Support2work

The impact of employment advisers

Qualitative Work Package

Background

- The **Employment Advisers in NHS Talking Therapies Service** is funded by the UK Government Work and Health Unit, a cross-government unit, jointly sponsored by the Department for Work and Pensions and the Department of Health and Social Care.
- Pilot services were launched in 2009 with roll-out across England beginning in 2018 and completed in 2025. Employment Advice is now available in all NHS Talking Therapies services across England.
- NHS Talking Therapies supports people experiencing common mental health problems such as anxiety and depression. All patients entering treatment should be offered the opportunity to engage with an Employment Adviser (EA). Engagement with the EA is voluntary.
- The role of EAs is to provide information, guidance and support that helps Talking Therapies patients to stay in work, return to work from sick leave or to find new employment.
- Our **mixed-methods** research project is the first major independent evaluation of EAs in NHS Talking Therapies Services.

Research Design

Support2Work is a mixed-methods evaluation involving quantitative analysis of national-level health and economic data and qualitative interviews with practitioners and patients.

Our qualitative work package asks the following core question:

- What are the mechanisms through which Employment Advisers influence patients' trajectories of absenteeism, presenteeism, and entry, maintenance or return to work?

Put more simply:

- Do EAs make a difference in supporting patients to work?
- If so, what difference do they make, for whom, and how do they do it?

Method and sample

12 Case Study Sites across England
purposively selected to reflect:

- Maturity of service (different roll-out waves)
- In-house NHS or outsourced provider
- Geographical spread
- Urban/rural contrast
- Diversity in indices of deprivation

Staff interviews

5-6 staff per case study site *(total n= 60)*

1-2 Senior Employment Advisers
2-3 Employment Advisers
1-2 Therapists
1 Service Lead

Patient interviews

4-6 patients per case study site (*total n = 60*)

Patients who have used the EA service, purposively sampled to reflect:

- Different employment statuses when entering service (*in work, off sick, not employed*)
- Diversity of ages, genders and ethnicities

Early Findings

- For employed patients, take-up of the EA service is driven by a direct need for support with work-related issues. Employed patients who choose to engage with the service generally do so because they are experiencing a pressing work-related difficulty.
- Non-employed patients who take up the service are typically motivated and at a place of readiness to consider a return to work.
- EA support is patient-led and person-centred, flexible and agile. Intervention is tailored and the focus can change over time.
- For employed patients, EAs play a key role in supporting people to negotiate reasonable adjustments at work. They provide information and suggestions as to what adjustments might be helpful, and empower patients to negotiate with their employer.
- EAs may support better-managed transitions to more appropriate employment situations. This might involve role changes, reductions in hours or job exit.
- Integration with NHS Talking Therapies brings mutual benefits to both therapy and employment support. Patients can be more able to engage with therapeutic interventions when their work-related problems are also being addressed.
- Many positive impacts of EAs' intervention are intangible, including increases in self-confidence, empowerment, sense of control, clarity and hope.

"It's not about just getting people into work ... It's helping retain people in work. So getting the reasonable adjustments that they need, getting them the support that they need to stay well within work ... And it can be good to have the advice when it comes to things like welfare benefits and applying to PIP ... So it's the whole spectrum of employability. It's not just getting into a job. It's preparing for work as well and finding the right fit." - Therapist

"When you give someone the information around their rights and what they can ask for, and how to ask these questions, and what they're entitled to, you can notice that they're empowered by what they're asking for. They know that they can ask for that and ultimately stay in work for longer." - Employment Adviser

"My EA has given me everything that I can do to fight my ground at work. If I needed help with the benefits, any claims, I was equipped to do that ... There's loads of information that I've got, how to deal with it." - Patient

An emerging policy puzzle

Analysis by our quantitative colleagues reveals that, three years after intervention, patients who were employed at the time they engaged with the EA service are less likely to be in employment, more likely to be claiming benefits and have lower average earnings than patients who did not yet have access to an EA service in their region. At face value, this may look like an ineffective or counterproductive intervention.

However, our qualitative interviews with staff and patients are adding essential explanatory context to these statistical patterns. Employed patients who take up the offer of EA support are invariably experiencing significant workplace challenges. In some cases, EAs provide information, guidance and support which enables people to transition away from unsustainable jobs and to find more suitable work, which may involve fewer hours, lower pay or a move to health-related benefits.

Our findings underscore the value of mixed methods in understanding the effects and impact of policy interventions. The findings also raise conceptual questions about the framing of policy problems, tensions that can exist between different policy objectives, and the different ways in which 'effective' employment support might be defined.

"Sometimes, just the solution is to leave their job. And as soon as they leave their job, they're well, they're safe, everything is gone ... Sometimes their situation is so horrendous, they're crying when they get into work, they are miserable during the whole day. And that's also part of my job, to be honest ... It wouldn't be the first thing that I would say to someone. But when I see the effect, or I see the situation, and they tell me about how the corporate culture is, how the manager is and everything, I do address that and I say, 'Have you considered maybe moving on? Have you considered that maybe your recovery will be better if you are not [in this job]*?' So, it's also helping them leave the job in a positive way."* - Employment Adviser

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