with managers of the return-to-work programme in Swiss clinics and in insurance agencies of the Swiss social security were conducted (three and two managers, respectively). Managers of the clinics were identified by manual search in

the institutional websites and all contacted persons (three) agreed to give the interview. Contact information of the two managers of the insurance agencies was supplied by the clinics and both managers agreed to give the interview. All telephone interviews were carried on in Swiss German and lasted from 20 to 30 minutes.

Before conducting the interviews JS and DM prepared and discussed a set of guiding questions (see Appendix 1 and 2) which were sent per email to the interviewees. A draft protocol of each interview was based on the notes taken by JS during the conversation. Afterwards, the draft protocol was sent to the interviewee for further amendments and consent to the final version. Interviews were not recorded. Interviewees were guaranteed confidentiality and an anonymous presentation of results.

Focus group of persons with SCI

In order to obtain a balanced group of participants, paraplegics, tetraplegics, employed and unemployed, and men and women between the ages of 18 and 64 were contacted. Contact information of potential participants was obtained from the patient records of the Swiss Paraplegic Center. A letter containing information about the general goals of the focus group discussion was sent to 12 persons. 10 contacted persons accepted the invitation and attended the discussion. They were guaranteed confidentiality and an anonymous presentation of results. Participants were asked to talk about their opinions and experiences regarding (1) facilitators and barriers of labour market re-integration, (2) vocational rehabilitation, (3) social security institutions and (4) social support. The session was held for 1.5 hours and conducted in Swiss German. The session took place in a meeting room at the Swiss Paraplegic Center, Nottwil.

Before conducting the focus group discussion JS and DM prepared and discussed a set of guiding questions. The discussion was not recorded. Field notes were taken by Christine Fekete (CF) from the Swiss Paraplegic Research (SPF) during the session. On the basis of the field notes a final protocol of the discussion was written by CF in German and revised by JS.

3.2.3 Data analysis

The final protocols of the expert telephone interviews and the field notes of the focus group discussion were summarised in English by DM. Content was organised according to the themes defined by the evaluation criteria explained in Table 1. The draft summaries of the expert interviews and focus group discussion were revised by JS, and a final version of all summary texts was agreed by DM and JS.

3.2.4 Research team and relationship with participants

Expert interviews and moderation of the focus group discussion were conducted by JS. There is neither a professional nor a personal relationship between interviewees, participants of the focus group and the authors. All contacted persons were informed about the reasons and goals for doing the research. Approval of the Ethic Commission of the Swiss Paraplegic Center was obtained before conducting the interviews and focus group discussion.

4 Results

I Qualitative part

4.1 Summary of the interviews conducted with the managers of occupational rehabilitation in the clinics

In this section the telephone interviews that were conducted with managers of the return-to-work programmes in selected rehabilitation clinics in Switzerland are summarised. The interviews were semi-structured and conducted between October 2012 and June 2013. After analysing the content of the interviews, the following factors of the return-to-work programmes were identified: individual and environmental factors, resources of the clinics, intervention plan, data analysis and evaluation. In Appendix 1 the guiding questions of the interviews are reproduced.

4.1.1 Individual factors

The return-to-work programme begins with the compilation of an early profile record consisting of:

1. Expert interviews with the patients. The aim of these interviews is to gather all information relevant for the return-to-work programme such as certificates of employment, educational background, job motivation, and career preferences.

2. Medical expertise assessing the work ability of patients.

3. A standardised description of the workplace prepared by the employer.

On the basis of this information performance profiles are defined and used to support the occupational rehabilitation process. However, the medical expertise was regarded by the interviewees as a double-edged sword since it can have a major positive or negative impact on pension benefits.

The managers ascribe great importance to the following personal characteristics of the injured persons: education, motivation, self-efficacy perceptions, employment history before injury, work performance, language skills, and self-assessment of work skills. Persons with SCI have better chances of being employed in clerical occupations given their functional limitations (e.g. motion and hand functioning limitations). Managers do not believe that gender and nationality have a substantial negative impact on the employment chances of persons with SCI. Frequently, patients experience motivational crises when they realize after one or two months that they will not fully recover from their injury. These crises can jeopardise the whole rehabilitation process.

4.1.2 Environmental factors

In general, the Swiss labour market for persons with injuries is considered favourable by the managers. The cooperation with employers is promoted actively by the clinics. Persons with SCI have increased chances of being employed, if the probability of return to their previous work is high. On the contrary, job placement becomes difficult if the injured person has to apply for a new job. Managers consider that it is even more difficult to gain employment if the clients are affected by psychological disorders.

Whenever possible, great efforts are made to involve employers in the rehabilitation process. At the very beginning of the occupational rehabilitation process it is assessed whether the patient can return to his/her previous work or whether he/she has to complete an occupational re-training programme. The managers consider the cooperation between clinics and employers as favourable. The SUVA has created a network of employers and a bonus system for companies that employ persons with SCI in order to increase the return-to-work chances of its clients. The results of the so-called "job attempt", a 6-month work period during which persons with SCI receive their salary from the insurance agencies, are mixed and depend on the specific clinic.

The information exchange among clinics is perceived as favourable by the managers. The clinics participate in annual meetings and, if needed, special conferences are organised. At the national level the Sectorial Organization of Institutions (INSOS) represents the interests of persons with disability.

The vocational rehabilitation offices of the Invalidity Insurance (IV) are organised differently in each Swiss canton. Hence, there is great variation of methods, decision procedures, and processing times among IV regional offices. However, two clinics have signed a cooperation agreement with the IV that guarantees a definite catalogue of services across cantons. The collaboration between insurance agencies and clinics is perceived as favourable. Nonetheless, the coordination with the IV and its processing times should be improved. Employers seem to have a negative view of the IV in comparison with the SUVA. This situation may lead to structural advantages of SUVA clients over IV clients.

4.1.3 Resources of clinics

At the moment, there is no standardised return-to-work programme for persons with SCI in Switzerland. Each clinic has its own rehabilitation programme. The clinics have at their disposal an interdisciplinary team for occupational rehabilitation that consists of physicians, psychologists, physiotherapists, ergotherapists, career counsellors, and social workers. In two clinics persons with SCI are supported by a Coach Manager who facilitates the cooperation between employers, social insurance agencies and clinics. One clinic only has an appropriate infrastructure for the implementation of further rehabilitation measures such as small factories, learning groups, and other skills courses.

4.1.4 Intervention plan

The individual intervention plans are designed after assessing the early profile record. The earlier the rehabilitation programme begins, the greater the chances are of re-integration into the labour market. The financial analysis of the IV decides for each patient on the feasibility of vocational re-training or similar measures. In general, the objectives of the individual intervention plan are defined by the Swiss Law and comprise (1) therapeutic measures, (2) vocational adaptation, (3) re-training, (4) part-time employment in the previous job, and (5) complete re-integration in the labour market either as job retention or job acquisition.

The managers argued that the time quotas assigned by the IV to occupational rehabilitation is often not enough to implement the intervention plans. At the moment, the time quota of vocational rehabilitation comprises 20 hours within three months. According to the manager in one clinic, at least 50 rehabilitation hours over six months are required.

4.1.5 Data analysis and programme evaluation

In general, the return-to-work programmes are not documented systematically, even though the clinics have recognised the need of collecting reliable empirical data. At the same time, some solutions are being discussed that can lead to substantial improvements of the rehabilitation programmes. However, the collection and harmonisation of data is at the moment limited by time and personnel constraints.

4.2 Summary of the interviews conducted with rehabilitation managers of the social security agencies

In this section, the telephone interviews conducted with managers of the return-to-work programmes of the social security agencies SUVA (Swiss Accident Insurance Agency) and IV (Swiss Disability Insurance Agency) are summarised. The interviews were conducted between September 2013 and December 2013. After analysing the content of the interviews, the following factors of the return-to-work programmes were identified: individual and environmental factors, intervention plan, and data analysis and evaluation. In Appendix 2 the guiding questions of the interviews are reproduced.

4.2.1 Individual factors

The managers of the insurance agencies agree that education, work experience, skills and foreign languages increase the chances of employment. It has been recognised that the chances of return to the previous job, the willingness of the employer to participate in the programme, and the ability to drive a car are very important factors determining successful re-integration. The initial assessment of career perspectives is carried out in the clinics in cooperation with insurance managers, physicians, and career counsellors.

One manager pointed out that self-perception, the sense of responsibility, and the knowledge about spinal cord injuries are very important personal factors affecting the rehabilitation process. These factors are related to the way how patients cope with their disability, i.e. whether they perceive they have control over their own fortune or they assume a rather fatalistic attitude. On the contrary, age and gender do not seem to determine a successful integration in the labour market.

4.2.2 Environmental factors

A manager stated that in some cases employers are afraid that the person with SCI may become a major financial burden to the company. Some employers think that persons with SCI are not as productive as their non-disabled colleagues. These fears might represent a structural barrier to re-employment. In any case, the personal contact with the previous employer is essential before the 4-week registration period of inability expires. Employers should be informed when and whether employees might be expected to return to work. The chances of sustaining employment depend on a close coordination of time schedules and a binding involvement of the employer.

The bonus system of SUVA subsidies the salary of clients who are unable to complete a re-training programme. The prime objective of this bonus system is to encourage employers to employ the SUVA clients permanently. According to SUVA, the company size does not seem to play an important role. On the contrary, the fact that SUVA is much more flexible than IV regarding the granting of pension benefits seems to be disadvantageous for IV clients. Thus, SUVA grants partial pension benefits in a 10% - 100% disability range, whereas IV starts by a minimum of 40% disability. Although the disadvantage between SUVA and IV clients is

already known, the efforts to counterbalance this situation have failed at the policy-making level. Clients with incomplete lesion who are able to walk are disadvantaged since they receive less pension benefits in spite of substantial functional limitations.

The rationale behind the 40% disability policy of the IV is that persons with SCI should be encouraged to gain employment. A very low threshold is thought to be a disincentive diminishing the chances of labour market participation. In the case that the IV denies pension benefits, there is a very high probability that persons with SCI appeal the decision, even though most of the claims are dismissed or returned by the judges to the IV for revision. In this context, the grounds for granting pension benefits seem to be shifting away from purely medical arguments and depending more on legal considerations.

SUVA has at its disposal approximately 120 full-time case managers. They have often commercial and vocational rehabilitation experience. Their work begins once clients are released from the clinics. From a therapeutic point of view it is very important that vocational rehabilitation measures begin as soon as possible. In order to increase the chances of permanent employment, SUVA pays the salary of its clients during 3 months.

The managers of the insurance institutions estimate the chances of gaining employment as good. Persons with SCI are recognised for their motivation and receive frequently help and support from their environment. One manager considered that the chances of gaining employment for persons with mental disorder are worse, since functional limitation is not visible and continued employment may be threatened by risks of relapse.

4.2.3 Intervention plan

The development of the intervention plan begins very early after injury with a series of meetings where physicians, vocational trainers, insurance representatives and patients discuss about the different aspects of vocational rehabilitation. Even though some patients may be still in a state of shock that may interfere with the development of an intervention plan at early stages of the rehabilitation process, most patients appreciate these first meetings.

Several rehabilitation activities offered by the insurance agencies are related to clerical occupations, computer or computer-assisted tasks. The managers of the insurance agencies considered that the time quotas of vocational training are sufficient for implementing the intervention plan.

4.2.4 Data analysis and evaluation

The whole process from the first meetings at the hospital until reintegration in the labour market is consistently documented. However, the information deficit begins as soon as persons with SCI start working. Especially for fully employed persons there is no data available. The only exception concerns clients receiving partial pension benefits since their case must be evaluated after two or three years on the basis of their work ability. At the aggregate federal level there is some data on the employment status of IV clients. Nonetheless, there is no information at the individual level on the success of the rehabilitation programmes, and therefore a systematic evaluation cannot be conducted. At the moment there are no plans for data collection and analysis.

According to one manager, the return-to-work programmes in Switzerland operate successfully, and there is no need of reforms. On the contrary, one manager considers that

the growing proportion of older persons with SCI may necessitate substantial investments into assistance, accessible housing facilities, and nursing staff. Relatives of persons with SCI who perform most of the caring activities should receive a more comprehensive support.

4.3 Summary of the focus group discussion

The focus group discussion held with persons with SCI was conducted in March 2014. Six males and four females between the ages 21 to 52 living in Switzerland were recruited. Seven persons were paraplegics and three tetraplegics. Four participants were able to walk. Three participants had complete lesion and seven participants incomplete lesion. Four participants were part-time employed (40%, 50% and 60%), one participant completes a practical training, one was unemployed, two participants attend university, and two complete an apprenticeship. After analysing the content of the focus group discussion, the following factors of the return-to-work programmes were identified: individual and environmental factors, and resources of clinics. In Appendix 3 the guiding questions of the focus group discussion are reproduced.

4.3.1 Individual factors

Almost all participants had completed or complete vocational and/or formal education programmes. Pain, concentration problems and functional limitations of the hand, secondary effects of medications, surgeries, reduced ability to cope with job and/or vocational training demands, and lack of motivation are the major individual barriers to re-integration in stable employment arrangements and/or completion of vocational programmes. Age at the time of injury seems to play a role as long as career prospects of younger participants, especially those who were at school before injury, tend to be more adaptive than among older participants.

4.3.2 Environmental factors

In general, the relationship with the IV was more difficult than with the SUVA regarding processing times, availability of staff and pension benefits claims. SUVA clients were in general more satisfied and reported positive experiences. The procedures of the IV seem to differ largely between Swiss cantons, and the quality of support tends to depend on the person in charge. From the four participants employed two of them were completing the so-called job attempt (Arbeitsversuch), a 6-month work period during which persons with SCI receive their salary from the insurance agencies.

Some participants argued that employers are not willing to employ persons with SCI due to the fact that they might not be 100% able to work. In addition, accessibility is a major problem that may reduce the willingness of employers to hire persons with SCI. Nonetheless, some employers were very helpful and supported modifications of their facilities, re-location of offices or construction of special parking lots. Transportation and mobility are still very limited for persons with SCI, even though Swiss law stipulates the construction and/or (re-)design of accessible public spaces and infrastructures.

Participants receive considerable social support from relatives, neighbours, friends and partners, even though some of them separated from their partners after injury. Participants agreed that persons with SCI in Switzerland obtain generally extensive support from society. It was acknowledged that people hesitate before offering help to persons with SCI since it is often difficult for them to assess whether help is needed or not.

4.3.3 Resources of clinics

The early vocational assessment conducted in the clinics after four or six weeks after injury is perceived as very important and useful for increasing the chances of employment. However, some participants observed in retrospect that discussions about vocational rehabilitation started too early, at a stage when they were still coping with more fundamental issues of their future life. Thus, they suggested that professional counseling may start with a focus on more general skills and functional capabilities that have the potential of being developed, and that the obligations of vocational rehabilitation may be addressed at a somewhat later stage.

At the same time, experiences with the job coach in the clinic were positive. Job coaches may give useful advices based on their experience and help with the job search in the early phase of vocational rehabilitation.

Participants agreed that the early vocational assessment and the vocational rehabilitation suffer from tight deadlines and time constraints. Participants felt some pressure to completing the programme and were not able to exploit all its benefits. Common opinion was that the timeline of the rehabilitation programme needs to be re-structured so that patients can have more time to adapt to their new situation. However, an early involvement of the previous employer was perceived as highly positive. Four participants received substantial support from their employer right after injury. Employers supported apprenticeships or re-training programmes and were willing to offer job alternatives. In contrast, one participant (with a modest educational level) was dismissed despite the employer's previous assertion of getting re-employed. This resulted in a situation of continued unemployment. For another participant, continuation of employment depended on successful accomplishment of a training programme which he considered to be too difficult to achieve. These two cases point to increased difficulties of vocational rehabilitation among lower-skilled persons with SCI.

Most participants received clear and detailed information on their diagnosis. For persons with incomplete paralysis, however, it is not possible to predict during the first weeks and months after injury which functional limitations will become permanent. This may delay the beginning of vocational rehabilitation programmes and other educational alternatives.

II Quantitative part

4.4 Employment status of persons with spinal cord injury – The SwiSCI Study

The research on employment of persons with SCI has identified several factors that influence a successful integration in the labour market. These include, among others, gender, marital status, education, vocational training, activity level, pain, medical complications, transportation, lack of work experience, loss of pension benefits, and motivation [35,17,37,38,33]. A previous study conducted between May and August 2008 dealing with employment status of a sample of 495 persons with SCI in Switzerland reported that approximately 63% was in paid employment [39]. There were no statistically significant differences between paraplegics and tetraplegics concerning post-injury employment status. Gender, age, vocational counselling, working 2 years after injury, time since SCI onset, perceived importance of work, pain, and education showed statistically significant associations with current employment status. In the following sections we update the analysis on labour market participation of persons with SCI in Switzerland by utilising a larger dataset from the 2012 SwiSCI Study. We used several statistical methods assessing (1) the

probability of being employed after SCI, (2) a set of relevant factors associated with employment, and (3) the subjective perception of barriers to employment after SCI.

4.5 Quantitative methods

4.5.1 Data and imputation

The SwiSCI Study is a longitudinal cohort study conducted in Switzerland that aims to survey persons older than 16 years who are diagnosed with traumatic or nontraumatic spinal cord injury [40] [41]. Data has been collected for the first wave only. The survey comprises four modules: one basic module collecting socio-demographic information, and three specific modules focusing on psychological and health behaviour, work integration, and health services and ageing, respectively [16]. The specific modules are random subsamples obtained from the sample of persons completing the basic module. In the statistical analyses we considered the questionnaires of the basic and the specific module on work integration only. For all analyses, persons with SCI between 18 and 65 years old were included only since this group represents usually the economically active population.

In order to increase the statistical power of the regression analysis described below, both datasets were imputed ten times by the method of chained equations [42]. Categorical and metrical variables were imputed by multinomial log-linear models via neural networks [43] and predictive mean matching, respectively. A massive imputation was performed by using the following variables in the corresponding prediction models: sex, marital status, cause of injury, type of impairment, impairment grade, presence of health problems, employment status at onset, pension benefits, hours of post-injury education per week, age, age at the time of injury, and years of education. The dependent variable current employment status was not used in the predictive models of the imputation.

4.5.2 Variables and logistic regression models

The odds ratios of current employment status were modelled by fixed-effects logistic regression. We estimated two models. Model 1 was estimated with data from the basic module, and model 2 with data from the work integration module. Given the cross-sectional design of the SwiSCI study these estimates should not be understood in a causal sense. Post-injury employment is defined in this report as being on paid employment at the time of the survey. The selection of independent variables was guided by the results of previous research on the association between SCI and post-injury employment [35] [17]. Only variables with less than 30% missing values were selected. Previous statistical analyses (not reported here) suggested that response rates may be associated with unemployment and health problems in the basic module. For that reason, in order to avoid imputation biases the variable "presence of health problems" in the first model included the missing values as the distinct category "Not answered" (see Table 3). Thus, information on the missing data mechanism was used indirectly in the estimation of the odds ratios (for discussion see [44]).

The variables included in model 1 are: age, sex, marital status, cause of injury, presence of health problems, impairment type, impairment degree, age at the time of injury, years of education, pension benefits, hours of post-injury education per week, and employment status at onset. Model 2 covers all variables of model 1 plus the variables driving ability, impairment level measured by the Spinal Cord Independence Measure (SCIM [45]), pain intensity (0=no pain at all, 10=worst pain I can imagine) and Krause's Barrier to Employment. For the variable injury cause two categories only were included in order to increase statistical power

(traumatic vs. non-traumatic). For each imputed dataset the selected logistic regression model was estimated. Pool estimates were obtained by the methods described in [46].

4.5.3 Methods for analysing perceived barriers to employment

For the analysis of how persons with SCI assess their own situation regarding employment, we utilised two instruments: the Barriers to Work Scale of Krause and Reed [47], and the comments on employment given by the survey participants. Krause's Barriers to Work Scale is implemented in SwiSCI with six Likert-style items each ranging from 1 ("strongly disagree") to 5 ("strongly agree"). These items are listed in Table 2.

Table 2. Items of Krauses' Barriers to Work Scale in SwiSCI.

Item	Abbreviation
I have all the necessary resources to maintain a regular job (education, transportation, assistants, and so on)	Ressources
The types of jobs that I can do now just do not interest me	Interest
My health, stamina or endurance is too poor to maintain a regular job	Health
The types of jobs I can do now do not pay enough money to be worthwhile	Money
Most employers will not hire me because of my disability	Employer
Work is not that important to me because I do other important activities, such volunteering, home-making or travel	Activities

The reliability and uni-dimensionality of Krause's scale was checked by estimating the general factor saturation ω which has been known to be a better lower bound estimate of test re-liability than Cronbach's α (α ≤ ω [48]). For the SwiSCI sample we obtained ω = 0.77, and RMSEA = 0.089 (90% CI 0.073, 0.10). Values above 0.7 are deemed acceptable. We estimated robust mean and standard errors for Krause's Barriers to Work Scale (Winsorized estimators trimmed at 0.3), and the frequencies for each item.

The comments of survey participants correspond to text fields included in the SwiSCI files. The original question in the questionnaire was: "Do you have any comments / wishes / suggestions concerning the labour market integration of people with an SCI?". The comments were analysed in three steps using text-mining techniques [49]. First, the most frequent terms in the comments were identified in German, French, and Italian. Each term appeared at least four times in the whole body of comments. Second, the correlations of these terms with each other were estimated. We selected correlations greater than 0.3 in order to gain a detailed insight into a common semantic structure of the individual comments. Third, a correlation graph was generated that represents the correlation matrix estimated in step two.

4.6 Results of quantitative analyses

4.6.1 Descriptive statistics

The frequencies, mean values, standard deviations and number of missing values imputed of the variables included in the regression models are displayed in Table 3. Traumatic causes are by far the most common cause of injury accounting for more than 80% of the injuries. In agreement with other international statistics most of the persons with SCI in Switzerland are males; they represent about 72% of the sample. Paraplegia is the most common type of impairment, whereas the number of persons with complete or incomplete impairment is very similar (45% and 55%, respectively). The employment rate of persons with SCI shows a decrease of about 20% from the pre-injury (70%) to post-injury rates (50%). Participation in further education programmes for at least one hour per week is rather low (28%).

Depending on both the age at the time of the survey and at injury onset, employment rates and changes of the employment status before and after injury show a large variation. In Figure 1 we characterised how the transitions between employment and unemployment develop during the life course of persons with SCI. In the left panel of Figure 1, the transitions between employment and unemployment before and after injury are plotted by the age quartiles at the time of the survey. The plot indicates that until age 57 about 60% of the sample either maintain or gain employment. Respondents older than 57 years often report having lost their job after injury. A different perspective can be observed from the right panel of Figure 2 where the employment transitions are plotted by the quartiles of the age at injury. Respondents injured at younger ages (< 20 years) are more likely to gain employment in comparison with older respondents. Persons older than 20 years, on the contrary, are more likely to lose employment after injury. Persons older than 39 years at injury onset report the highest rates of job loss. The proportion of persons reporting being unemployed before and after injury seem to be particularly high in the oldest age quartiles at the time of the survey and at the time of injury as well.

Table 3. Descriptive statistics of the SwiSCI Study. Basic Module.

Variables	%	Missing values to be imputed
Gender		0
Male	72	
Female	28	
Marital status		6
Married	48	
Other	52	
Cause of injury		74
Leisure / Sport	27	
Traffic accident	35	
Fall	17	
Other traumatic causes	6	
Non-traumatic causes	14	
Type of impairment		25
Tetraplegic	31	
Paraplegic	69	

| Variables	%	Missing values to be imputed
Impairment grade		13
Incomplete	55	
Complete	45	
Health problems		0
No problems	7	
Yes, problems	20	
Not answered	73	
Employment status at onset		14
Not employed	30	
Employed	70	
Employment status after injury		7
Not employed	46	
Employed	54	
Pension benefits		7
No pension	44	
Full pension	35	
Partial pension	22	
Number of hours spent in further education		118
No further education	72	
More than one hour weekly	28	
Average age	47.7 (SD 11.2)	0
Average age at onset	30.2 (SD 12.9)	116
Average years of education	13.9 (SD 3.3)	16
Total sample	1215	396
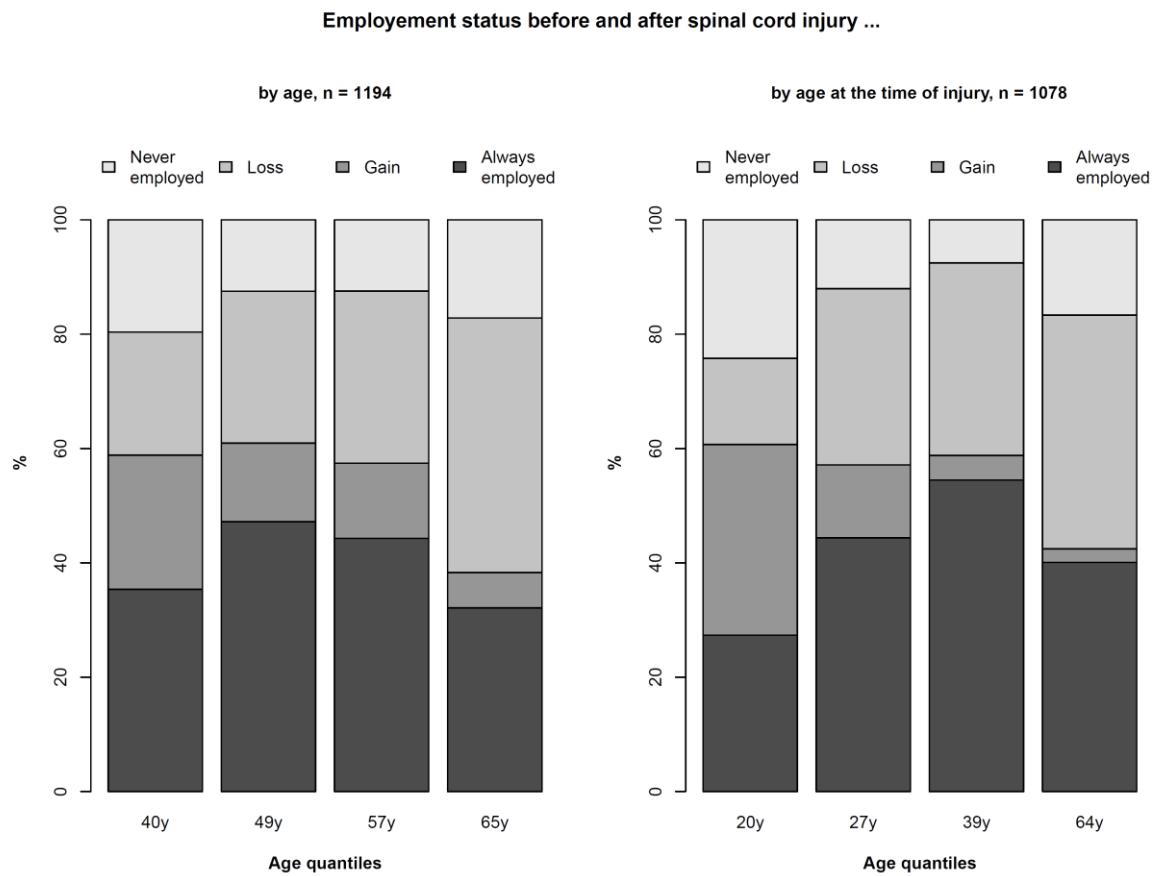
Figure 2. Cross-tabulation of employment status before and after injury. SwiSCI Basic Module. The left panel depicts the cross-tables by age quartiles at the time of the survey. The right panel depicts the cross-tabulations by age quartiles at the time of injury. Loss = Employed before injury and unemployed after injury. Gain = Unemployed before injury and employed after injury.

4.6.2 Probability of being employed after injury

The results of model 1 are reported in Figure 3. Pension benefits seem to be the most relevant factor associated with employment after SCI. In comparison with persons receiving no pension benefits, the odds ratios of being unemployed for full pension beneficiaries are 0.19 (95% 0.13-0.26). Females are less frequently employed after injury than males (OR 0.66 95% CI 0.49-0.89). The odds ratios corresponding to the different causes of injury show a decreasing pattern. Persons injured in traffic accidents, falls, other traumatic events, and especially due to non-traumatic SCI have lower chances of being on employment after injury in comparison with persons injured during leisure or sport activities. The odds ratios of the persons reporting health problems or not answering at all to the question are lower in comparison with people reporting no health problems. This fact seems to be pointing out to a (marginally significant) relationship between health status, employment, and participation in the survey. On the contrary, being employed before injury and having more years of formal education are associated with increasing chances of being employed after injury (OR 1.63 95% CI 1.19-2.23, OR 1.12 95% 1.08-1.17 respectively). Albeit not statistically significant, the chances of being employed are to some extent larger for tetraplegics than for paraplegics (OR 1.25 95% CI 0.92-1.69).

Employment status after SCI − Basic Module, n = 1215
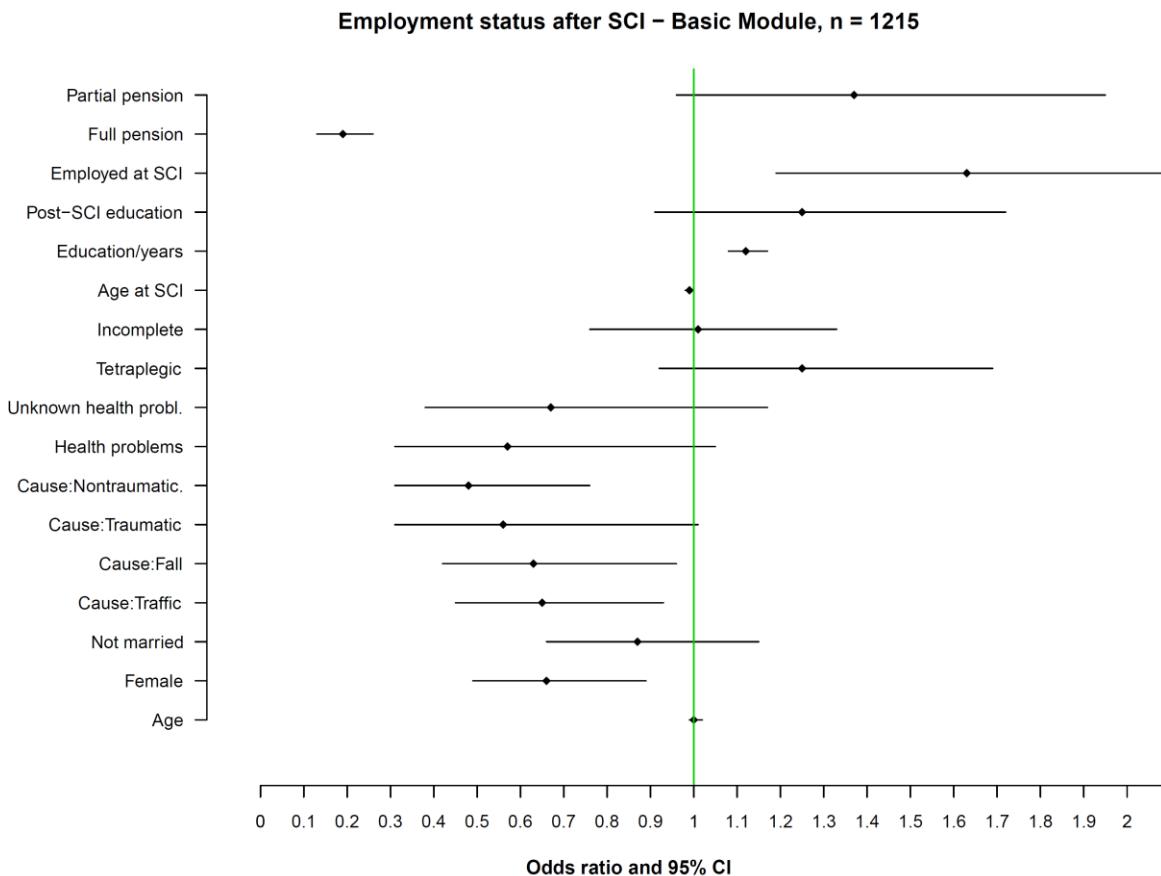
Figure 3. Odds ratios of the logistic regression analysis estimating the probability of being employed after injury. Reference categories in corresponding variables: (1) Sex: Males, (2) Marital status: Married, (3) Cause: Leisure/Sport, (4) Health problems: Persons reporting health problems, (5) Type of impairment: Paraplegic, (6) Impairment grade: Complete, (7) Vocational education after Injury: No, (8) Employment before injury: No, and (9) Pension benefits: No pension benefits.

The results of model 2 are reported in Figure 4. In contrast to model 1, most of the variance is explained by two independent variables only: Krause's Barrier and full pension benefits (OR 0.3 95% CI 0.19-0.47 and OR 0.19 95% CI 0.19-0.41). In model 2 the odds ratios of the variables sex, education and pre-injury employment status are much lower than in model 1 and fail to reach statistical significance (OR 0.97 95% CI 0.49-1.93, OR 1.07 95% CI 0.97-1.19, and OR 1.57 95% CI 0.78-2.94), even though the direction of effects remains consistent. Neither the impairment level nor the pain intensity shows a statistically significant association. A comparison of the estimates from the imputed and the complete case datasets shows large differences in the confidence intervals and in some point estimates (e.g. pre-injury employment status). These differences confirm the need of adjusting for non-response in order to increase the efficiency of estimates.

25

**Employment status after SCI − Work Integration Module**
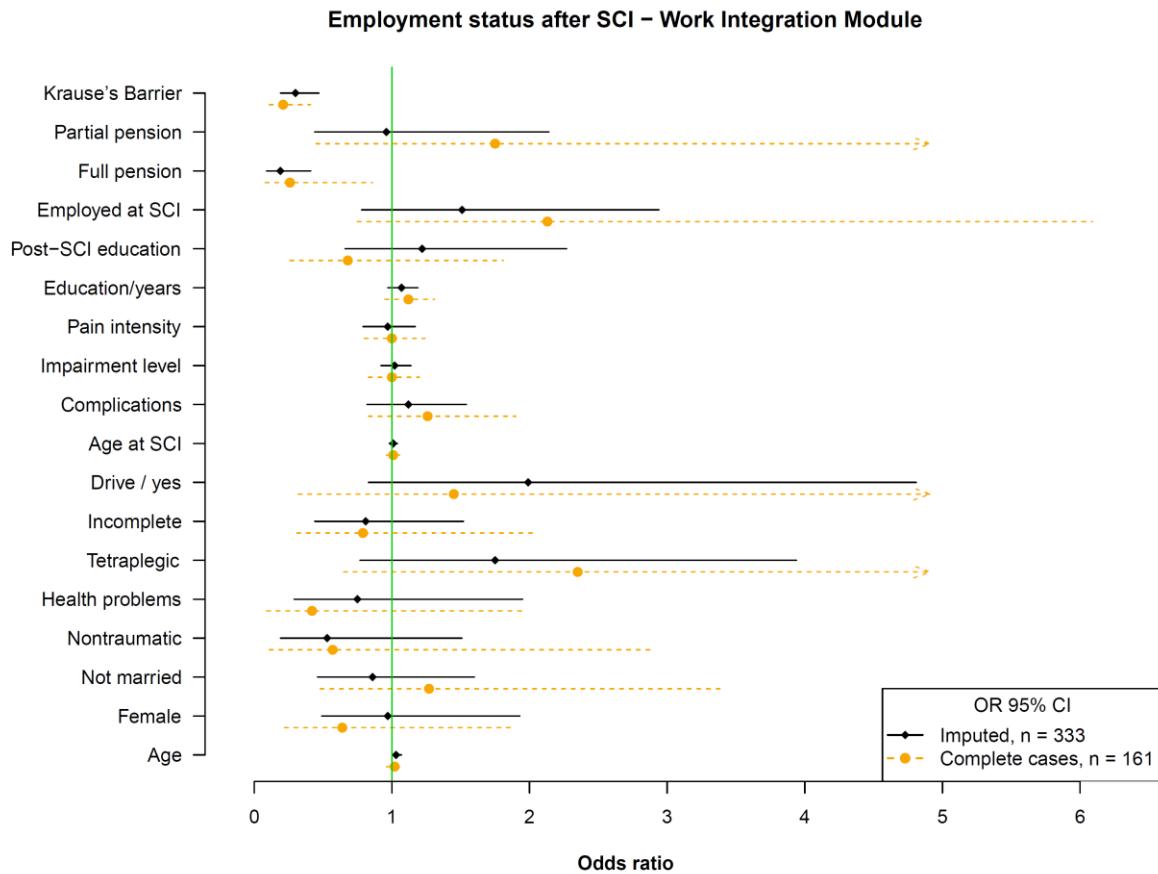
Figure 4. Odds ratios of the logistic regression analysis estimating the probability of being employed after injury. Reference categories in corresponding variables: (1) Sex: Males, (2) Marital status: Married, (3) Cause: Traumatic, (4) Type of impairment: Paraplegic, (5) Impairment grade: Complete, (6) Vocational education after Injury: No, (8) Employment before injury: No, and (9) Pension benefits: No pension benefits

4.6.3 Perceived barriers to work

From the perspective of the persons with SCI there are, however, other important factors influencing the chances of employment after injury that depend rather on the assessment of one's employment chances. We would like to explore this perspective first by analysing in detail the frequencies of Krause's Barriers to Work items and the distribution of the corresponding scores, and second by analysing the opinions expressed by the survey respondents regarding labour market participation. In the left panel in Figure 5 we have estimated the distribution of the Barriers to Work scores on the Likert-scale, the corresponding sample means and the 95% confidence intervals for the employed (continuous lines) and unemployed persons (dotted lines), respectively. Since higher scores indicate a higher level of perceived barriers to work, it is clear from the distribution of scores in the left panel of Figure 5 that employed persons perceive fewer barriers than the unemployed. The confidence intervals of the sample means for each group (shaded areas around the means) indicate that this difference is large (about one point on the Likert-scale) and statistically significant.

On the other side, the right panel in Figure 5, which plots the frequencies of single items of the barriers scale (see Table 2), indicates that the most relevant barriers to work are related to poor health, resources availability and the belief of being discriminated by employers.

About 40% of respondents (strongly) agree that their health is too poor to maintain a regular job ("Health") or that most employers are not willing to hire persons with disability ("Employer"). More than 60% (strongly) disagree that they do not have all the necessary resources to maintain a regular job ("Resources"). Moreover, if we compare the distribution of the Likert-categories "Strongly disagree" and "Disagree" for the items "Health" and "Employer" in Figure 5, we observe that the willingness of employers to hire persons with SCI is perceived as a much more important barrier to work in comparison with health problems. These perceptions contrast sharply with the assessment of work interests, employment motivation and salary. More than 65% of respondents (strongly) disagree that they are not interested in available jobs ("Interest") or employment ("Activities"), whereas a lower salary seem to be an important barrier for only about 20% of respondents ("Money")
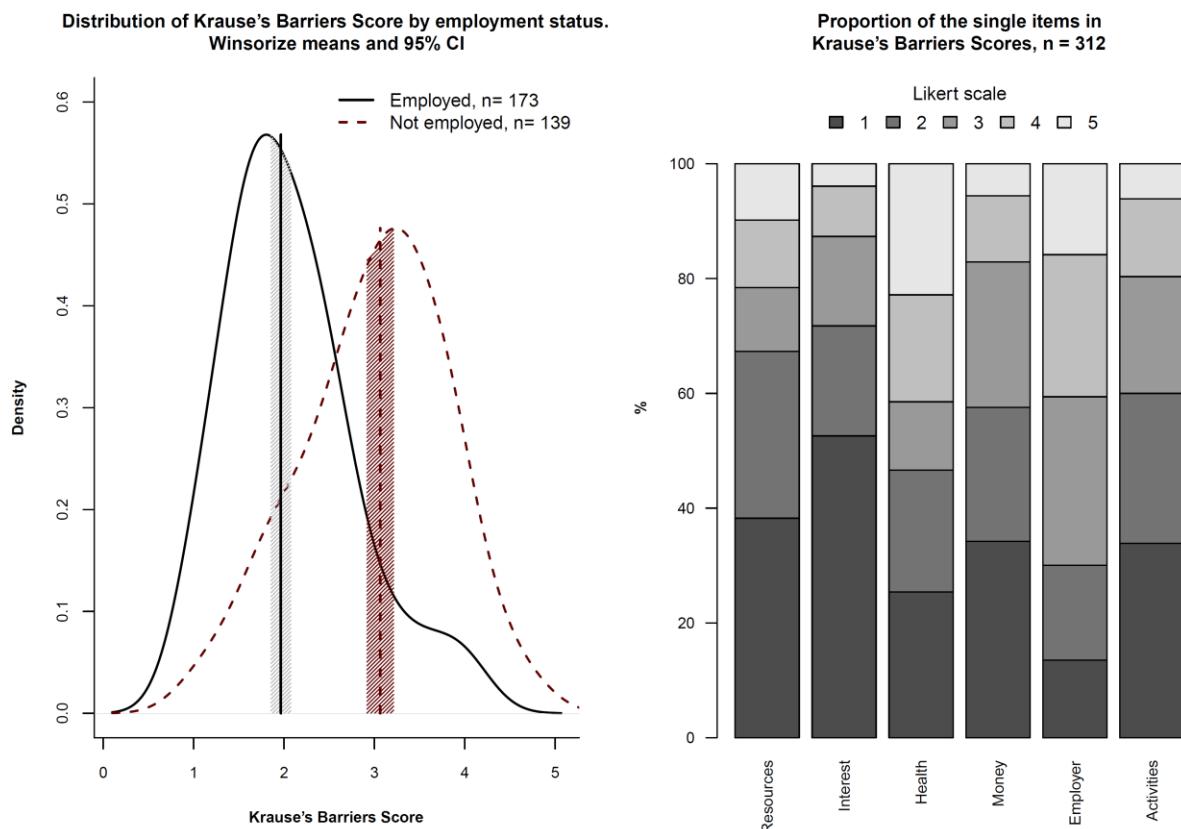
Figure 5. Left panel: comparison of the kernel density approximation of Barriers to Work scores between employed and unemployed survey participants. Right panel: proportion of responses for single items of the Barriers to Work scale. Source: SwiSCI-Study, Work Integration Module

These results are supported by the text analysis of the opinions expressed by 158 survey participants on labour market participation. As stated in the Methods section, we selected the most frequent terms mentioned by the participants and estimated the correlations among these terms. The correlation matrix of the most frequent terms across all comments is depicted as a graph in Figure 6. The terms are connected by lines if the correlation among them is at least 0.3. Unconnected terms are frequently mentioned, but they are not strongly associated with the other frequent terms. In Figure 6 two major semantic structures can be

synthesised. The first one is defined by the idea that employers or firms ("Arbeitgeber", "entreprises") should give ("geben") more ("mehr") employment chances ("einstellen", "Stellen", "Möglichkeit", "möglich", "Arbeit", "arbeiten", "Arbeitsstelle", "travail", "lavoro") to persons with disability ("Behinderte"), especially for wheelchair users ("Rollstuhl"). The second one seems to be based on the argument that it is very difficult ("très difficile") for persons with disability ("personnes") to be employed ("travail") in long-term labour contracts ("temps"). Therefore, society ("societé") should do more ("faire plus") to improve their employment chances ("travail"). Note that in spite of the large physical limitations associated with SCI, the comments of survey participants concentrate mainly on social factors determining employment opportunities for persons with SCI. The role and attitude of employers toward persons with disability seem to be the critical determinant of successful labour market participation.
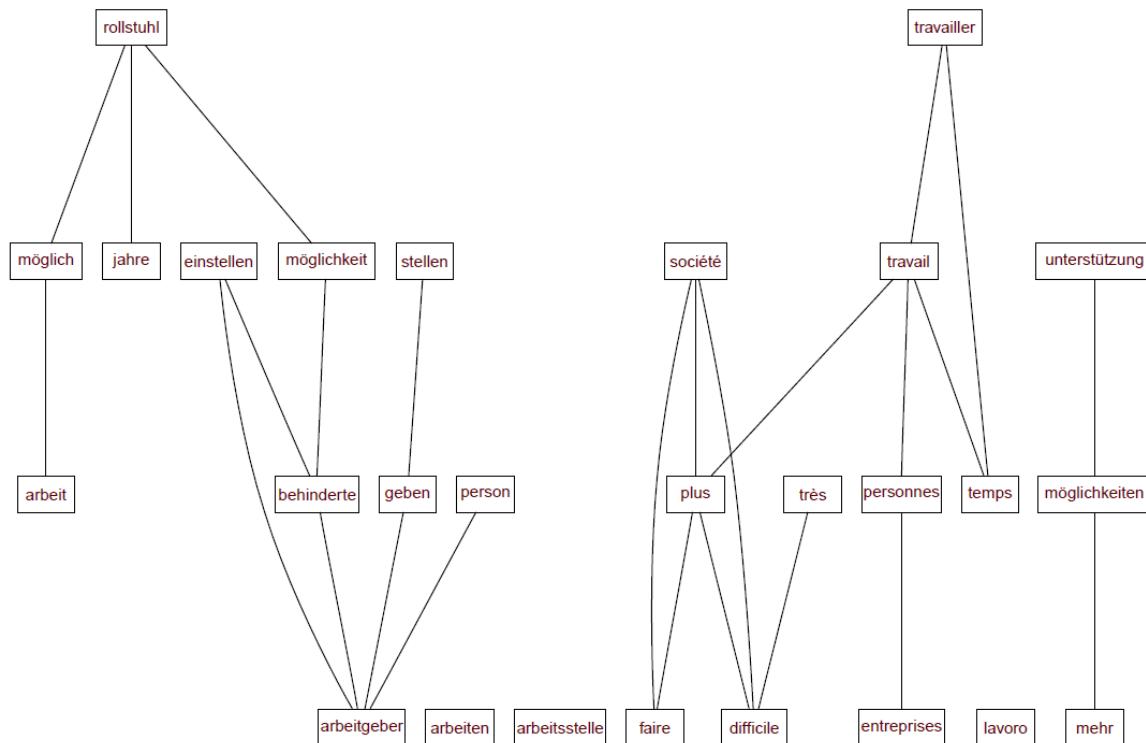
**Figure 6. Most frequent terms mentioned by participants of the SwiSCI Study and correlations among these (r > 0.30).**

5 Conclusions and recommendations

This case study aimed at identifying potential health, economic, and psychosocial benefits of the return-to-work social policy in Switzerland, with a special focus on social inequalities in return to work among persons with SCI. Our study has several limitations. First, given the lack of appropriate data it is not possible to estimate the effect sizes of specific instruments of the return-to-work programs on long-term employment among this population. Thus, the results of the analyses of quantitative data reflect only correlations between important personal characteristics (e.g. age, health problems, employment history and pension benefits) and employment status after injury. Second, the results of the small qualitative analysis are clearly not representative for the whole population of persons with SCI in Switzerland. Third, since data linking specific interventions with employment outcomes was not available due to lack of systematic documentation, it was not possible to perform any kind of cost-benefit analysis of the programs under study. However, a comparison of re-employment rates of persons with SCI across different European countries (e.g. mean employment rate in Spain: 13% [22], compared to at least 54% in Switzerland, see Table 3) provides a strong argument in favor of the comprehensive vocational rehabilitation system of this country which may serve as a model of good practice for other European countries.

Our analysis of cross-sectional and qualitative data demonstrated some important features of the Swiss return-to-work programs which may contribute towards a reduction of health-adverse consequences of social disadvantage associated with the burden of SCI. Among these features the following achievements deserve special attention:

1. Unlike some other European countries, return-to-work programs in Switzerland are publicly funded and guarantee rehabilitation services to all beneficiaries according to individual need. Thus, potential adverse consequences of social disadvantage or social exclusion related to SCI may be substantially reduced.

2. Rehabilitation clinics offer comprehensive high-quality medical treatment and physiotherapy, and they are additionally engaged in the conceptualization and implementation of vocational rehabilitation programs. It is the primary aim to reintegrate SCI patients into social and occupational life as far as possible and, thus, to ensure their financial independence. To this end- part-time employment and flexible allocation of pensions are provided.

3. Social insurance agencies, rehabilitation clinics and employers are involved at an early stage of the return-to-work programs and spend a substantial amount of money for these initiatives. Moreover, there is a high degree of cooperation and collaboration among the stakeholders which may result in improved rates of re-employment among persons with SCI.

4. A majority of persons with SCI in Switzerland are formally organized in an association and, thus, are given a voice for their special needs at different policy levels.

Despite these positive features, several problems became evident which need further improvement:

1. A shortage of personnel was obvious both within rehabilitation clinics and social security agencies (especially IV). There is some evidence that heightened needs of counseling among specific patient groups (e.g. manual workers with difficulties of vocational rehabilitation; patients with insecure prognosis) are not met.

2. The different eligibility criteria for receiving pension benefits between IV and SUVA point to an obvious inequity in social policy which causes a series of legal complaints. Moreover, the current regulation may eventually produce some disincentive to seek re-employment following SCI rehabilitation.

3. There is almost no systematic evaluation of effectiveness and / or cost-benefit analyses of the return-to-work instruments and programs. In addition, there is neither a systematic data collection on employment outcomes nor feedback channels for participants of the vocational rehabilitation programs.

4. Vocational rehabilitation programs vary between clinics and, therefore, are not harmonized to a sufficient extent. Moreover, in general, the timing of confronting post-traumatic patients with the demands for vocational rehabilitation may be premature, and program activities may be too tight.

5. Despite considerable efforts from employers to support re-employment of their formerly employed persons with SCI more information and motivation of managers and employers is required to enhance return to work among persons with SCI, especially so if return to former employers is not possible.

Therefore, the following recommendations may contribute towards optimizing the current social policy system in Switzerland and specifically towards reducing the burden of social inequalities in disability:

1. To ensure appropriate number and qualification of personnel engaged in rehabilitation services, both in clinics and in social insurance agencies, with special attention to the needs of distinct disadvantaged groups with SCI;

2. To reduce the existing inequity in granting pension benefits between the two insurance institutions of IV and SUVA at relevant policy level;

3. To establish systematic administrative documentation of program activities and outcomes, and to develop systematic evaluation based on such data;

4. To harmonize the different rehabilitation programs across the specialized clinics, thereby optimizing the timing of confronting post—traumatic patients with the demands of vocational rehabilitation (e.g. by initiating this process with a re-activation of general skills and capabilities among patients);

5. To enhance information and motivation of managers and employers in order to strengthen return to work among persons with SCI, especially so among persons with low skill level and those who cannot return to their former employer. These measures may include financial incentives for employers.

Acknowledgments

Appendix 1: Guiding questions of the expert interviews in the clinics

1. Which specific measures are implemented in your clinic regarding occupational rehabilitation of persons with SCI?

2. Do you collect the work and employment information of your clients or is this information previously available?

3. In your opinion which are the occupations that are particularly successful for re-integration of persons with SCI in the labour market?

4. Which personal factors besides injury-related characteristics do you think are most influential for the permanent employment of your clients?

5. Does the clinic offer re-training measures during their stay in the clinic (e.g. language courses, workshops, skill training, etc.)?

6. In your opinion what are the most important structural barriers of a successful re-integration in the labour market?

7. What tools and resources are available in your clinic in order to overcome those barriers?

8. In your opinion what are the most important barriers for the implementation of the intervention plan after clients have left the clinic?

9. Is the return-to-work programme systematically documented and evaluated?

10. What other aspects do you think are important for the successful re-integration of persons with SCI in the labour market?

Appendix 2: Guiding questions of the expert interviews with managers of Swiss insurance agencies

1. How does the cooperation between the insurance agency, the clinic and the employers proceed?

2. Which personal factors besides injury-related characteristics do you think are most influential for the permanent employment of your clients?

3. In your opinion what are the most important structural barriers of a successful re-integration in the labour market?

4. In your opinion are the time quotas allocated by your agency sufficient for the completion of vocational rehabilitation programme?

5. Does your agency maintain contact with employers?

6. Is the return-to-work programme systematically documented and evaluated?

7. Which areas need to be particularly improved?

8. What other aspects do you think are important for the successful re-integration of persons with SCI in the labour market?

Appendix 3: Guiding questions of the focus group discussion

1. When did the vocational rehabilitation begin? How do you assess the quality of vocational counselling?

2. In your opinion, what was missed during the vocational rehabilitation?

3. How did you perceive the timing of the rehabilitation? Was the early binding of the previous employer in the vocational rehabilitation adequate?

4. How was the vocational rehabilitation perceived by self-employed?

5. How do you assess the diagnosis and medical information on the course of injury treatment?

6. What was your experience with the Swiss insurance agencies SUVA and/or IV?

7. What were the most important barriers to gaining employment?

8. What was your experience with the job coaches?

9. How do you perceive your current employment situation in comparison to your situation before injury?

10. For those who completed a vocational re-training programme: Did you feel that it was more than you could cope with?

11. What is your opinion regarding the situation of people with disability in Switzerland? What can be improved?

12. Open discussion about social support.

Case study 2: Labour market integration of disadvantaged people: Analysis of the Business in the Community Ready for Work Programme in the United Kingdom

Authors: Rebecca Ford[1,] Stephanie Hagan[2], Anne Willmot[3], Hanno Hoven[4]

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1 Policy & Research Manager Work Inclusion
2 Head of Community Investment
3 Director Business Action on Homelessness (BAOH)
4 Centre for Health and Society, University of Duesseldorf

Business in the Community (BITC)
137 Shepherdess Walk,
London N1 7RQ
United Kingdom
T: +44 (0)20 7566 8650 F:+44 (0)20 7253 1877
www.bitc.org.uk

1 Introduction

1.1 Context

In spite of efforts in social policy, homelessness in England, the rest of the UK and the Republic of Ireland remains a significant problem and one that has been intensified by the recent economic downturn. While in the period 2002 – 2009, the number of people accepted as 'statutory homeless' (where the state has agreed that someone is unintentionally homeless and in priority need of support) declined sharply, the number of acceptances has risen by 34% from 2009 – 2012. This increase was mainly attributed to reforms in housing benefit and the effects of economic pressures on individuals and households [50]. With 57,350 cases, the number of statutory acceptances by local authorities in England represents only a small proportion of the overall number of homeless people in the country [51]. Government statistics showed that in 2012, 2309 people slept rough in England on any one night [52], a figure that represents a 31% increase from 2010 (Fitzpatrick et al. 2013). By including single adults and couples without children, other investigations estimate that up to 380,000 'hidden homeless' people are living in the UK [53].

In the Republic of Ireland, the 2011 Census data recorded 3808 people as either living in dedicated homeless accommodation or rough sleeping [54]. As is the case for the rest of the UK, it is likely that there is a high number of 'hidden homeless' people in Ireland; in an assessment of housing need conducted in 2011, the Irish Government recorded that the number of people who were not reasonably able to meet the costs of their accommodation was 65,643, a 121.9% increase on figures for 2008, while the number of people who were sharing involuntarily was 8,543, up 71.9% from 2008 [55]. Such dramatic increases are most likely due in part to the economic downturn, which resulted in higher unemployment levels in the Republic of Ireland than the rest of the UK. This trend persists; in March 2013 the

standardised unemployment rate in Ireland was 11.8% [56], while in the UK the unemployment rate in March 2014 was 7.2% [57].

Homeless and disadvantaged people at risk of homelessness are amongst the groups of people needing intense support in preparing their (re-)integration into work. This is due to the fact that they often suffer from additional problems that act as barriers that reduce their ability to gain work, such as reduced mental and physical health, substance and alcohol misuse, or criminal convictions [58–64]. Employment has been considered a crucial step in ending homelessness, given its central 'protective' role in peoples' lives [65]. Overall, estimates indicate that 77% of homeless people would like to work, yet only 15% currently were doing so [66]. A study conducted in 2012 by homelessness agencies indicates that as few as 2 to 14% of people living in homeless hostels and supported housing were actually engaged in paid employment [67]. In labour market research, education and qualifications, as well as ethnicity and age, are among personal characteristics that are of importance for labour market participation and for sustained integration success of unemployed people [68–70].

Labour market integration of socioeconomically disadvantaged homeless groups has become a challenge of high priority for social protection policies in the UK, Republic of Ireland and the European Union – recognising the important role that employment plays in helping people to integrate into society and in promoting social inclusion [71,72]. The underlying principle governing welfare policy and reform is that work is the best route out of poverty. A fair and affordable benefit system and labour market inclusion are crucial steps in efforts towards reducing poverty and welfare dependency [73]. In 2011, the cross Government Department Ministerial Working Group on Preventing and Tackling Homelessness declared helping people into work as one out of six aims towards reducing homelessness [74]. In 2012, the [75] highlighted "improving access to financial advice, skills and employment services" amongst its five commitments to preventing homelessness.

1.2 The "Ready for Work" programme

The Ready for Work programme run by Business in the Community (BITC) aims to (re-) integrate homeless people or those at risk of homelessness into the labour market and is funded predominantly by the private sector. The programme works with 155 businesses in 20 locations in the UK and Republic of Ireland providing training, work placements and post-placement support and aims to equip people with the skills and confidence they need to gain and sustain employment. A prominent feature of this programme is the degree of business involvement. It comprises an advisory group of senior business leaders who help steer the strategic direction of the programme and the involvement of businesses through the utilisation of employee volunteers in delivering key elements of the programme.

The programme has four stages:

Registration: Programme managers meet prospective clients, referred by agencies such as homeless hostels, probation and other charities, to ensure they are 'work-ready', i.e. that they are willing and eligible to work and have a good command of spoken English.

Pre-placement training: Training takes place over two days to prepare clients for their placement and to build confidence to succeed in the workplace. Companies host this training which is delivered by professional trainers and employee volunteers provide practical support.

Work placements: Companies provide two week work placements. Throughout the placement clients are supported by a trained employee volunteer. Companies provide a written reference to help clients in their future job search.

Post-placement support: All programme graduates are offered access to job coaches, job seeking support and further training. Companies provide employee volunteers to act as job coaches. Some programmes offer weekly job clubs, which are also supported by employee volunteers.

Each client has the opportunity to be matched to a job coach once he or she has completed their work placement. The job coach is a volunteer from a participating company who provides support and advice on a basis, helps with job applications, and who continues to strengthen their self-confidence and resilience. Job coaches participate in a one day training course, where they are instructed about coaching tools and where they receive information about the typical barriers their client might face. After this, they are matched with a client who has already completed a work placement.

The aim is for the coach and the client to meet face to face on a weekly basis during the first eight weeks. Fortnightly meetings then take place during the next four months. Typically, each meeting lasts an hour. However, both the frequency and duration of the meetings are flexible and are subject to agreement between the job coach and their client. Meetings take place at the job coach's place of employment or another public place, for example a cafe, or at the "Ready for Work club". The content of job coaching meetings is determined by the client and their coach, but it may include job search activities and further preparations for specific job applications.

Business in the Community provide job coaches with a manual of supportive material to help them plan sessions and respond appropriately to queries raised by their client.

1.3 Research aims

1. To assess whether the Ready for Work tool 'job coaching' is positively associated with success in gaining and sustaining employment.
2. Exploration of the experiences of clients and Ready for Work Managers concerning the job coaching tool, other programme specific components, and the relevance of other social support agencies (e.g. other charities, job centre plus).

2 Methods

In order to achieve a breadth of data and understanding, both quantitative and qualitative methods were used to investigate the impact of the Ready for Work programme on gaining and sustaining employment.

2.1 Methods concerning the role of job coaching

Population and data

In order to assess whether the Ready for Work tool 'job coaching' is associated with success in gaining and sustaining work, we analyse register data of clients participating in this programme. The data was collected continuously from January 1st 2009 to December 31st 2012. Employment outcomes were monitored up until August 7th 2013. The study population

consisted of homeless individuals participating in the Ready for Work Programme. Homelessness is defined according to the European typology on homelessness and housing exclusion (ETHOS) classification that extends homelessness beyond rooflessness (rough sleeping or night shelters) to those living in insecure accommodation (for example 'sofa surfing' or under threat of eviction) or inadequate accommodation (for example, very overcrowded or unfit accommodation) [71]. An adequate home is defined as having an appropriate dwelling (or space) over which a person and his/her family can exercise exclusive possession (physical domain); being able to maintain privacy and enjoy relations (social domain); and having a legal title to occupation (legal domain) [76].

All clients in the programme were eligible to work in the UK or the Republic of Ireland, were 18 years or over when registering to the programme, had been risk assessed by their referral agency if they had an unspent conviction, had expressed an interest in work, and had core basic skills, such as the ability to communicate and read and write English language. All clients were referred to the programme by a support worker from a homelessness or housing organisation or a statutory service, for example, The Probation Service. Potential clients for the programme were invited to a registration day to see whether "Ready for Work" was the right programme for them. Following this, clients in conjunction with their support worker completed a registration form, submitted online or in paper format, which includes collecting biographical data.

Clients' progress through the programme and their employment outcomes were continuously monitored. BITC aimed to keep in touch with its clients for at least twelve months, but clients may have chosen not to remain in contact. Twice a year a review of employment records was undertaken and if there has been no evidence of any contact within the last 3 months the employment record was ended.

Overall 4402 clients participated in this programme during the time period described above. In this study we included 2480 clients with full data for analysing the first research question. 746 clients managed to get a job and could therefore be included in the analysis of the second research question, i.e. the association between job coach support and the probability of sustaining employment.

Statistical modelling

Our first research question, the association between job coaching and success in gaining employment, was analysed by multivariate mixed logistic regression with random intercepts by region (Scotland, Wales, Republic of Ireland, and all nine regions of England). Respective analyses stratified by education, ethnicity and age were adjusted for multiple testing. The second research question, the association between job coaching and success in sustaining employment, was analysed by estimating a parametric survival regression model based on a Gompertz distribution for the hazard function. A random-effect intercept adjusting for regional variance was included after consideration of the Akaike (AIC) and Bayesian (BIC) Information criteria. All respective statistical models were adjusted for a number of confounding factors. Factors included sex, year of terminating the programme, ethnicity, length of unemployment (in five categories) prior to involvement in the programme, having ever been alcohol dependent, having ever been substance abuse dependent, having ever been rough sleeper, age (in four categories), and education (higher level (NQF level 3 or higher) and lower level (NQF level 2 or lower)). All analyses were conducted with Stata 11. The coding and sample characteristics of all variables under study are presented in table 1.

2.2 Methods concerning interviews with clients and Ready for Work Managers

In order to explore the experiences of clients and managers concerning the job coaching tool, other programme specific components, and the relevance of other social support agencies, we conduct in-depth face-to-face interviews with former Ready for Work clients and Ready for Work Managers.

The interviews aimed to answer the following:

- What type of support do clients access or receive, and from where, in addition to that provided through Ready for Work following completion of placements?
- What is their experience of and how useful do clients find that support?
- Specifically what is their experience of job coaching and how useful has it been?
- What other factors might influence the chances of gaining and sustaining employment?

Sample

Using purposive sampling, we shortlisted a pool of potential interview candidates from the Ready for Work database in London, Birmingham, Manchester, Brighton, and Plymouth according to the following criteria:

- Have entered work at some point during January 2012 – June 2013.
- Have sustained work for at least 3 months
- Were unemployed for at least 3 months prior to completing Ready for Work
- Presented with at least one barrier from the following list on registering for the Ready for Work programme: former rough sleeper; previous alcohol dependency; previous drugs dependency; criminal conviction; low or no skills; unemployed for 12 months or more; care leaver; ex-armed services.

The time-frame of January 2012 –June 2013 was selected to increase the chances of participants reliably remembering what help they obtained and found most valuable.

As we wanted to understand through the research what help is valuable once in work, we thought that 3 months was a reasonable length of time to allow for valid reflections from participants. Also, the use of formal forms of support like job coaching seems to tail off around this time.

We wanted participants to have had experienced at least 3 months' unemployment before they started the Ready for Work programme, as this aligns with UK Government rules relating to the 'Early Access Group'; that is, Jobseeker Allowance claimants with particular barriers to work who qualify for early support from the Work Programme (social protection regime), as it is recognised that without early specialist support, they are less likely to find work (Department for Work and Pensions, 2012).

Despite creating an initial shortlist of 41 clients from which to draw clients for interview, following conversations with Ready for Work Managers, the shortlist was reduced to 25. This was due to two factors; either the Ready for Work manager had lost contact with some clients or else they felt it would be inappropriate to contact them at the time due to various life events.

Clients were contacted by email or phone, by the interviewer or the Ready for Work Manager. Due to the practicalities of finding clients who were willing to be interviewed and who could be interviewed on specific dates, the decision was taken to relax the criteria on the length of time a client needed to be unemployed following placement to two months in order to hit the target number of 12 clients. Please see appendix 1 for a table detailing the backgrounds of each client.

We took a convenience approach to sampling Ready for Work Managers, targeting those in the locations where interviews with clients were taking place.

Interviews

Interviews were conducted by Rebecca Ford, Policy & Research Manager at Business in the Community. Rebecca has a BSc in Communication and Media Studies and several years' experience of interviewing Ready for Work clients and professionals in the homeless sector.

Interviews lasted around an hour each and took place face-to-face in a private room donated by a different company supporter of the programme in each location. The interviewer spoke to the clients in advance to confirm the location and time and to outline the aims of the interview. An interview guide was prepared and used by the interviewer in each interview. Interviews were audio-recorded and fully transcribed.

Twelve clients were interviewed in the following locations: Birmingham (2), Manchester (3), London (3), Plymouth (4). Three Ready for Work Managers were interviewed; two in Manchester and one in Birmingham.

Interview Guides

Interview guides were developed by Business in the Community and refined following consultation with colleagues at the University of Duesseldorf. They were reviewed after the first two interviews and found to be adequate.

3 Results

3.1 The role of job coaching

The complete-case dataset consisted of 2480 individuals of which 70% were men (table 1). 638 clients (25%) of the clients were supported by a job coach. The age of clients ranged from 18 to 61 years, and age categories were almost equally distributed across the sample. 65 % are white, and more than 50% have been unemployed for more than one year before start of the programme. 28% experienced a rough sleeping period, 13% have had an experience of alcohol dependency and 20% an experience of substance abuse dependency.

Table 1: Sample characteristics

Variable	Categories	%	N
Sex	Male	70.28	1743
	Female	29.72	737
Age	18-24	27.62	685
	25-34	24.07	597
	35-44	18.31	454
	45-61	30.00	744
Education	Lower level	74.03	1836
	Higher level	25.97	644
Ethnicity	White	64.80	1607
	Black	25.73	638
	Asian	5.24	130
	Mixed race	4.23	105
Job coach	Yes	25.44	631
	No	74.56	1849
Length of unemployment	< 6months	24.23	601
	< 1year	22.86	567
	< 2years	19.64	487
	< 4years	16.69	414
	> 4years	16.57	411
Ever alcohol dependancy	Yes	12.50	310
	No	87.50	2170
Ever substance dependancy	Yes	19.84	492
	No	80.16	1988
Ever rough sleeper	Yes	27.90	692
	No	72.10	1788
Success in gaining work	Yes	30.08	746
	No	69.92	1734

N=2480

Associations between job coaching and success in gaining employment are presented in table 2. The chance of (re-)integration in the labour market is 3.70 times higher among those who were supported by a job coach as compared to those who were not supported by a job coach.

Table 2: Barriers for gaining employment.

Mixed logistic regression: Odds Ratios (95% C.I.)

Job coach	Yes	3.70 (2.97-4.61)
Age	18-24	Ref
	25-34	1.42 (1.07-1.87)
	35-44	1.63 (1.21-2.21)
	>45	1.55 (1.18-2.03)
Education	High	1.15 (0.92-1.43)
Unemployment length	< 6 months	Ref
	< 1 year	0.84 (0.65-1.10)
	< 2 years	0.63 (0.48-0.85)
	< 4 years	0.72 (0.53-0.97)
	> 4 years	0.66 (0.48-0.90)
ethnicity	white	Ref
	Black	0.88 (0.55-1.42)
	Asian	1.20 (0.93-1.54)
	Mixed race	0.98 (0.58-1.63)
Alcohol	Yes	0.95 (0.70-1.30)
Substance	Yes	0.87 (0.66-1.14)
Rough sleeper	yes	0.62 (0.49-0.78)

LI: -1348.045
AIC: 2736.09
BIC: 2852.41

N= 2480; Adjusted for sex and year of finishing the programme

This significant association between job coaching and labour market success in the overall group was further analysed according to relevant socio-economic characteristics in order to investigate the effectiveness of job coaching in different subgroups. In figure 1 the odds ratios (OR) and 95% CI of nine regression models are reported. Figure 1 captures the association between job coaching and success in gaining employment by age, ethnicity, and educational level. The association between job coach support and success in labour market entry is significantly higher in persons aged 18-24 (OR: 7.44 (3.96-13.98)) as compared to persons aged 45-61 (OR: 2.48 (1.53-4.01)). Additional analysis with an interaction term in the pooled data (not shown) supports this notion. There is a continuous decline of the Odds Ratios across the age groups. The second graph in figure 1 shows the association between job coaching support and gaining employment in different ethnic groups. The odds ratios of job coaching are similar among all client groups with the exception of Asian clients where job coaching seems to have a slightly greater effect. The regression models stratified by educations show a slightly higher association of job coaching and employment success among the lower educated.

Figure 1: Estimates of the associations between job coaching and gaining employment, calculated by subgroups, N=2480
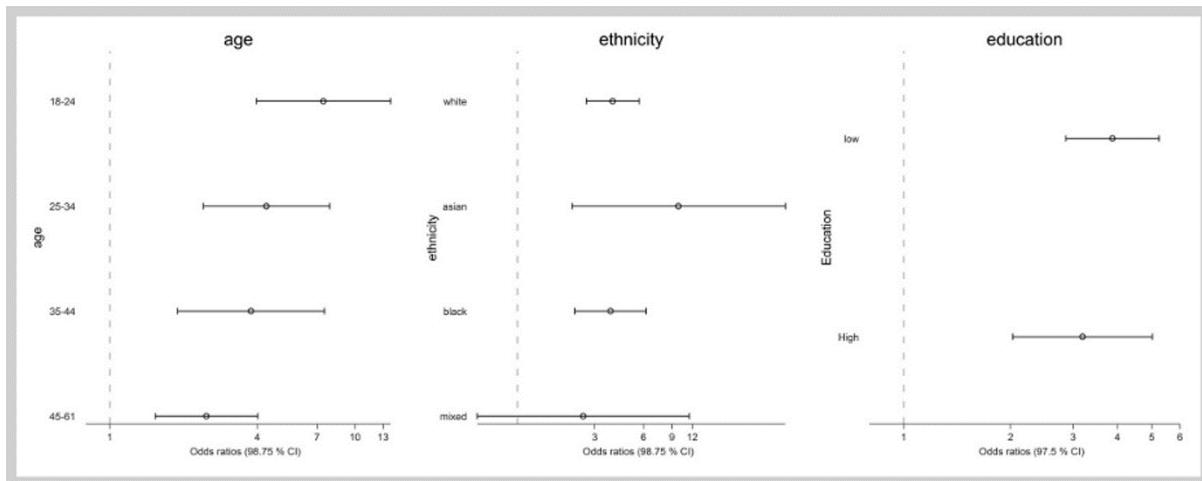
Returning to table 2, the socioeconomic factors of age, length of unemployment and experienced rough sleeping seem to be important barriers for success in gaining employment across the population. With younger age the chances of reintegration in the labour market decrease. The length of unemployment before participating in this programme seems to be another barrier against employment success.A long period of unemployment (> 1 year) before start of the programme is associated with less chances of successful return to work if compared to a short period of unemployment (< 6 months). Moreover, those with previous experience of rough sleeping have less chance of gaining a job as compared to those who never had this experience. Yet, education, ethnicity, alcohol or substance dependency, and sex (not shown) are factors that are not significantly associated with success in gaining work.

The employment outcomes of clients who gained employment are used to study our second research question, the chances of sustaining employment. The associations between support by a job coach, socioeconomic factors, and the probability of sustaining employment are presented in table 3. In this analysis the probability of sustaining employment is analysed in terms of hazard ratios of losing one's job during the observation period. Values below 1 indicate longer 'survival' in employment as compared to the reference group.

As indicated, this analysis is restricted to clients of the programme who managed to get into employment at all (N=746). Among these, 43.7% were recorded as being supported by a job coach following their work placement. Importantly, we observe again a significant association between job coach support and the probability of 'survival' in employment. Clients being supported by a job coach are more likely to sustain employment than those who were not supported. Subgroup analyses show that other factors do not seem to play a significant role (not shown).

Mixed Gompertz regression: Hazard Ratios (95% C.I.)

Job coach	Yes	0.77 (0.64-0.94)
Age	18-24	Ref
	25-34	0.73 (0.56-0.95)
	35-44	0.77 (0.63-0.95)
	>45	0.69 (0.54-0.89)
Education	High	1.03 (0.85-1.25)
Unemployment	< 6 months	Ref
Length	< 1 year	1.26 (1.02-1.57)
	< 2 years	0.92 (0.71-1.18)
	< 4 years	1.04 (0.79-1.36)
	> 4 years	1.17 (0.87-1.57)
Ethnicity	white	Ref
	Black	0.80 (0.45-1.39)
	Asian	1.00 (0.84-1.19)
	Mixed race	0.68 (0.39-1.16)
Alcohol	Yes	1.20 (0.88-1.63)
Substance	Yes	0.85 (0.64-1.13)
Rough sleeper	yes	0.93 (0.76-1.14)

Ll: -1126.773
AIC: 2275.547
BIC: 2326.279

N= 744; Adjusted for sex and year of finishing the programme

The results in table 3 suggest that age is important for sustaining employment (see table 3). Older clients seem to have a higher chance of sustaining employment compared to the youngest age group. Length of unemployment, alcohol and substance abuse dependency, and former rough sleeping –contrary to the model of gaining employment (table 2) – are not significant factors for the chances of sustaining employment in this model.

3.2 Interviews with clients and Ready for Work managers – Gaining work

3.2.1 Experience of support received through Ready for Work

A. Job Coaching

Five out of the 10 clients that we interviewed had been matched with a job coach. However, in contrast to the positive results from the quantitative study, the qualitative interviews indicate more diverse experiences of the job coaching relationship. It should also be noted that in three cases, clients were recorded on the database as having a job coach when in reality, they had only met once or a few times and the relationship was over at the time of interview.

Common ground

When job coaching worked well, it was usually because the client felt they had something in common with them and/or found they provided valuable insight into the working environment.

"It was a really good pairing, we had a lot in common. I said, 'look, this is what I want to be doing, but I've never done it before. Being in a working environment, I wouldn't know procedures and stuff, you know, I'd be quite lost' and he took me through everything, it was really good."

The experiences of Ready for Work Managers would concur with this view; they felt that for relationships to work, clients had to 'gel' with their job coach and put considerable effort into matching clients with coaches.

"I try to sit in on the job coach training so that I get to know the job coaches a bit…obviously I spend a couple of days with our clients when they're on training and it's, I do try to think about the matches but it's very much in my head: 'so, I think you'll get on with this person'….sometimes it's just the person's approach to life, sense of humour, that kind of thing and I have to say those matches work out even better than I've anticipated."

Despite best efforts on the part of the Ready for Work Manager to establish good pairings, there was a sense that certain elements were beyond their control that had a bearing on whether or not the job coach relationship was successful. For example, managers said that the personalities of the individual clients had a bearing on whether or not a pairing would work, or indeed if a client took up a job coach in the first place.

Unrealistic expectations

When job coaching does not work out, clients and managers felt this was usually down to a lack of understanding about the nature of the relationship and the reality of clients' circumstances. Ready for Work Managers also felt that expecting clients to meet a job coach *in their work environment was a step too far for some.*

> *"I didn't find the job coach very helpful, to be honest. It was more like, I don't know I thought I was fulfilling something that he needed instead of him kinda helping me."*

"..they [clients] live in a different world to our job coaches, the job coaches don't get it…they don't understand: 'well, he's turned up half an hour late, that's disrespectful.' We're just pleased that they turn up…they don't understand that you know those winter mornings when you look outside and you think 'I wish I could go back to bed', our clients do…"

"It's a very big ask of our clients to ask them to go out of their comfort zone into a business environment and to meet with somebody who perhaps doesn't seem to be on their level and to reveal things about their personal background whiehc they probably need to do to get that person on board."

B. Ready for Work Managers

Ready for Work Managers are responsible for delivery of the Ready for Work programme. They are responsible for selecting clients for the programme, setting up work placements, matching to job coaches, running job clubs, where they exist, and providing general post-placement support to clients as capacity allows. They may also be responsible for building and servicing business relationships for smaller programmes; for larger programmes, an additional manager is responsible for the employer engagement aspects of the programme.

The clients we interviewed had a largely positive experience of the support provided by their Ready for Work Manager, and ranked them first in terms of how valuable that support was following placement. In the interviews, a number of dimensions seemed to be important to clients.

Personalised approach

A recurring theme of the interviews was how clients felt that Ready for Work Managers (and specialist charities) 'cared' about them, and this was highly valued. This was often talked about in contrast with their experience of Jobcentre Plus advisors and in a couple of cases, probation officers. Linked to this was the observation that Ready for Work Managers would often go 'above and beyond the call of duty' to help them.

"…when I started my placement it was totally different because I feel I can trust these guys…"

"…they go the extra mile for everyone…they put everyone before themselves…they're heroes in my mind…"

Indeed, this is exactly the approach that Ready for Work Managers reported wanting to take, because they felt that it was important in helping clients fully engage with the programme.

"It sounds very cheesy but I think through the whole programme what I personally want people to feel is that they've been made to feel a little bit special and that they're not being processed…people can be made to feel special just by giving them a bit of time and a bit of patience and support and I think that's what people want, really."

Availability and responsiveness

In contrast to their experiences with Jobcentre Plus, most of the clients we interviewed also felt that they could call upon the advice or support of their Ready for Work Manager at any time, and that the support felt 'personal'; whether it was more emotional or job-focussed.

"[My Ready for Work Manager]…had the time to get far more involved personally with you because obviously through the job centre, obviously through no fault of their own, they have to get through so many people and they're so limited in the time they can spend with one person."

"They were just someone I could come and see and just meet them for a brew…"

Again, Ready for Work Managers felt that being available was important to clients, who were unlikely to find the same level of support elsewhere and who need to know that there is somewhere they can go if and when things go wrong.

"And our message to them is very much the door's always open…there's no such thing as permanent jobs anymore and people are taking temporary contracts and those contracts come to an end so we do have a revolving door of clients simply because they have taken temporary contracts."

C. Job Club

Ready for Work clubs were developed by Ready for Work Managers in Manchester and Birmingham because they found that they were spending too much of their time supporting individual clients following placement, or advising job coaches, which put strain on setting up and delivering pre-placement training and work placements. To make the most efficient use of their time, and provide an opportunity for Ready for Work client to come together on a regular basis for mutual support, Ready for Work Job Clubs are run on a weekly basis and clients can drop in, use computers to search and apply for jobs and take advantage of support provided by business volunteers (also called job coaches in some cities). Clients who had a dedicated job coach are encouraged to hold their meetings at job club.

Access to vacancies

A couple of clients reported that they really valued the additional access that Ready for Work Managers provided to vacancies at the job club or the support that they were able to give with updating their CV. One client in particular was very impressed that the Ready for Work Manager had sourced vacancies specifically for her requirements.

"Maybe they don't know what they did for me or for other people. For example, I was in a job club and the next week, I was one in I don't know how many…they say 'oh, we found it, do you like this job?'….exactly the job I'm looking for they gave me."

"I think that a lot of clients, I am seeing more and more have been through work programmes and they've been to other job clubs but because of the link with businesses, because you know we had Transpeninne Express just offer 15 people jobs, Timpson's are there, Barclays are there…"

Structure, motivation and tailored support

While not strongly reflected in the client interviews, Ready for Work Managers felt confident that the job club model, when well-serviced by business volunteers and used regularly by clients, would deliver employment success. They felt that job clubs offered tailored support to clients and enabled them to encourage clients to apply there and then, with support, for jobs that had been sourced specifically for their needs.

"When someone comes to job club, they get support whatever they need that day so if they need a CV updating, they get it, if they need support applying for work or even just

to talk through something, we're there and we're on hand and I think that makes a big difference."

Limited value for some

A couple of clients felt that looking for a job at job club wasn't that helpful as they felt they were able to do it well enough on their own. One kept going, though, because he said he felt he should do as way of thanks to the Ready for Work manager.

"For me it wasn't that personally helpful…they did my CV, that helped me. Then I just adapted it myself. But the other people [at job club] though, that is a vital thing [for them]."

D. Employee volunteers and employers

A key and unique feature of the Ready for Work programme is the exposure it gives clients to business volunteers and the access it provides to recruiting managers.

Building confidence and self-esteem.

The clients we spoke to all had a positive experience of the Ready for Work programme and for some, it seemed that the pre-placement training and placement itself helped them to re-gain their sense of self-worth and motivate them towards their goal of finding a job. A key factor in this appeared to be the opportunity to interact with and learn from business volunteers. There was a sense from some of the clients that all they needed was an opportunity to transcend their barriers and prove themselves to employers in order to find work, but that they were unlikely to find that opportunity outside of the programme.

"…they just offer you a bit of a life line but then that grows and that gives you a sense of yourself again and it gives you a sense of things you can do rather than things you can't. That makes you want to find new services and want to get that help."

"I always felt that if ever I got an interview I could give a good account for myself but it's just never having the opportunity to do that. I think having the chance to actually have an interview [during Ready for Work training] made all the difference to me; I felt more assertive and self-confident…the course made me believe that actually there wasn't anything wrong with me, I was quite capable of doing something if I had the opportunity."

"By doing a proper interview with business people, you learnt how to portray yourself again because you do get knocked when you're out of work for such a long time."

Access to vacancies

Three of the clients we interviewed landed a job with their placement provider immediately or shortly after the programme, and two got jobs through contacts their Ready for Work Managers had. One Ready for Work manager cited a recent example of being offered 15 vacancies by a local employer for his Ready for Work clients, which he was able to promote through the Ready for Work Job Club. Ready for Work managers also reported pulling together vacancy lists for Job Club each week, comprising vacancies that they had sourced with particular clients in mind.

"I done a two week placement with Carillion…it was good, it was tough, bad weather and stuff but good experience and I ended up getting a job from it so it was well worth it."

"They got me this new one (job). They distribute my CV out so they've been the architects of just getting my CV out."

3.2.2. Experience of support received elsewhere

A. Specialist Charities

As shown in sections 1 and 2 above, most clients were in contact with other charities with specialist expertise in areas such as alcohol/substance abuse, homelessness, ex-offenders or domestic abuse. It was also clear from the interviews that clients highly valued their contact with these agencies but the type of benefit that they gained varied from client to client. In several cases clients were volunteering for the charities rather than in direct receipt of services.

Emotional support

Whether or not clients were making use of the services on offer or volunteering to help others there, it was clear that one of the main reasons they engaged with specialist charities was to help build their confidence and self-esteem. Related to this was the opportunity to do something meaningful with their time instead of sitting around the house all day, or else to keep them away from the influences of old lifestyles.

"I had a meeting with her and she was quite positive she really helped me a lot mentally, because I didn't have that much confidence and stuff so she taught me techniques and stuff…"

"Because it made me feel worthwhile, it gave me self-worth…it was very much feeling that I had some usefulness and I think that helps as well… I found it very fulfilling."

"[The specialist charities] are not the people in a hospital who've got a lot out of a text book and don't really know what they're talking about, they haven't ever really felt degredation and pain…"

Employability

A number of clients saw volunteering through a charity as a good way to gain valuable work experience as well as a productive use of their time. Others reported receiving support with their job search and with interview techniques. In many cases, contact with these organisations preceded Ready for Work and was kept going once the placement had finished.

"I've been doing voluntary work with them both because I wanted to do some kind of work where you could help people…that was my focus."

"I would never have found it (current job) without [youth charity]….when you want a new job and you're looking for it you never know where to look".

"It was good, it gave me more of an awareness of how to work and gave me a bit of experience of working and having to be somewhere at a certain time and I learnt a lot from the volunteering….I think I was there for about 3 months."

Finding employment

Two of the clients we spoke to found work through contacts their keyworker at a specialist agency had with employers who actively recruited people facing barriers to work. This involved the keyworker passing on their CV and then coaching them to get the job.

B. Jobcentre Plus

With a couple of exceptions, the experiences clients reported of dealings with Jobcentre Plus were predominantly negative.

Rigid and impersonal

A troubling theme that ran through the interviews was how clients felt they were not treated as 'normal' human beings.

"…the jobcentre people just basically have no idea about a person at all…when I went to A4e they were a little disorganised to be honest with you but it was 10 times better than the job centre ever was…"

"They've just got to stick to their things, they don't see the human if you know what I mean. They've just got to stick to their guidelines, their targets…"

"I was in the job centre many times but just imagine the job centre when you're coming you feel guilty…I preferred to hide myself…no-one treat me like a human…if you asked them for anything they have no information."

Clients also reported that the Jobcentre staff had very little time to spend with them and that the support they did receive was not suited to their needs.

"Well, usually I signed on and I said 'is there any jobs?' and they said 'no, look on the Pin Point' so I looked on it and got the jobs that I was looking for and then applied for the ones I could but it was like the job centre weren't really helping they were just wanting me to sign and then fling me out the door quick for the next people."

Clients also painted a picture of a 'rigid' system, where they had to complete certain job search tasks or attend job clubs irrespective of whether or not the process was actually helping them. There was a sense that clients were just doing what they had to do in order to get their benefits.

"You have to do like 15 things to find a job…like look in papers, apply three times…phone two different employers, go into two employers, but that's on no money as well because…you can't commute to all these places with the money they give you so I don't know what they think you are."

"Yeah from job centre they sent me to a work club, exactly the same as this (BITC)…I was at quite a few work clubs, at Aquarius…for me they didn't work it was just applying for jobs basically but I could do that on my own."

"…job centre was more of a hassle for me to be honest with you but I had to do what I had to do…"

"None of my jobs came through the job centre, I just went there as a part of the system."

"You felt that you wasn't in control of your own life because you had to basically explain it to somebody."

Two of the clients we interviewed did have a positive experience. One client managed to see the same advisor each time and he was proactive in finding suitable vacancies; the other client found using the bespoke job search facility, Pin Point, useful (although she did not find her advisor any good).

"The Jobcentre was very good as well, the chap I saw there pretty well for most of the time I saw one chap and he was very helpful, too…the support that I got was brilliant it really was because it's a tough place to be out there, out of work."

Challenging negative perceptions
One of the Ready for Work Managers reported how clients' perceptions of Jobcentre Plus advisors changed when around 15 volunteered to support clients through the Ready for Work job club. According to the manager, some of the clients found the support that they received from the JCP advisors at job club was really valuable and different to their experience at their jobcentre; JCP advisors enjoyed having the time to dedicate to individual clients and found clients warm and receptive.

"…the clients themselves regularly were coming back saying they had a lot of knowledge…and we've had a few interesting dialogues with our clients who said 'actually, I think slightly differently about the job centre now, I always thought they were mean, horrible people but now I understand that they're just very time limited.'"

C. Probation
Clients' experiences with probation were mixed in terms of the type of support received and the value of that support.

Finding work
Most of the clients who were working with probation talked about the goal of probation to be keeping their risk level (of re-offending) down or steady. Meetings were regular, usually every week, but it was not always the case that clients saw the same officer each week and the overall experience of the interactions with probation officers was mixed. It also seems that the priority given to finding a job depended on the individual probation officer, although this might have been affected also by the nature of the offences of the individuals. One client got his first ever job as a labourer through probation, but others felt that the support to get a job was not very good or non-existent.

"Probation service, I don't think they're much to be honest, especially what I've done. They've not helped me one bit…all they've done is hinder me…putting me in a shared house that I couldn't get a job through because of the rent…it's supposed to be supported housing but it wasn't, they just put it down as supported housing because that's how they were scamming the Government for £168 a week."

"…on a job front there was not really any kind of support or help in me trying to find a job they were more like programmes like anger management or housing programme…they kept me busy and that, I had something to do so I had a bit of structure but not helpful in the sense that it helped me to make any type of progression in my life."

"…because I was at such risk that they have to get me a job kind of so they were doing everything to get me a job to stop me reverting back to what I used to be…"

"…as long as you're not reoffending they're not really bothered if you're working or not I don't really think."

Referrals

The clients that had had good experiences with probation had been referred through to other organisations, such as commercial welfare to work providers, for support with finding work or else were referred to training to make them more employable, for example, to drive a fork lift truck. Some clients reported good experiences with the drugs support on offer through probation and also with the commercial welfare-to-work providers that they were referred to via their probation officer. In several cases, referral to the Ready for Work programme had come through probation.

"Well, just putting me in the right direction to do what I needed to do at that particular time. At them times, I didn't have a CV or CSCS card or a fork-lift truck licence. …that I got through them."

"She asked what I wanted to do and I said I wouldn't mind doing something just to tie my days off so I'm not just hanging around."

D. Commercial welfare to work providers

In contrast to Jobcentre Plus, clients' reported experiences of commercial welfare to work organisations, was positive. In all but one instance, referrals had come through probation and not Jobcentre Plus. Generally speaking, clients felt that these providers had more time to help, were more available and that the support given was more tailored to their interests and needs.

"…they see what you want to do and then you just book in your next appointment but you can go in whenever you want but they book your next appointment and she has all these jobs ready for you, puts you on a computer and goes 'these are the jobs that work for you' and makes you do them. It's pretty amazing."

One of the Ready for Work Managers had a different view on how useful welfare to work providers were for clients:

"When we've approached the work programme to ask if we can work with them, they're more then happy to push that client in our direction because the reality is they aren't doing anything with them apart from sometimes making them go into a room and sit at a computer and look for jobs."

E. Housing Officers/Hostel Keyworkers

Two clients talked specifically about their housing keyworkers; one client, who had been placed in supported housing by probation, had a wholly negative experience. The other, who was living in a hostel following Ready for Work and lived there for over a year, found his keyworker helped when he was feeling overwhelmed, but said he did not find the keyworker helped him to find work. He missed appointments and ended up receiving warning letters as a result.

"Well the hostel I moved into they had like keyworkers so you'd have to see like a keywork person every week…I was feeling a bit like overwhelmed with everything and I explained that to my keyworker and stuff, it used to help a bit."

"As soon as I got out of prison, all I wanted to do was just work and find accommodation…so when I was seeing these people from probation and the key work people and they wasn't really talking about jobs…I used to just get really frustrated and kind of sick of the key work meetings…"

When asked if he saw anyone in the supported housing team, the client replied: "*the maintenance man, that's about it.*"

F. Family and Friends

The results from the interviews showed that the experience of the support provided by friends and family was mixed. This could have been due to clients not linking the support they received from these individuals to getting a job, or else feeling sensitive about this area of their lives:

"Yeah, they haven't helped me get a job, I've helped myself…emotional support, I can't get a job if I'm depressed. They're the hidden things though, aren't they? So they have been useful for that support."

"Well I've wrote that one [on the ranking form] but I've not really got friends, I just put that (for) when I did have friends."

One client told how she relied on her sons to buy her groceries every week when she was out of work, and did their housework for them to keep busy. Another indicated that he relied on his family and friends to help him stay out of trouble and away from jail, while another had friends who would look out for jobs for him.

However, the interviews suggest that for around half of the clients, family and friends were not a prominent feature of their lives, which our Ready for Work managers suggest is something that is fairly common to the client group:

"I think it is common for a lot of our clients to not have extensive social networks because of where they've come through relationship breakdowns or you know, people who have offended may maybe have burnt various bridges…so I don't think they have the everyday support networks that I would say the general public have."

G. Employers

Rejection

It was clear from the interviews that looking for a job on the open market was often a demoralising process that affected their motivation and self-esteem. The biggest issue seemed to be getting no response from employers to job applications; all of the clients interviewed reported submitting several, sometimes tens' of applications per week, but only one had ever received a letter to tell them they had not been selected for interview.

"…sometimes you're looking for so many you start to get a bit fed up because you're not hearing anything…so then you start wanting to give up…"

"You don't get no answers back, I sent hundreds out, you don't get one, not even a note, I think I got one note which was good at least….it made me believe I'm not going to get a job."

"It was a little bit daunting because I wasn't really getting any feedback, I wasn't getting like hearing anything from applications."

Perceived discrimination

Some clients also said that they felt employers discriminated against them because of their offending background, lack of experience, age or disability. Given the lack of response from employers to applications, it is unsurprising that this is the conclusion clients came to about their lack of success of finding work.

"I was just trying to find a full time job which I was finding really hard obviously because of my previous convictions."

"When you've got one leg, it's just, I dunno, sort of looked down on sort of thing. It's a bit frustrating."

3.2.3 Individual factors

What was striking throughout the interview process was the determination clients described to get a job, even when their job search seemed to be getting them nowhere. The motivations behind this determination were different for each client; for some, it was because they had made a firm decision to move away from damaging patterns of behaviour; for others, having a job offered the opportunity for greater independence, through having more money, or a new identity far removed from their old life.

Self-motivation

When asked about their motivation to keep looking for work, a couple of clients indicated that self-motivation was something that they simply 'had', which may have contributed to successfully gaining employment:

"I'm always trying to push myself."

"…I kept myself busy, I was never one for sitting around and getting myself depressed, thankfully."

"I just grew up a little bit and I thought I need to do this for myself and not just do it to please other people."

For some, money was their primary motivation. They found it difficult to get by on benefits and desperately wanted to get a job so they could stop worrying about making ends meet.

"I needed money. That was my first motivation. If I could get a job I was willing to do any job, cleaning or something, just to get money."

"I told them I wanted to be back in work, that's why I ended up doing what I was doing (crime) because I was skint; I was desperate."

> *"Out of work, just survive, just go on survival mode. In work I've got more independence…I can just think about what I am doing rather than stressing about where I'm going to get bill money from."*

Again, Ready for Work Managers identified 'motivation' as a key factor in somebody's ability to get a job:

> *"The people that get jobs are the ones that if you like are lucky, who at the end of the programme they get offered something or they've got the drive."*

> *"It doesn't necessarily depend on the sort of qualifications or even work background but I think if they've got a belief that they will get there and a belief in what we can do to help them then those are the people that stand out…I think it's more of a personality trait of people who have got a little bit more drive and self-belief."*

'Turning Point'

A common theme recurring through the interviews with clients who either had an offending background or had struggled with alcohol or drug addiction, or both, was the concept of reaching a 'turning point' in their lives, where they wanted to do all that they could to find a job because they considered working to be their best chance of preventing re-offending or relapse.

> *"I wasn't really ready for work but I really wanted to get my life back on track so I was at that point, I was willing to do anything."*

> *"Because I've done 20 years in jail and you have to keep going. Out here is not as bad as where I've been. Even though it's bad, to be honest."*

> *The concept of 'transformation' was identified by one of the Ready for Work Managers, too:*

> *"It's difficult to find the ones that have got it in them. There's something that changes in them that says 'I'm going to get a job'."*

3.3 Interviews with clients and Ready for Work managers – Sustaining work

3.3.1 Experience of support received through Ready for Work

Six of the clients we spoke to were still in some form of contact with the Ready for Work programme whilst working.

A. Job Coach

Three of the clients still saw their job coach; while the contact was less regular, they valued knowing that they could contact them at any time. One client found their job coach really useful for dealing with work issues, particularly how to behave or what to do in certain situations; another, who had greater work experience, wanted to use their job coach to help them deal with life in general now that they were working.

"I think what's working, from not working for a long time in a sort of structured working environment…I know that I can always phone him up and say 'I've got a situation, I don't know what to do about it and I know he would say, 'right, this is what I would do'. You don't have to take that advice but he just makes things a lot clearer for me."

"With my job coach, I sent an email to her and said, 'I think I need a mentor, someone to help me because, it's ok, I've found a job but I needed a different kind of help because my life is different' and she said 'okay, anytime if you need me just let me know, I'll be there for you'."

B. Ready for Work Manager

Three people were actively in touch with their Ready for Work Manager, with one still attending job club. A further two said that they knew they could contact them at any time for help, particularly if they needed to get another job. The benefits of these relationships were similar for those who had job coaches, but with a slightly more 'personal' element:

"I think if it wasn't the people [Ready for Work Managers], how they come across, I probably wouldn't of kept in touch…it is the people that run it because they really care."

"Well, [my Ready for Work Manager] definitely was one of the main reasons that I managed to find work. He's helped me so much. I still talk to him now."

"You know there's that support behind you, that security blanket that you can always come back to if you need to…and I know the group of people that I was on the course with…they keep in contact with everybody."

3.3.2 Experience of support from elsewhere

A. Employers

Line manager

Only one client reported a positive relationship with her line manager; the company in question was a keen supporter of the Ready for Work programme:

"[The line manager] made it very clear from the outset that he's very philanthropic in his outlook on life, he wants to give people a chance…so he's probably a rare breed."

Progression

Several clients spoke about wanting to progress, whether that was to move up the career ladder, to earn more, or simply find a job that was more suited to their skills and interests. However, all reported challenges in trying to do this. One felt that he was discriminated against because of his disability and also felt that he was a victim of nepotism. This client also reported that he felt he did not need help in work or to find work, he just needed the right job.

Another client found that because of her temporary contract and low wage, it was difficult to find the extra time needed to thoroughly search for jobs, as she could not afford to take time off. A further client, who wanted a job with more regular hours, found that the lack of notice given as to what the weekly shift pattern was, and the unsociable hours she had to work, made it very difficult to keep appointments and look for work. These two clients relied on the support of a job coach and a youth agency to help them in this regard.

"Not so long ago I applied for an apprenticeship, tried to get on the tree side of it because that's what I want to do, it was a 3 year thing, constant work for 3 years…I didn't get it but I don't know how, it really frustrated because…people who were assessing a suitability for the apprenticeship, it was their sons that were on the course which really shouldn't be allowed…I don't really want to kick up a fuss about it to be honest, it's just more earache and ball ache."

"…I have no contract…and it is a big problem for me because I can't look for work because my wages is minimum wage…"

"You get one day off but it's either at the end of the week or right at the beginning and then you've got the other days you're in work so then you're all tired…"

B. Charities

It was less clear from the interviews the extent to which clients were still engaging with charities other than Business in the Community, but a few clients indicated that they would feel able to go back for help should the need arise. One client continued to volunteer ad-hoc for the same charity that she had been involved with prior to Ready for Work and finding a job, and mentioned that she had sought legal advice there on one occasion.

3.3.3 Impact of work on individuals

Transformation

For several clients, working had enabled them to make positive changes in their lives. They reported feeling happier, having more money to do the things they wanted, and more independence.

"The fact that I'm not so restricted anymore of things I can do, I've got a greater variety of things I can do as to how I live my life…because I'm earning….it's all positive; the fact that I can give nicer Christmas presents to my children, just silly things like that."

"I think working has been maybe the best thing for me that I've ever done. Before I would just be in and out of prison and just like no structure and everyone who I was around was criminals…I don't know it just feels like it's taken me out of that kind of cycle."

For one client, working had helped him reconnect with his mother, whom he said had 'given up on him'. He had also stopped seeing so much of his stepdad and aunt, both of whom he had spent a lot of time with before he found work, although it was unclear whether or not the intention behind this was deliberate.

"It took [mum] a while still because she was like 'well, you've had a job before' but now she sees me, I was there on Sunday doing the decking in her back garden, stuff like that so it's just good to sort of give her something back."

Raised stakes

A couple of clients, realising the transformative potential of working, seemed to be anxious about what might happen if they lost their jobs. One client, with a long history of alcohol abuse, felt that he had few chances left to make a fresh start. He also saw work as a way to give something back to his children, with whom he had recently got back in contact. He also said that his children were his main motivation to keep going. For the other client, working represented a chance for him to change who he was and without it, he felt he would simply revert back to his old ways.

"I've been battling this problem for so long I really believe it's my last chance and I can't go back down that road…I want to do something for my kids, you know. Basically, my kids are my energy, now."

"For me, it's not even a job…it's just being someone out here instead of being whoever I was back in the day."

Health and well-being

In a couple of cases, the reality of work was tough and having a negative impact on their health and well-being. One client said that she would go to work even if she felt poorly because she would not get paid; another found the shift pattern particularly gruelling at times and she also felt her personal safety was being put at risk because of the lack of public transport available when her shifts ended.

"…if I feel really sick I can't stay at home because they are not paying me…I ask the solicitor and he said the agency have no right to send you more than 90 days; after 90 days they have to clear your situation."

"it's like putting my safety and my health at risk if you have to walk at night if you miss your last bus…if the trains are late, then you're late and if you miss your last bus then there's only one way of getting home, either a taxi or walking but if you haven't got the money then you have to walk."

"I'm never hungry but I have no money to enjoy myself…I can buy stuff from the charity and no one will know…but I'm thinking I'm working every day a full time job…at the end of the week I have nothing, you know. Still I am excited to do something for myself obviously, I am depending on my parents…"

4 Conclusion

The statistical analyses (aim 1) suggest that the support by a job coach is significantly associated with successful (re-)integration of homeless people into the labour market. Labour market participation can be seen as a crucial step in efforts to assist homeless people to participate in society. Our analyses show significant associations between job coaching and success in gaining employment and with the chances of sustaining employment. This applies to clients of all ages but is most marked amongst younger clients (aged 18-24 years old). Finding positive interventions that help young people into work is key as there is now evidence that a period of unemployment while young can lead to permanent disadvantages over the life-course [77]. However, the validity of the analyses is limited by several aspects, including selection-bias. Concerning the data set of the client's records, some inconsistencies in data collection were detected that may represent additional confounding.

Job coaching as an intervention includes many of the success factors identified by other studies including use of individual work place training (rather than classroom approaches), engaging employers in design and delivery, building in support for transition to work, including support for job search whilst on the programme, and personalised support tailored to the needs of the individual [78–80]. In addition, work place training may be to the employer a more reliable indicator of employability than classroom-based training [81].

The interviews with clients and Ready for Work managers (aim 2) have been useful in trying to understand more about the nature of the association between job coaching and gaining and sustaining employment. While it is not possible to make conclusive statements based on

such a small sample of Ready for Work clients, nonetheless this study has highlighted other factors specific to the Ready for Work programme as contributing to success in gaining and sustaining employment:

- Access to support that is personalised, responsive and readily available – in particular, that given by the Ready for Work Manager.
- Privileged access to vacancies through the Ready for Work programme, either via their work placement, Ready for Work manager contacts, or vacancies that have been identified for specific individuals at Ready for Work job clubs.
- A network of support that is unique to the individual client and which the client knows s/he can call upon at any time when they need help, particularly when the client is in work.

However, the interviews also highlighted the importance of individual client motivation; it would seem that the factors listed above would not be enough on their own to guarantee successful entry into the labour market without the determination and drive of the client; likewise, determination and drive are not sufficient factors on their own to successfully secure and sustain employment, as the additional support sought by clients attests. The extent to which individual motivation plays a role, and how that motivation is created, sustained and can be measured, would need to be the subject of another study, but it is clear from the cases examined in this study that clients who are highly motivated to find work are more proactive at seeking out the support they need to get them into work and help them overcome the challenges they encounter on the way.

In light of the insight gained from the interviews with clients, it could be suggested that the strong association found between job coaching and gaining and sustaining employment could be reflecting the tendency of some highly motivated clients to take up the offer of a job coach. Therefore, job coaching could be seen as a reliable *indicator* of employment success but not as the only cause of labour market re-integration.

5 Recommendations

As we have seen, the factors contributing to employment success are wide-ranging and likely to be different for each client, dependent on client barriers, access to vacancies, the quality of support available through the programme and elsewhere, and individual client motivation.

We recommend further research into the following in order to understand how BITC needs to target resources to further improve job attainment and sustainment rates:

- Identification of the key elements of a successful job coaching relationship for clients, with a particular emphasis on young people.
- Impact of job clubs on job attainment/sustainment.
- Identification of local factors contributing to the performance of individual Ready for Work programmes.
- The applicability to the Ready for Work programme of existing tools for measuring client journeys from homelessness to independent living.
- A review of the programme indicators for 'work readiness'.

The learning from the study also allows us to make several recommendations for providers of services aimed at supporting homeless people, or those at risk of homelessness, into sustained employment:

- Support should be client-oriented, with sufficient time given to understand individual barriers, characteristics and aspirations.
- Regular access to a single point of contact, responsible for convening/sign-posting to other forms of support throughout the journey to work and once in work, is preferable.
- Employers should be involved at various stages of the return to work journey to contribute to client motivation and skills development and open up access to job vacancies.
- Consideration should be given to the measurement of client motivation and readiness for work at the point of referral so that appropriate support can be provided throughout the journey to work.

Case study 3: The role of employers in promoting the employability and employment of people from disadvantaged groups

Authors : Rebecca Ford[1], Stephanie Hagan[2], Anne Willmot[3]

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1 Policy & Research Manager Work Inclusion
2 Head of Community Investment
3 Director Business Action on Homelessness (BAOH)

Business in the Community (BITC)
137 Shepherdess Walk,
London N1 7RQ
United Kingdom
T: +44 (0)20 7566 8650 F:+44 (0)20 7253 1877
www.bitc.org.uk

1. Introduction

Businesses exist to create profits for owners and shareholders by creating jobs, selling products and services and providing business for other businesses. As a result, they have a range of economic, social and environmental impacts that affect individuals and groups – as employees, as neighbours and as consumers. As employers, they play an obvious and direct role in employment; what they do and how they do it has the potential not only to improve health but also reduce health inequalities, particularly for the most disadvantaged groups in society.

The UK, and EU approach to engaging employers in employment initiatives that target people in the lowest social gradients, or 'disadvantaged groups', has to date largely been based on voluntary principles falling under 'corporate social responsibility (CSR)' policy. For the majority of businesses, employability programmes will usually begin as CSR driven activities, even if in time they become mainstreamed into core recruitment and HR practice.

At EU policy level, the EC published its latest strategy on CSR in 2011 which spelled out its position on "the responsibility of enterprises for their impacts on society"[1]. It defines CSR as actions by companies over and above their legal obligations towards society and the environment. To fully meet their social responsibility, enterprises "should have in place a process to integrate social, environmental, ethical human rights and consumer concerns into

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[1] http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2011:0681:FIN:EN:PDF

their business operations and core strategy in close collaboration with their stakeholders"[2]. The strategy also states that certain regulatory measures create an environment more conducive to enterprises voluntarily meeting their social responsibility, although these at present are limited and tend to be concentrated on environmental impacts. At national level, only 15 EU Member States have national policy frameworks to promote CSR with the UK perceived to be one of the most advanced.

Over the past five years there has been evolution, assimilation and general acceptance of a number of international frameworks that provide clarity for businesses as well as providing direction for policy makers. These include the UN Guiding Principles on Business and Human Rights, the Global Report Initiative's (GRI) G4 Guidelines as well as the International Integrated Report Council's (IIRC) Framework published in December 2013.

There has also been a strengthening of reporting requirements both at national (in the UK) and more recently at EU level (which will come into force in April 2017)[3], on companies in relation to non-financial information such as environmental, social and employee, human rights and diversity matters. On the other hand, the UK government response to its call for views on corporate responsibility[4] has indicated that the exact approach businesses take varies and is influenced by factors such as business size, sector and location.

Research aims

It is within this context that we embarked upon a small study to understand from a sample of companies within the BITC membership, and beyond, the following:

1. How they support or employ people facing barriers to work;
2. What provision they have in place to promote the health and well-being of disadvantaged groups;
3. Who or what influences the decisions they take in relation to supporting disadvantaged groups and health and well-being provision.

2. Methods

We used a range of methods to gather information from our companies – telephone interviews, a focus group and an online survey.

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[2] Ibid

[3] http://europa.eu/rapid/press-release_STATEMENT-14-29_en.htm?locale=en

[4] Department for Business, Innovation and Skills, 2013: https://www.gov.uk/government/consultations/corporate-responsibility-call-for-views

2.1 Telephone interviews

Sample of employers

We used purposive sampling to target Human Resources and Corporate Social Responsibility Directors in companies within Business in the Community's membership that in our view, demonstrated one or both of the following:

- a good track record or interest in relation to health and well-being and/or the employability of disadvantaged groups;
- a high volume of entry-level jobs.

It was harder than anticipated, and therefore took longer, to set up the telephone interviews. This was due to a lack of response to initial inquiries and the limited availability of senior professionals within the companies. We initially aimed to interview professionals from 20 companies, but it was only possible in the end to secure interviews with 13.

We also found that in several instances, the person who had been put forward to be interviewed did not have the knowledge to answer all the questions and so we had to set up further interviews with colleagues in HR or CSR. This was not anticipated and was due to the breadth of issues we needed to cover, which, depending on the structure of the company, did not always sit within one area of responsibility.

The company characteristics are presented in table 1.

Table 1 – Companies participating in the telephone interviews.

	Sector	Turnover	No. of employees	Operations
1	Pharmaceutical	£22.4bn	108,000	Europe, North Africa, China
2	Infrastructure Services	£10bn	35,000	Europe, Africa, Asia, Middle East, Australasia, North and South America
3	Construction and Facilities Management	£15bn	40,000	UK
4	Utilities	£23.9bn	38,000	UK
5	Public Services Provider	£2.3bn	21,000	UK
6	Retail	£763m	20,000	UK
7	Facilities Management and Support Services	£7.6bn	500,000	Europe, Asia, North and South America, Australasia
8	Retail	£25.6m	157,000	UK
9	Facilities Management	£2bn	63,000	UK
10	Facilities Management	£250m	8000	UK
11	Support Services	£4.9bn	120,000	Europe, Middle East, Asia Pacific, North America
12	Retail	£90m	800	UK
13	Environmental Services	£24bn	320,000	Europe, North and South America, Middle East, China
Total		**£140.4bn**	**1,430,800**	

Interview Guide

The interview guide was developed by the Work Inclusion team in BITC, tested with one company and further refined. A copy of the interview guide can be found at appendix 4. We used the following definition of 'disadvantaged groups' and explained this to participants at the start of each interview[5]:

"People who are homeless, lone parents, have been in care, have caring responsibilities, ex-offenders, live with physical or mental disabilities, possess few qualifications and skills, are long-term unemployed. This list is not exhaustive, and individuals can often face a combination of the above circumstances, amongst others."

To help ensure that the interview was as useful as possible, we sent the interview guide out to participants in advance to help them prepare.

2.2 Focus Group

Aim of the focus group

We wanted to corroborate some of the findings from the telephone interviews and understand more about the following:

- Who and/or what drives activities and behaviour in relation to the employability/employment of people from disadvantaged groups;
- Who and/or what influences the decisions made in relation to the provision of health and well-being provision for all staff and for people from disadvantaged groups in particular.

Topic Guide

The topic guide was developed by the Work Inclusion team within BITC and refined by colleagues with specific experience of running focus groups. A copy of the topic guide can be found at appendix 5.

Participants

For the UK focus group, we targeted BITC member companies from retail, construction, manufacturing and support services sectors. Unfortunately on the day, despite 5 companies signing up, only 3 were represented; two major retailers and one medium-sized food manufacturer. We think this was due to the time and travel commitments required, and on the day, more business critical priorities took over.

Details of the companies who took part can be found in table 2. The group was held in November 2013.

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[5] Definition developed by BITC with reference to Work Programme 'early access' eligibility criteria (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/306484/wp-pg-chapter-2.pdf) and BITC's own eligibility criteria for its Ready for Work programme (http://www.bitc.org.uk/programmes/ready-work/get-involved/refer-someone-our-programmes).

Table 2: participants in UK focus group

	Sector	Turnover	Number of employees	Operations
1	Retail	£10.3bn	70,000	Europe, Middle East, Russia, Australasia
2	Manufacturing	£760m	6,800	UK
3	Retail	£8.4bn	56,000	UK
Total		**£19.46bn**	**132,800**	

2.3 Online survey

A feature of the focus group was a ranking exercise for participants to undertake, devised internally by BITC staff. This involved participants placing post-it notes, on which were written different influencers, for example 'CEO', 'labour market conditions', 'legislation', on a wall chart with a very simple scale of influence – see figure 1. A copy of the format for this exercise can be found in the topic guide at appendix 5.

In practice, we had found the ranking exercise useful for stimulating discussion but that it had limited value in enabling us to compare and contrast answers as we had not used a scale to differentiate levels of influence.

Figure 1. Scale used in the ranking exercise.

Most influence   Least Influence
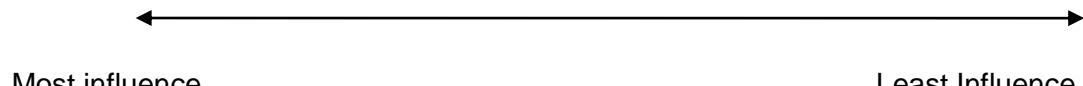
We also wanted to organise a focus group with non-UK-based companies and so we joined forces with a similar organisation to BITC, CSR Europe[6], who approached their membership on our behalf. Unfortunately, we were not able to recruit a sufficient number to be confident to proceed.

Following the decision to abandon setting up a focus group non-UK-based companies, we decided to target the CSR Europe members with an online survey instead and to follow up with the companies who had taken part in the UK focus group to ask them to complete the survey as well.

We developed the questions for the online survey using the learnings from the ranking exercise developed for the focus groups. The survey was further refined by colleagues at

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[6] CSR Europe is a membership organisation promoting corporate social responsibility. www.csreurope.org

CSR Europe, who perform similar work to BITC. They sent the survey out to 70 companies within their membership our behalf. We estimated that the survey took around 10 minutes to complete.

The survey was live for 1 month, and CSR Europe sent targeted emails 3 times in that period, following up with direct emails to companies that had shown interest in joining the focus group before the decision was taken to conduct an online survey instead. This resulted in 5 companies completing the survey. In one instance, 3 individuals from the same company completed the survey and so we took the answers from the most senior respondent and discarded the other two. Details of the companies who completed the survey are in table 3 below.

For this reason, it was decided to follow up with the participants of the UK focus group and ask them to complete the survey, too. To this end, tailored emails were sent by BITC and a further 2 companies completed the survey, resulting in 7 responses in total. A copy of the survey can be found at appendix 6.

Table 3 – companies who completed the online survey

	Sector	Turnover	Number of employees	Operations
1	Media, Marketing and PR	€10,000,000 - €50,000,000	<100	Europe, Middle East, Africa, Asia Pacific, North and South America
2	Support Services	€50,000,000 - €1,000,000,000	5,001 - 10,000	Europe, North and South America, Asia
3	IT - hardware, software and services	>€1,000,000,000	>10,000	Europe, North and South America, Asia Pacific, Africa
4	Retail	£10.3bn	>10,000	Europe, Middle East, Russia, Australasia
5	Industrials and engineering	€50,000,000 - €1,000,000,000	1,001-5,000	Europe, Asia Pacific, North America
6	Industrials and engineering	>€1,000,000,000	>10,000	Europe, Middle East, Asia, Africa, North and South America
7	Retail	£8.4bn	>10,000	UK

2.4 Analysis

Telephone interviews

As we did not have access to the appropriate technology to record telephone interviews, notes were taken simultaneously by the interviewer during each interview, and any points that were unclear in the write up were followed up with the individual concerned. The notes

were then reviewed and coded by the interviewer with data transferred to an Excel spreadsheet. A second review of the notes and coding was performed by the Work Inclusion Director from BITC to ensure consistency and to identify elements that the interviewer may have missed.

Focus Group

The focus group session was recorded and fully transcribed. The transcribed notes were reviewed and coded by hand. The ranking exercise conducted during the focus group resulted in the production of a large paper-based graph, which was photographed and then copied into an Excel document. As mentioned above, we found this to have little value other than to help stimulate discussion, but have included the results in appendix 5. The transcript was used to contextualise the results from the ranking exercise.

Online Survey

The survey responses were collated using the tools within SurveyMonkey™ and then entered into a spreadsheet for the purpose of creating graphs to further aid analysis. Particular attention was paid to the responses given in relation to the people/organisations that were classed as 'highly' or 'somewhat' influential and those that were classed as 'not very influential' or 'irrelevant'.

3. Findings

3.1 How do companies support or employ people facing barriers to work?

Partnering with specialist agencies

The majority of the companies we interviewed on the telephone were working with at least one agency with specialist knowledge and focus on particular barriers to work, in order to ensure that they were reaching out to the most disadvantaged people with their recruitment or employability programmes.

A strong theme coming out of the interviews was the inadequacy of mainstream agencies (Jobcentre Plus and Remploy were mentioned specifically) in meeting the specific needs of companies in relation to targeting specific groups of people. The main reasons cited was the target-driven culture of Government sponsored agencies and lack of specialist knowledge in relation to particular barriers to work.

"We recognise the traditional approach to recruitment and the traditional routes wouldn't necessarily reach care leavers and NEETs."

"The jobcentre is very structured in getting people off their books. For the workload they have, the training isn't there; they're not great at support and spotting the potential of individuals. That's why we work with so many other agencies."

"(We) use ELBA (East London Business Alliance)…who put far more effort into finding the right people (than jobcentre plus)."

The specialist agencies the companies said they worked with include social housing providers, homeless agencies, probation, prisons, care leaver charities, poverty charities, community-based charities, charities for ex-offenders. As well as being able to deliver the right candidates for roles, the companies also valued the support such agencies provided for people once in work, for example helping sort out benefits issues or housing, which might otherwise impact on their ability to work.

Adaptations to standard recruitment procedures

Companies also said that a standard application/interview process often excluded people furthest from the labour market. They said that some applicants were put off by the technology of online application forms or else were not able to put forward strong enough applications because of issues relating to literacy or English as a second language, or because they were lacking in experience.

"We used to use online applications but discovered 40% of applications were never finished, because of comprehension problems. Now we offer a form as well as online applications, and applications have increased as a result."

Alternative recruitment activity cited included open days held in the heart of deprived communities, 'working interviews' for those who would otherwise find a standard application process a barrier, whereby people would be paid for a day's work and their suitability assessed for employment, and guaranteed interviews for those on work placements, who had already been selected for those placements on the basis of their barrier(s) to work.

However, several companies also said that the volume of applicants for their vacancies presented a problem, with automated sifting set up to cope with the sheer number of applicants (some companies were regularly dealing with over 1000 applications a month). One company used personality and behavioural questionnaires for every job to help screen people out, as well as requiring DBS checks for all jobs, even though this was not a legal requirement.

Another said that to cope with volume, they would reject people who lived a certain distance from the place of work, as they were unlikely to be able to travel to work easily on public transport. The opposite was true of another company; public transport to a rural site was poor so they provided a free bus service to encourage more applications from non-drivers.

3.2 What provision do companies in place to promote the health and well-being of employees from disadvantaged groups?

Dedicated support in the workplace

"Well-being in my view starts with getting the job right. Does an individual understand what they're doing in that organisation? That's where well-being starts from a mental health perspective…"

All of the companies we interviewed cited good health and well-being as the most, or one of the most important issues in relation to performance, but also emphasised the need for dedicated support for people facing barriers to work recruited either directly or via partner agencies as they had experienced issues with absence and retention. For example, one company working with care leavers and young unemployed people felt that a common issue was unrealistic expectations about career progression, perhaps because they did not yet have the life experience to understand or appreciate that getting to the job they wanted might involve doing several others that they were not so keen on. Another company cited the example of a lone parent working who took unauthorised leave to look after her child because she did not have the coping skills to manage the situation in the right way. Another company referred to the support that young carers require:

> *"The needs of young carers are often hidden. They need very close mentoring and coaching and to work in a large team."*

In order to help disadvantaged people build settle in well, build confidence, set realistic goals and progress, the companies we spoke to suggested that the following interventions made a crucial difference:

- Workplace mentoring, particularly in the first few months.
- A thorough induction on starting work
- Flexible working
- Financial support, for example, season ticket loans
- A supportive line manager who knows how to spot and deal with stress
- Employee Assistance Programmes (EAP), that provide confidential counselling and advice on issues such as debt, family and workplace issues.
- Support for those working in small teams or isolated sites to help them feel part of the organisation.

> *"The recruitment team have an all-encompassing role; they act as recruiters, mentors, coaches. If you don't have that level of resource to manage apprentices and other hard to reach groups, then you are going to fail."*

However, it was clear from the interviews that some companies provided more comprehensive training to line managers than others to ensure they were equipped to deal with stress in their teams. And whilst those companies that had EAP in place felt it was an important part of their overall wellbeing offering, all admitted that they struggled to get staff to use it. When we spoke to an EAP provider about this phenomenon, they suggested that the reasons for this included a lack of trust from staff around the confidentiality of the service, and also a sense among line managers that the service was not for them, but for people further down the chain.

Corporate Parenting

When working with people from disadvantaged groups, several companies commented on the 'extra mile' they would have to go to in order to help those people succeed on their work placements or in the early days of employment. In some cases, that extra support was

provided in conjunction with specialist charity partners; in others, it seemed that it was down to individual managers to identify and meet specific needs.

One company working with young offenders recognised that not being able to pay for lunch was a potential barrier for successful completion of apprenticeships and so ensured supervisors were able to reimburse lunch expenses. In some instances, team members would make lunch and share it with the young people. The company also realised that the young people did not have the knowledge or skills to eat healthily and so devised cooking lessons as part of their apprenticeship programme.

In another case, the manager of the employability scheme would often have to lend personal money to ensure that mobile phones were topped up or people had enough money to eat. This money was not always returned.

It was not clear from the interviews the extent to which 'corporate parenting' was due to the culture of the organisation or the commitment of a few individuals within a company.

"We try not to do corporate parenting but we need to do some of it. We're replacing the family to some extent."

Pay and benefits

The interviewees indicated that in general, they try to ensure that their health and well-being offerings are open to all, but in most cases, some benefits that would have the greatest impact on individual health, for example, private medical insurance, routine medicals, private dental care, were usually reserved for senior managers and above.

With regards to specific support for people from disadvantaged groups, provision depended on the route that the individual came through; if it was through a dedicated recruitment pipeline, for example, for young unemployed people or ex-offenders, then support could be targeted at the individual level. There was a sense, however, that people with certain barriers should not be treated differently to the general work force as this could be divisive.

Several companies cited benefits that were accessible to all, but which they thought would have a more significant impact financially on people lower down the social gradient, for example, company loans and discount schemes. In one instance, remuneration for apprenticeship roles was set above the statutory minimum in order to ensure that people from disadvantaged groups, who were more likely to have no recourse to alternative financial support while in training (parents, overdrafts) were able to access and sustain apprenticeship opportunities.

Flexible working was also identified as an important benefit that allowed all staff to manage work-life balance and deal with crises, something that was considered as especially relevant to people with barriers to work who they felt were more likely to have chaotic lifestyles.

3.3 What influences company behaviour in relation to the employability/employment of people from disadvantaged groups and the provision of health and well-being support for those employees?

3.3.1 Employability/employment of people from disadvantaged groups

The results of the online survey showed that for the companies concerned, there was no factor that had a more significant influence over all the others, although when the results for 'extremely influential' and 'fairly influential' were combined, it showed that *external* factors were more influential than *internal* factors. Specifically, brand reputation and legislation/directives (5 out of 7), followed by competitors, EU policy, labour market conditions, national government employment schemes, other national government programmes and press (4 out of 7), although CEOs and HR directors scored the same. These results are illustrated in figure 2.

While not conclusive, the focus group discussion, and some of the learnings from the telephone interviews, can help in understanding some of the considerations companies make in respect to some of these factors; some factors were not discussed in great depth or at all.

Brand Reputation

There was a sense that the main driver behind activities supporting people from disadvantaged groups was social justice, 'the right thing to do', although it was recognised that there could be positive effects on a company's reputation.

> *"I think our primary motive…is under a CSR banner so it's a belief that it's the right thing to do. Realistically, there are some good branding benefits that come out of that but…for us it's about having that engagement in our local community."*
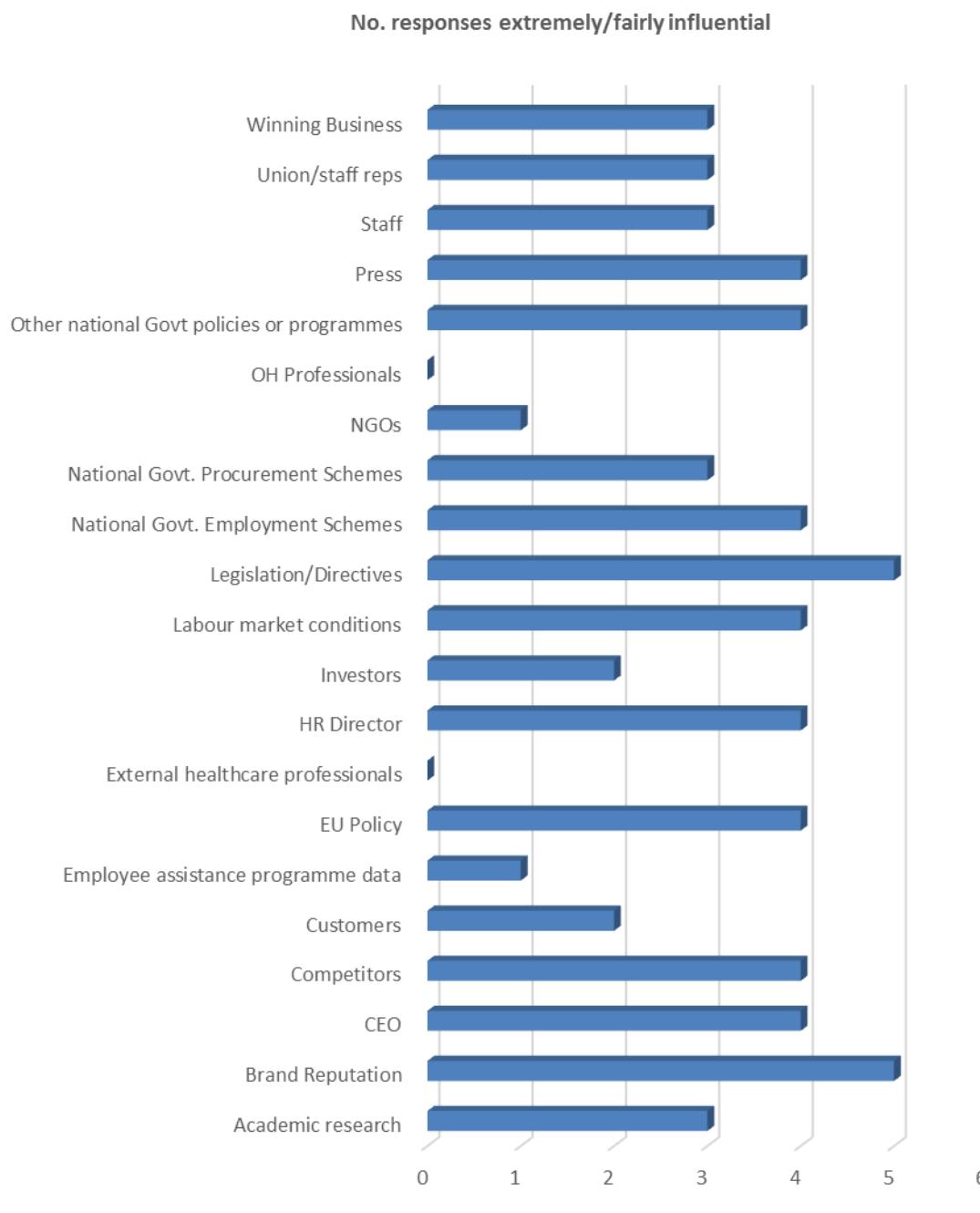
Figure 2. Results of the online survey.

National government employment schemes

The companies in the focus group said that they were often wary of government employment schemes. The wariness seemed to be down to several factors – the complexity of government employment and training schemes, bad publicity linked to particular schemes and ministerial changes.

> *"With apprenticeships, traineeships, work quotas, I think we initially always are a bit nervous and say 'is this one going to work, how long is it going on for, are they going to reform it, are they going to replace it?'."*

> *" I think if there was a bit more clarity sometimes around what they are trying to achieve and then making it easier for businesses to adopt some of the initiatives then I think they would carry more [influence]."*

However, despite this wariness, the companies did report engagement with Government schemes, for example offering apprenticeships that enabled them to draw down training funds.

National government procurement schemes

Companies that tender for public infrastructure contracts are usually required to demonstrate in their bids how they will create employment/training opportunities in the local community. A good track record in this area and evidence of good partnership-working with community organisations is essential to be in the running for a contract win.

> *"We try to put a 10% target on recruiting from disadvantage groups on most of our contracts."*

> *"Social mobility is part of our diversity programme, we have signed the Government Charter on Social Mobility."*

Winning business

In addition to pressure that Governments can place on companies looking to win bids, some of the companies we spoke to talked about the direct influence that other clients placed on them through their supply chain. For example, one company had become involved with a particular disadvantaged group as a result of pressure by one of its major clients, an investment bank. In another case, the influence was not as direct, but the company concerned had to develop a CSR policy as a requirement of doing business with a major client.

Staff

The level of influence that staff have on what their company does in relation to disadvantaged groups was largely dependent on the culture of the company. Companies that described themselves as being 'democratic' or 'paternalistic', for example, family-run or 'household-name' businesses, would consult staff on the issues that mattered most to them, or else allow staff across their business units the freedom to support local causes. In all instances, the value in terms of increased engagement of involving staff in the employability activity in some shape or form was recognised.

"When people are bringing and mentoring these people as they come into the business (disadvantaged people), it's a huge engagement for them to watch these people grow and the feedback on that has been massive, so that's a huge driver."

"If there's something that someone in the business feels passionate that they want to do, most cases we'll support it whatever it might be…"

Most of the companies that we spoke to cited employability programmes as a useful engagement tool for staff, particularly for those who could become directly involved through volunteering. Engagement as a business benefit might be an indirect influencer on what companies decided to do but it does not seem to be a primary driver.

CEOs

The influence of the CEO of a company was not as important as other factors in determining what is delivered, but discussions with companies indicated that the level of influence depends on the personality and style of each individual leader. It seems that some chief executives feel passionately about certain issues and want to use their position to make an impact, whereas others are happy to be advised on options while holding the right of veto. External agencies, in particular NGOs, can also influence the issues that chief executives want to prioritise if they have access to them through charity boards.

"Because our MD (Managing Director) has such a forceful personality he possibly carries more influence than some of his predecessors."

"I would say that the CSR agenda was the initial thing, obviously we need the CEO to get behind it but it wouldn't have necessarily come from the CEO."

"I think it is a bit about being in a large business like ours, our board members and our MD will sit on a number of groups and forums and if I'm honest, quite a lot of times the activity comes from an output of one of those meetings."

Press

Companies in the UK were wary of the effect that bad publicity could have on their reputation, particularly in relation to the provision of unpaid work experience or helping particular groups, for example, ex-offenders. It is possible that this concern is limited to the UK context, where a particularly sensationalist newspaper culture exists.

"We actually experienced a fair amount of negative press where we couldn't pay people to work because it would mess up their benefits, so now we're 'sweatshop employers'. If it had really hit the papers, we'd have had to probably pull the whole thing."

"It sounded better as an internship when we thought of it two years ago, now it sounds as if we're exploiting people because of the press."

3.3.2 Health and well-being activities and provision

The results of the survey showed that for those companies taking part, the key influencers in relation to health and well-being provision more likely to be *internal.* The scores against factors respondents felt were 'extremely influential' placed the CEO as the most influential driver (5 out of 7), followed by the HR Director (4 out of 5). When combining these scores with those in the 'fairly influential' category, CEOs and HR Directors appeared to carry equal

influence (7 out of 7), followed by brand reputation, labour market conditions, and staff (6 out of 7). The results can be seen in figure 3.

Again, the insights from the telephone interviews and the focus groups can help to explain some of these results.

CEO/HR Director
The focus group participants felt that the HR Director in particular held the biggest influence over health and well-being provision, over and above the CEO, although they acknowledged that the HR director would have to get the buy-in of the CEO before implementing a policy or activity, which was not always easy to get. To help achieve buy-in, HR directors would look to academic research or their competitors to help build their case.

> *"HR people have the plot about ways to engage people with the business, ways to impact on productivity and therefore they are the key drivers."*

Who/what influences the decisions your company makes in relation to health and well-being provision?

No. responses extremely/fairly influential
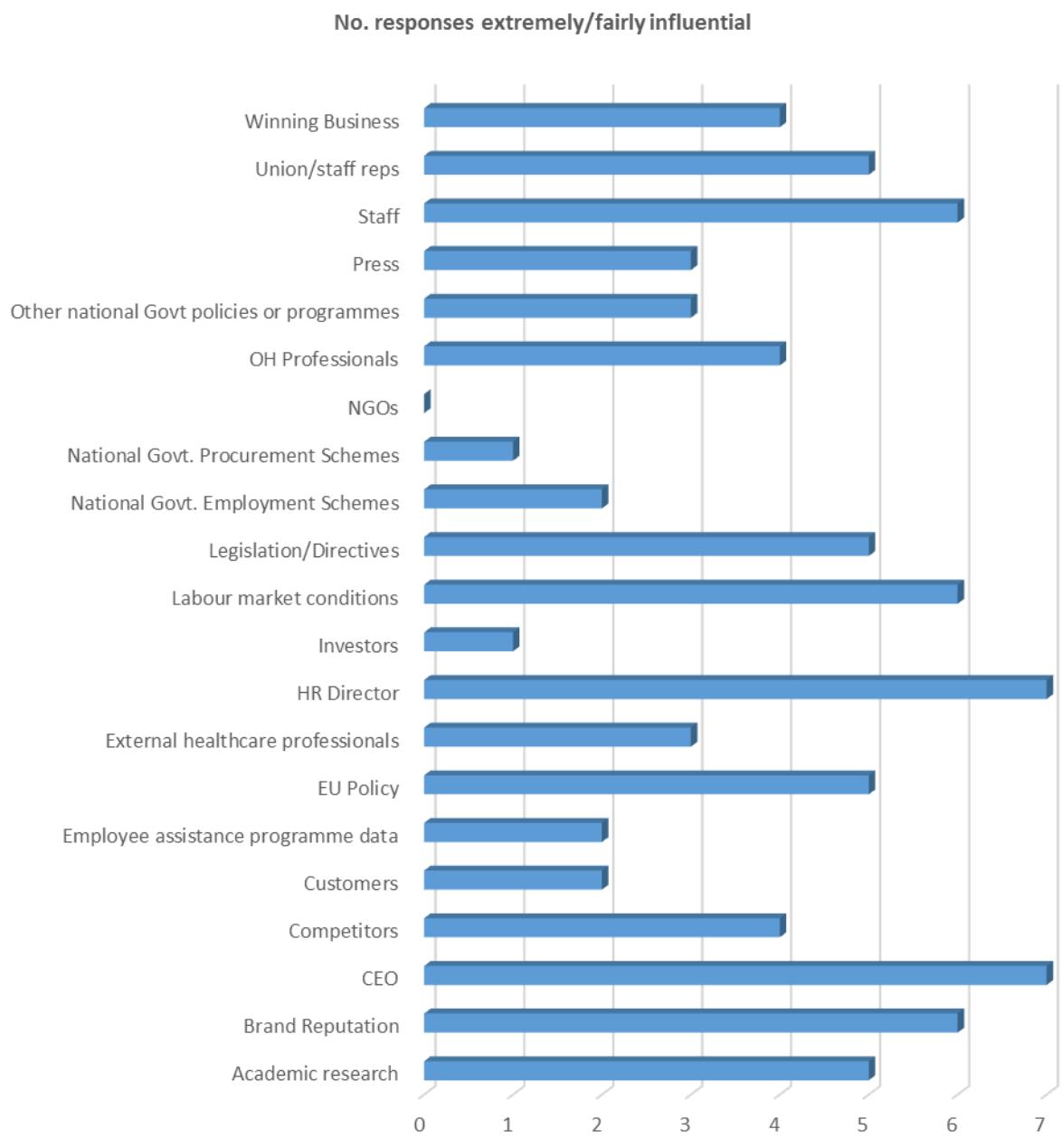
Figure 3. Results from the online survey.

Legislation/directives

It is not surprising that legislation and EU directives were considered to be key influencers as companies must comply. Telephone and focus group participants reported the most monitoring and evaluation activity in relation to areas which are controlled by legislation, for example, health and safety and discrimination on grounds of race, religion, sexuality, gender, disability etc. It seemed that legislation in this regard had enabled health and well-being foundations to be laid, on top of which companies could build a broader offering.

> *"I think a lot of health traditionally was born out of health and safety…before it moved into well-being aspects and for me…I think policy leads the way in a large way."*

Staff

The companies we spoke to suggested that what they provide in terms of health and well-being benefits, for example, private healthcare, health MOTs, confidential helplines, is critical to recruitment and retention. Participants indicated that considerations around the cost effectiveness or health impacts of particular initiatives were sometimes secondary to staff engagement and the impact removing an initiative might have on morale.

> *"[If something is] not being used…just having it there the perception 'it's there for me, the company's doing something for me'…it's important because that engagement piece impacts how people feel and your feeling is ultimately your well-being."*

> *"This is what we do to attract you in, because you want that health accessory…I think some people want it because they think they should have it."*

The fact that in some cases, perception seemed to be a primary driver of provision rather than impact, might explain the lack of formal monitoring and reporting the companies we spoke to were able to cite.

Academic research

Focus group participants said that more focus is given to academic research in relation to health and well-being, sometimes because HR specialists require greater knowledge about a particular subject or because those specialists need to be able to influence their CEO or Director in order to agree to a specific action. In the case of the latter, academic research can lend more credibility or 'proof' to a proposal.

> *"Health and well-being is something that people in organisations are not experts on and they want experts to tell them what is right for them to do."*

> *"I still think it goes back to the research piece, I don't think businesses fully drive this thing."*

> *"I get articles and I drive them in front of people who could be influenced by these things."*

Government policies

The research suggests that for the companies involved in this study, government policies influence what they do in relation to health and well-being in terms of what manages to permeate public consciousness. For example, one manager referenced the UK-Government

'5-a-day' public health campaign[7], which provided information about the importance of eating five portions of fruit and vegetables a day.

Customers

While not directly influencing what was provided, the retail companies in our focus group said that they felt it was important for their companies to be able to promote themselves as part of their brand as a good place to work, as it was recognised that this would impact sales.

> *"We strive more from a brand perspective to help our customers understand how great a place we are to work. It's a big message we put out and I think there's more and more focus on that right now."*

> *"We seem to externally promote ourselves as a great place to work rather than the stuff we do that benefits [disadvantaged people]."*

Competitors

There was an interesting discussion in the focus group around the nature of 'competitors' in relation to this particular issue. Participants felt that competition in relation to health and well-being helped them to strive towards best practice. Competitors were not necessarily limited to their own sectors, but rather the companies who were considered to be 'best in class.' They also talked about how, unlike in other commercial situations, there was a willingness to share best practice with competitors.

> *"I think the list of competitors is slightly different…commercially the competitors are around the same product but for this it's who does this well."*

4. Conclusion

The research described in this paper was designed to increase knowledge in relation to how companies support or employ people facing barriers to work and what influences the decisions they take in this regard.

In order to reach disadvantaged groups, the majority of companies that we spoke to said that what worked best was partnering with specialist agencies, usually non-profit, as they provided unique expertise as well as a better route through which to reach certain groups, for example, ex-offenders. Most also put in place processes in addition to standard recruitment procedures to make sure that opportunities were accessible. Furthermore, the companies we spoke to were cautious about engaging with government initiatives or providers because of the bad publicity they sometimes attracted and because they did not always meet the specific needs of businesses.

With regards to the health and well-being of disadvantaged groups, there was a recognition across all the businesses that we spoke to that employees from disadvantaged groups often required additional support in the workplace. This was easier to provide where individuals had been recruited through a specialist programme outside of mainstream recruitment channels. In these instances, responsibility for health and well-being usually rested with the

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[7] National Health Service website, 18.06.14: http://www.nhs.uk/livewell/5aday/pages/5adayhome.aspx

corporate responsibility team, who were responsible for the programmes that recruited people from specific groups.

This study has shown that for the seven companies who completed the online survey, there were a range of factors influencing decisions made in relation to employing people from disadvantaged groups, although broadly speaking it would seem that the decisions are more likely to be externally-led. Furthermore, despite the caution voiced around the value of government programmes (for example, welfare-to-work programmes), they do hold some level of influence over how companies support disadvantaged groups.

How companies recruit and support people from disadvantaged groups also depends on the culture of the organisation and the structure. Of the companies we spoke to, the ones that reported a more 'paternalistic' culture seemed more likely to 'go the extra mile' to support people from disadvantaged groups. Companies that were quite federalised in structure, or with a locally-led CSR programme, reported difficulty in taking programmes to scale as ownership for HR or CSR was disparate.

Decisions made in relation to health and well-being seem to be, for the companies we surveyed, at least, internally-led, with the Human Resources Director and CEO holding the most influence. There was general agreement that health and safety legislation in the UK was a major driver of the policies and processes in place, and most reporting, if any, was done in relation to obligations under this law.

However, some decisions were driven by competitors, for example, the provision of private healthcare as a way to attract as well as retain staff. This was usually only available to employees at management level and above, and therefore this particular activity may act to reinforce health inequalities across the social gradient.

As the work with disadvantaged groups seemed to sit mainly within the CSR departments of the companies we spoke to, the insight gained into how to ensure those employees thrived at work may not be shared with the people making the decisions on how to manage and support the health and well-being of all staff, when it is likely that this insight could be applicable to other people in the work-force, particularly those in low-paid work.

Finally, the companies we investigated did not view the employability work with which they were engaged in the context of promoting health equity, but rather recognised the benefits to be gained in terms of individual prosperity, social mobility and capital, and benefits to the company in terms of reduced costs, winning business, staff engagement and enhanced brand reputation.

5. Recommendations

It is not possible to make recommendations for policy or practice from such a small study, but nonetheless, we suggest that further investigation of the following would be beneficial in order to fully understand and build the case for employer engagement in tackling health inequalities:

- How companies engage with and the value they obtain from government-led employability/employment initiatives.
- The cost-benefit to society of employer-led initiatives that support the employability or employment of people from disadvantaged groups.

- The individual and public health impacts of employer-led initiatives to support the employability or employment of disadvantaged groups.
- How best to engage employers with schemes to increase health equity.

Appendix 4. Interview guide

"To explore what employer interventions make a positive difference to those with barriers to work as they seek to gain and sustain 'good work' "

As part of a coalition of European organisations, Business in the Community has been tasked by the European Commission to speak to employers about health and wellbeing policies particularly in relation to disadvantaged groups.

Given your commitment to employing from a broad cross-section of the working public we are particularly interested in including your organisation in this research. As you know Business in the Community runs a number of campaigns supporting hard to reach groups (including care leavers, (ex) offenders and homeless people).

In the current economic situation where jobs are scarce; this research will help us to hone our thinking on how employers make it possible for disadvantaged groups to get into, and stay, in employment.

To carry out this research, we would like to consult approximately 20 employers. The cosultation will be conducted through semi-structured telephone interviews, with three sections exploring:

1. How you recruit and the pool from which you draw your recruits

2. How you support the wellbeing of employees (and contracted staff)

3. The key interventions you think would make a significant different to the wellbeing of people as they seek to gain and sustain good work

Business in the Community definition of disadvantaged groups:

Are homeless, lone parents, have been in care, have caring responsibilities, ex-offenders, live with physical or mental disabilities, possess few qualifications and skills, are long-term unemployed. This list is not exhaustive, and individuals can often face a combination of the above circumstances, amongst others.

Section One

- First section is about your recruitment process

1. How do you share information about your vacancies?

2. Can you talk me through your application process, how do people get to the table?

3. a) Have you ever faced challenges when trying to recruit for a) a particular geographic area b) a particular set of jobs?

    b) In these instances how do you go above and beyond normal approaches above to fill these vacancies?

4. a) Do you provide opportunities for people who are not working for you to get an experience of the world of work? E.g. work placement, visit from graduates etc

    b) Can these people progress into jobs at the company? Who oversees this process and how are they linked to mainstream recruitment in your company?

5. Are you happy with your current recruitment approach, do you think it attracts a sufficiently diverse mix of people to the company? Do you envisage the company approach changing in the future? In what way?

6. Do you reach out to any disadvantaged groups in your recruitment practices, who are these groups and how are they targeted?

Section Two

This section will explore how you support the health and well being of staff and how you manage staff retention

7. a) What policies and procedures do you think make the biggest difference to the mental and physical health and wellbeing of their employees? (e.gs of where your approach sits above simple compliance)

    b) What benefits do you have in place to support health and wellbeing of employees?

8. What in your view, is the main reason people, particularly those from disadvantaged groups (or facing barriers to work), risk losing their job and fall out of work? How, in your view can this be avoided or addressed?

9. a) Do you identify any groups as needing particular support around their health and wellbeing in the workplace?

    b) How do you support these groups? What are the factors that help them to do their job well? Can you provide any examples?

10. Do you work with a recruitment agency to fill vacancies on a temporary or contract basis? If so, in your partnership agreement how do policies and procedures about 'wellbeing' feature, how do benefits feature?

11. Are there any opportunities that you make available to one group of employees that aren't open to other members of staff on different contracts? How is this decided?

12. Do you track health and wellbeing in the company? Can you tell me a bit about that? If so, do you report publicly on any health and wellbeing related targets/indicators?

13. How do you identify and assess an employee in distress?

14. How are line managers trained and supported to identify and manage health and well-being issues with their line reports?

Section Three

This section explores what needs to happen in order to improve support for people (particularly from disadvantaged groups) to gain and sustain good work

15. What in your view has made the greatest difference to the health and wellbeing of your employees?

16. What is most useful thing government could do to support employers who promote health and wellbeing for their employees?

17. What can employees do to help themselves?

18. Finally are there any other companies whose wellbeing or care of employees inspires you?

Appendix 5. Topic guide – Focus group session

Format for Focus Group Session

Welcome – end of session one: 1hr 30 mins

Session two – close: 45 minutes

Break – 15 mins

1. Welcome and introduction

   - Brief background on Drivers, BITC's role in Drivers.

   - Brief intro to this research project and role/purpose of the focus group. Outcomes. Purpose of today

        i. Understand more about company motivations for supporting and employing people from disadvantaged groups.

        ii. Understand more about the motivations for promoting the health and wellbeing of your staff, including those facing significant disadvantage

   - Definition of disadvantaged groups (this will be included in participant briefing packs

   - Introduce BITC team and role of each

        i. Cath – facilitator

        ii. Anne – scribe / timekeeper

        iii. Rebecca – scribe / facilitator support

   - Confirm timings / break

   - Housekeeping

2. Company introductions *(15 mins)*

Each company to talk about:

   - Brief outline of business

   - Proportion of skilled/unskilled jobs

   - Any specialist employability programmes

   - Estimate of proportion of staff falling into one or more disadvantaged groups

3. Focus Group – part 1 Topic Guide

Open discussion, to lead off with one or two open questions: *(20 mins)*

- Why does your company actively support and recruit people from disadvantaged groups?

- What are your motivation/s for doing so and recruiting in this way?

Prompt questions

- What prompted you to start recruiting like this/set up your programme?

- Was there a specific trigger / incident (e.g SIB Visit!)

- Who was involved? Who began/initiated this type of recruitment programme?

- Are they your own programmes, or are you involved in supporting Govt schemes e.g. work placements/ apprenticeships

    o If Govt – how did you find out about the scheme or programme?

    o What attracted you to it?

- Who or what influences why you do it?

- Who why

Scribe NOTES	Note down motivations/influencers that we haven't already thought of on the coloured post-it notes (one for each person).

<u>Group exercise</u> (5-10 mins; aim is to not let them think too long on it but just go with instinctive response)

Facilitator to say we'd like to look in a little more detail now about who and what influences you to recruit and employ people from disadvantaged groups.

Each participant will be given a batch of post-its (different colour for each person), each with a motivation/influencer on it (spend 5 minutes on this):

- Customers

- Investors

- Staff

- Staff reps/Union

- Occupational health

- EAP provider

- CEO / senior management

- Charity partner

- HR Director

- Competitors

- Academic research

- Healthcare professionals

- Press

- Winning business

- Brand reputation

- Government employment schemes

- Government procurement policies

- Government policy (but not necessarily legislation)

- Legislation/regulation

- To fill vacancies

- State of the economy

- Others mentioned in the opening session

Ask them to place their post-its where they think they best fit on the chart (see below).

High influence   Low Influence
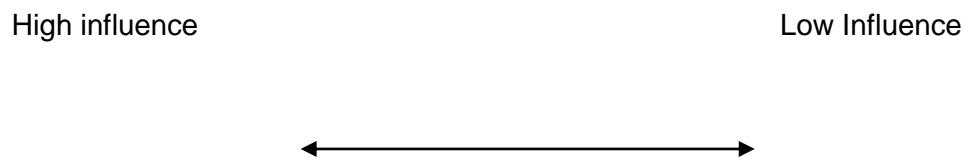
Discussion: each participant to explain their choices – (10-15 mins if needed)

- Why did you place X above X?

- Point out any differences between people (if there are any), ask why they think this might be?

Facilitator: sum up any conclusions, obvious findings and ask group if they would agree with your summary (2 mins)

Facilitator intro: I'd now like you to think more about your existing employees rather than recruitment and how you support their health and wellbeing (2 mins),

Explain you'd like them to repeat the exercise they've just done but think about their internal policies and programmes to support the health and wellbeing of employees and why they have come about – what were the drivers? What influenced the way that they implemented them if they had choices?

Repeat Group Exercise – this time who and what are the most important influences of internal employee health and well-being programmes (5-10 mins) Participants can use additional post-its if there are 'new ones'

Discussion: ask people to explain choices – (10 mins)

- How do their choices/influences differ from when they did the exercise looking at recruitment?

- Why do they think this might be?

- Are company responses proactive or reactive – if so to what?

  o Did any of the things you do to support employee health come about because of a particular instance or event?

  o Did a particular person have a big impact?

- and does this change the influencers or motivations?

BREAK – (15 mins tea / coffee / comfort break)

4. Focus Group – part 2 Topic Guide

Open discussion:

Intro: finished last session talking about internal health and wellbeing policies:

- What special provision, if any, is there for those from disadvantaged groups?

- Why is this?

- How does provision vary across the organisation e.g. by level of staff, type of contract? If it does why do they think this is?

- How important is it that you know that what you are doing to support disadvantaged groups and / or promote employee health and wellbeing is working?

- Thinking back to the beginning, how do you know / find out or measure the effect or benefits of what you do to support the employment of people from disadvantaged groups?

- Does knowing if your programmes are effective matter?

Final questions (if we feel like that we haven't managed to extract this :

- Do you think government policy or legislation (either at national or EU level) has had any influence on what your company does to support disadvantaged groups?

    o A)recruitment and employment

    o B) employee health and well being

- What do you think are the most effective things that work in encouraging other businesses to do more to employ and support people from disadvantaged groups?

    o Why do you think that is?

    o Do you think there is any kind of policy or legislation that would work in encouraging businesses to do more? Or do better?

Appendix 6. Online survey

What motivates businesses to support disadvantaged people into work?

Copy of online survey used in research to support the DRIVERS case study "The role of employers in promoting the employability and employment of people from disadvantaged groups."

Q.1 What is your job title?

Q.2 What is your email address?

Q3. What discipline do you work in? Please tick all that apply:

Q4. What sector does your business operate in?

Accountants and Consultants	Household and Personal Goods	Real Estate
Aerospace and Defence	Food and Drug Retailers	Retailers – Food and Drugs
Architects	Industrial and Engineering	Retailers – General
Automobiles and Parts	IT – Hardware, Software and Services	Surveyors
Chemicals	Legal	Telecommunications
Construction	Leisure & Hotels	Tobacco
Financial – Banks and Building Societies	Media, Marketing & PR	Transport
Financial – Insurance	Mining and Basic Resources	Utilities
Financial – Investment Services	Oil & Gas	
Food & Beverage Providers	Pharmaceuticals and Biotech	

Q5. What is your annual turnover?

€0 -
€1,000,000 - €10,000,000
€10,000,000 - €50,000,000
€50,000,000 - €100,000,000

| €100,000,000 - €500,000,000 |
| €500,000,000 - €1,000,000,000 |
| > €1,000,000,000 |

Q6. How many employees do you have across your business?

| <100 |
| 100 – 1,000 |
| 1,001 – 5,000 |
| 5,001 – 10,000 |
| >10,000 |

Q7. Does your company provide training, work experience or other support to people from disadvantaged groups? Please give details.

Q8. Does your company actively recruit people from disadvantaged groups? If you answered yes, please give details.

Q9. Who influences the decisions your company makes in relation to supporting and/or recruiting people from disadvantaged groups? (please select one option per line)

	Extremely influential	Fairly influential	Not very influential	Irrelevant	Don't know
Chief Executive					
Customers					
Human Resources Director					
External healthcare professionals					
Investors					
Occupational Health professionals					
Staff					

Unions/Staff Representatives					

Q10. What other factors influence the decisions your company makes in relation to supporting and/or recruiting people from disadvantaged groups? (please select one option per line).

	Extremely influential	Fairly influential	Not very influential	Irrelevant	Don't know
Academic Research					
Brand Reputation					
Competitors					
Employee Assistance Programme data					
EU Policy					
Labour Market Conditions					
Legislation/Directives					
NGOs					
National Government Employment Schemes					
National Government Procurement Schemes					
Other National Government Policies or Programmes					
Press					
Winning Business					

Q11. Who influences the decisions your company makes in relation to health and well-being policies and provision (e.g. healthcare, healthy eating programmes). Please select one option per line.

	Extremely influential	Fairly influential	Not very influential	Irrelevant	Don't know
Chief Executive					
Customers					
Human Resources Director					
External healthcare professionals					
Investors					
Occupational Health professionals					
Staff					
Unions/Staff Representatives					

Q12. What other factors influence the decisions your company makes in relation to health and well-being policies and provision (e.g. healthcare, healthy eating programmes). Please select one option per line.

	Extremely influential	Fairly influential	Not very influential	Irrelevant	Don't know
Academic Research					
Brand Reputation					
Competitors					
Employee Assistance Programme data					
EU Policy					
Labour Market Conditions					
Legislation/Directives					
NGOs					

National Government Employment Schemes					
National Government Procurement Schemes					
Other National Government Policies or Programmes					
Press					
Winning Business					

Q13. Do you have any health and well-being provision specifically for employees from disadvantaged backgrounds or which those employees particularly value (for example, interest-free loans, mentoring, healthcare)? Please give details.

Q14. What issues do your corporate responsibility programmes/activities cover? Select all that apply.

Building sustainable and enterprising communities
Diversity
Education and Young People
Responsible Leadership
Sustainable Production
Tackling Unemployment
Well-being in the Workplace

Q15. Please list the issue areas in order of importance/relevance to your company (click and drag each option).

Q16. Please tell us anything else you think might be relevant to the survey.

References

[1] European Commission. An agenda for new skills and jobs: A European contribution towards full employment. Communication from the Commission to the European Parliament, the Council, the European Economic and Social Commitee and the Commitee of the regions. Brussels; 2010.

[2] European Council. Toward common principles of flexicurity - Council conclusions. Brussels; 2007.

[3] WHO. Review of social determinants and the health divide in the WHO European Regrion: final report. Copenhagen; 2013.

[4] Dupre ME, George LK, Liu G, Peterson ED. The cumulative effect of unemployment on risks for acute myocardial infarction. Arch. Intern. Med. 2012;172(22):1731–7.

[5] Lynch JW, Smith GD, Kaplan GA, House JS. Income inequality and mortality: importance to health of individual income, psychosocial environment, or material conditions. BMJ 2000;320(7243):1200–4.

[6] Bekker S, Wilthagen T, Kongshøj Madsen P, Zhou J, Rogowski R, Keune M et al. Flexicurity – a European Approach to Labour Market Policy. Intereconomics 2008;43(2):68-111.

[7] Keune M. Flexicurity: a contested concept at the core of the European labour market debate. Intereconomics 2008;43(2):92–8.

[8] Tangian A. Is Europe ready for flexicurity? Empirical evidence, critical remarks and a reform proposal. Intereconomics 2008;43(2):99–111.

[9] European Commission. Labour market developments in Europe, 2012. Brussels; 2012.

[10] Lunau T, Wahrendorf M, Dragano N, Siegrist J. Work stress and depressive symptoms in older employees: impact of national labour and social policies. BMC Public Health 2013;13(1):1086.

[11] Clayton S, Barr B, Nylen L, Burström B, Thielen K, Diderichsen F et al. Effectiveness of return-to-work interventions for disabled people: a systematic review of government initiatives focused on changing the behaviour of employers. Eur J Public Health 2012;22(3):434–9.

[12] Marmot M, Allen J, Bell R, Bloomer E, Goldblatt P. WHO European review of social determinants of health and the health divide. The Lancet 2012;380(9846):1011–29.

[13] Bromley I. Tetraplegia and paraplegia: A guide for physiotherapists. 6th ed. Edinburgh: Churchill Livingstone; 2006.

[14] WHO. International perspectives on spinal cord injury. Geneva; 2013.

[15] Frankel HL, Coll JR, Charlifue SW, Whiteneck GG, Gardner BP, Jamous MA et al. Long-term survival in spinal cord injury: a fifty year investigation. Spinal Cord 1998;36(4):266–74.

[16] Fekete C, Siegrist J, Reinhardt J, Eriks-Hoogland I, Brinkhof M. Is financial hardship associated with reduced health in disability? The case of spinal cord injury in Switzerland. PLoS One 2014;9(2).

[17] Lidal IB, Huynh TK, Biering-Sørensen F. Return to work following spinal cord injury: a review. Disabil Rehabil 2007;29(17):1341–75.

[18] OECD. Sickness, Disability and Work: Breaking the Barriers: A Synthesis of Findings across OECD Countries. Paris: OECD; 2010.

[19] Escorpizo R, Miller W, Trenaman L, Smith E. Work and employment following spinal cord injury. 5th ed. Vancouver; 2014.

[20] Young AE, Murphy GC. Employment status after spinal cord injury (1992-2005): a review with implications for interpretation, evaluation, further research, and clinical practice. Int J Rehabil Res 2009;32(1):1–11.

[21] Franceschini M, Felzani G, Marini C, Pagliacci MC. Occupational therapy and return to work of the people with traumatic spinal cord injury (TSCI). G Ital Med Lav Ergon 2010;32(4 Suppl):192–4.

[22] Benavente A, Palazon R, Tamayo R, Moran E, Alaejos J, Alcaraz A. Assessment of disability in spinal cord injury. Disabil Rehabil 2003;25(18):1065–70.

[23] Mazaira J, Labanda F, Romero J, Garcia M, Gambarruta C, Sanchez A et al. Epidemiology and other aspects of spinal cord injuries. Rehabilitación (Madr) 1998;32(6):365–72.

[24] New PW, Townson A, Scivoletto G, Post, M W M, Eriks-Hoogland I, Gupta A et al. International comparison of the organisation of rehabilitation services and systems of care for patients with spinal cord injury. Spinal Cord 2013;51(1):33–9.

[25] Creswell JW. Research design: qualitative, quantitative, and mixed methods approaches. Los Angeles: SAGE Publ; 2009.

[26] Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. Int J Qual Health C 2007;19(6):349–57.

[27] Brader D, Fassmann H, Lewerenz J, Sterger R, Wübbeke C. Qualitätsstandards für ein "Case Management zur Erhaltung von Beschäftigungsverhältnissen behinderter Menschen (CMB)": Ergebnisse einer Modellinitiative der Bundesarbeitsgemeinschaft für Rehabilitation. Nürnberg; 2004.

[28] Fougeyrollas P, Noreau L, Boschen K. Interaction of Environment with Individual Characteristics and Social Participation: Theoretical Perspectives and Applications in Persons with Spinal Cord Injury. Top Spinal Cord Inj Rehabil 2002;7(3):1–16.

[29] Priestley M, Roulstone A. Targeting and mainstreaming disability in the 2008-2010 national reform prgrammes for growth and jobs. Report prepared for the Academic Network of European Disability Experts (ANED). Leeds; 2009.

[30] Clayton S, Barr B, Nylen L, Burström B, Thielen K, Diderichsen F et al. Effectiveness of return-to-work interventions for disabled people: A systematic review of government initiatives focused on changing the behaviour of employers. Eur J Public Health 2012;22(3):434–9.

[31] Targett P, Wehman P, McKinleyb W, Young C. Successful work supports for persons with SCI: Focus on job retention. J Vocat Rehabil 2004;21:19–26.

[32] WHO. World Report on Disability. Geneva; 2011.

[33] Krause JS, Reed KS. Obtaining Employment After Spinal Cord Injury: Relationship With Pre- and Postinjury Education. Rehabil Couns Bull 2009;53(1):27–33.

[34] Anderson D, Dumont S, Azzaria L, Le Bourdais M, Noreau L. Determinants of return to work among spinal cord injury patients: A literature review. J Vocat Rehabil 2007;27(1):57–68.

[35] Yasuda S, Wehman P, Targett P, Cifu DX, West M. Return to work after spinal cord injury: a review of recent research. NeuroRehabilitation 2002;17(3):177–86.

[36] Bruhn M. Qualitätsmanagement für Dienstleistungen: Grundlagen, Konzepte, Methoden. 7th ed. Berlin: Springer; 2008.

[37] Ottomanelli L, Lind L. Review of critical factors related to employment after spinal cord injury: implications for research and vocational services. J Spinal Cord Med 2009;32(5):503–31.

[38] Krause JS, Edles P, Charlifue S. Changes in Employment Status and Earnings After Spinal Cord Injury: A Pilot Comparison From Pre to Post Injury. Top Spinal Cord Inj Rehabil 2011;16(4):74–9.

[39] Marti A, Reinhardt JD, Graf S, Escorpizo R, Post MWM. To work or not to work: labour market participation of people with spinal cord injury living in Switzerland. Spinal Cord 2012;50(7):521–6.

[40] Stucki G, Bickenbach J, Post M. Developing Epidemiologic Studies of People's Lived Experience: The Swiss Spinal Cord Injury Cohort Study as a Case in Point. [Miscellaneous]. Am J Phys Med Rehab 2011;90(11):S1-S4.

[41] Post M, Brinkhof M, Elm E von, Boldt C, Brach M, Fekete C et al. Design of the Swiss Spinal Cord Injury Cohort Study. [Review]. Am J Phys Med Rehab 2011;90(11):S5-S16.

[42] van Buuren S. Flexible imputation of missing data. Boca Raton, Fla: CRC Press; 2012.

[43] Venables WN, Ripley BD. Modern applied statistics with S. New York, Berlin, Heidelberg: Springer-Verlag; 2002.

[44] White IR, Carlin JB. Bias and efficiency of multiple imputation compared with complete-case analysis for missing covariate values. Statist. Med. 2010;29(28):2920–31.

[45] Itzkovich M, Gelernter I, Biering-Sorensen F, Weeks C, Laramee MT, Craven BC et al. The Spinal Cord Independence Measure (SCIM) version III: reliability and validity in a multi-center international study. Disabil Rehabil 2007;29(24):1926–33.

[46] Rubin DB. Multiple Imputation for Nonresponse in Surveys: Wiley; 2009.

[47] Krause JS, Reed KS. Barriers and facilitators to employment after spinal cord injury: underlying dimensions and their relationship to labor force participation. Spinal Cord 2011;49(2):285–91.

[48] Revelle W, Zinbarg R. Coefficients Alpha, Beta, Omega, and the glb: Comments on Sijtsma. Psychometrika 2009;74(1):145-154.

[49] Berry MW, Castellanos M (eds.). Survey of Text Mining II: Clustering, Classification, and Retrieval. 2nd ed. London: Springer; 2008.

[50] Fitzpatrick S, Pawson H, Bramley G, Wilcox S, Watts B. The homelessness monitor: England 2013. London: Crisis; 2013.

[51] Department for Communities and Local Government. Statutory Homelessness: July to September Quarter 2013 England; Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/264836/Statutory_Homelessness_3rd_Quarter__Jul_-_Sep__2013_England__2_.pdf.

[52] Department for Communities and Local Government. Rough Sleeping Statistics England - Autumn 2012 Experimental Statistics; Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/284278/Rough_Sleeping_Statistics_England_-_Autumn_2012_-_REVISED.pdf.

[53] House of Commons ODPM. Housing, Planning,Local Government and the Regions Committee Homelessness Third Report of Session 2004-05, HC 61-I; 2005.

[54] Central Statistics Office. Homeless Persons in Ireland. A Special Census Report 2011; Available from: http://www.cso.ie/en/media/csoie/census/documents/homelesspersonsinireland/Homeless,persons,in,Ireland,A,special,Census,report.pdf.

[55] Department of the Environment, Community and Local Government. Housing Needs Assessment 2011. Dublin: Department of the Environment, Community and Local Government; 2011.

[56] Central Statistics Office. Live Register; Available from: http://www.cso.ie/en/releasesandpublications/er/lr/liveregistermarch2014/#.U0Z-GnlOXZM.

[57] Office for National Statistics. Labour Market Statistics 2014; Available from: http://www.ons.gov.uk/ons/dcp171778_354442.pdf.

[58] Wright NM, Tompkins CN. How can health services effectively meet the health needs of homeless people? Br J Gen Pract 2006;56(525):286–93.

[59] Nordentoft M, Wandall-Holm N. 10 year follow up study of mortality among users of hostels for homeless people in Copenhagen. BMJ 2003;327(7406):81.

[60] Nusselder WJ, Slockers MT, Krol L, Slockers CT, Looman CWN, van Beeck EF. Mortality and life expectancy in homeless men and women in rotterdam: 2001-2010. PLoS One 2013;8(10):e73979.

[61] Ramin B, Svoboda T. Health of the homeless and climate change. J Urban Health 2009;86(4):654–64.

[62] Rayburn RL, Pals H, Wright JD. Death, drugs, and disaster: mortality among New Orleans' homeless. Care Manag J 2012;13(1):8–18.

[63] Muñoz JP, Reichenbach D, Hansen, Anne Marie Witchger. Project Employ: engineering hope and breaking down barriers to homelessness. Work 2005;25(3):241–52.

[64] Audhoe SS, Hoving JL, Sluiter JK, Frings-Dresen MHW. Vocational Interventions for Unemployed: Effects on Work Participation and Mental Distress. A Systematic Review. J Occup Rehabil 2010;20:1–13.

[65] Shaheen G, Rio J. Recognizing work as a priority in preventing or ending homelessness. J Prim Prev 2007;28(3-4):341–58.

[66] Singh P. No Home No Job. Off the Streets and into work. London: Chrisis; 2005.

[67] Hough J, Jones J, Rice B. Longitudinal qualitative research on homeless people's experiences of starting and staying in work: summary report. London: Broadway; 2013.

[68] Gobillon L, Rupert P, Wasmer E. Ethnic Unemployment Rates and Frictional Markets. Bonn: IZA Discsussion Paper No. 7448. Institute for the Study of Labor; 2013.

[69] Koning P, Raterink M. Re-employment Rates of Older Unemployed Workers: Ecomposing the Effect of Birth Cohorts and Policy Changes. De Economist 2013;161:331–48.

[70] Riddell WC, Song X. The Impact of Education on Unemployment Incidence and Re-employment Success: Evidence from the U.S. Labour Market. Bonn: IZA Discsussion Paper No. 5572. Institute for the Study of Labor; 2011.

[71] European Commission. Confronting Homelessness in the European Union: European Commission; 2013.

[72] Department of the Environment, Heritage & Local Government. The Way Home: A Strategy to Address Adult Homelessness in Ireland 2008-2013. Dublin: Department of the Environment, Heritage & Local Government; 2008.

[73] Department for Work and Pensions. Simplifying the welfare system and making sure work pays; Available from: https://www.gov.uk/government/policies/simplifying-the-welfare-system-and-making-sure-work-pays.

[74] Department for Communities and Local Government. Vision to end rough sleeping: No Second Night Out nationwide. London: Department for Communities and Local Government; 2011.

[75] Department for Communities and Local Government. Making every contact count. A joint approach to preventing homelessness. London: Department for Communities and Local Government; 2012.

[76] Edgar B, Harrison M, Watson P, Busch-Geertsema V. Measurement of Homelessness at European Union Level: European Commission; 2007.

[77] Scarpetta S, Sonnet A, Manfredi T. Rising Youth Unemployment During the Crisis: How to Prevent Negative Long-term Consequences on a Generation. Paris: OECD Publishing; 2010.

[78] Wilson T. Youth Unemployement: Review of Training for Young People with Low Qualifications. London: BIS Research Paper number 101. Department for Business Innovation and Skills; 2013.

[79] Dench S, Hillage J, Coare P. The impact of learning on unemployed, low-qualified adults: A systemic review. London: Research Report No 375. Department for Work and Pensions; 2006.

[80] Hasluck C, Green AE. What works for whom? A review of evidence and meta-analysis for the Department of Work and Pensions. London: Research report no 407. Department for Work and Pensions; 2007.

[81] Brown AJ, Koettl J. Active Labour Market Programms: Employment Gain or Fiscal Drain. Bonn: IZA Discsussion Paper No. 6880. Institute for the Study of Labor; 2012.