



Institute of Actuaries of Australia

Accident Compensation Claims Management - Lessons Learnt and Claimant Outcomes

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Presented to the Institute of Actuaries of Australia
12th Accident Compensation Seminar
22-24 November 2009
Melbourne

*This paper has been prepared for the Institute of Actuaries of Australia's (Institute) 12th Accident Compensation Seminar
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Accident Compensation Claims Management - Lessons Learnt and Claimant Outcomes

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Abstract

The principles behind best practice claims management after a personal injury are well known: being tailored, timely, coordinated, multi-dimensional and multi-disciplinary in nature. However, many schemes and insurers still struggle to implement these principles effectively; the impact of which is substantial, both in terms of financial and social cost. A major reason for this problem is the need for scale and therefore standardisation, which cannot necessarily respond appropriately to the complexity (and variability) of cases that exist. Likewise, skill gaps and non-aligning performance metrics are also important contributory factors. By critically reviewing and re-engineering current practice to reflect the importance of specialisation across the case management process, it is possible to realise substantial benefits for both the scheme or insurer, and clients, within existing resources. In this paper, we review the lessons learned from current case management research and how we have applied it in the real world.

Keywords: injury; claims management; accident compensation; return to work; injury management

Principles of best practice

Injury management and rehabilitation success relies critically on case management, which is the term used in a variety of health settings to describe the practice of organising and coordinating particular care support of an individual. In particular, the concept of case management has been developed in an attempt to optimally manage the multiple dimensions of rehabilitation. The very term ‘case management’ implies individual ‘case’ focus and ‘management’ of multiple factors by a central party. The reality is that case management on a large scale is difficult because it needs to be sophisticated enough to meet the complexity and variability of cases. Best practice principles from current research can be summarised into the following categories¹:

1. Multi-disciplinary management – a coordinated, collaborative approach between the disciplines involved in treatment and stakeholders such as the Claims Manager and external rehabilitation provider is essential. Particularly important is linking in with the nominated treating doctor (NTD). Effective case management should facilitate effective communication between all stakeholders.
2. Multi-dimensional management – in addition to appropriate clinical management, effective management of rehabilitation requires addressing the multiple dimensions of injury. These include individual physical and psychological characteristics (particularly cognitions and expectations about injury and return-to-work) and social and workplace factors (particularly job design and workplace support).
3. Best practice clinical management – there is an increasing body of research on best practice clinical management of various injuries and work related conditions that should be incorporated into practice guidelines and protocols for clinicians working with accident compensation clients.
4. Rehabilitation tailored to an individual’s needs and stage of injury and work absence – increasing evidence shows that rehabilitation and return-to-work interventions should be tailored to an individual’s physical and psychosocial characteristics. In addition, the emphasis and content of interventions should change as these characteristics change and depending on time since injury and duration of work absence.
5. Comprehensive claimant rehabilitation outcome measurement – monitoring the effectiveness of case management activity is a crucial part of successful and sustainable rehabilitation and return to work. Unless this monitoring and measurement is undertaken, it is very difficult to know whether strategies and practice are benefiting both the injured person and the organisation. Examples of key measures include: rate of reactivated claims, record of return to work (including suitable duties) for those on weekly compensation entitlements etc.
6. Timeliness – in relation to:
 - early risk assessment, since research suggests that individual and psychosocial factors are very predictive of claim duration and/or outcomes (Fransen et al, 2002)
 - early medical intervention – this has been shown to promote physical recovery
 - early contact with the injured person
 - early return-to-work or continued duties – despite the possible presence of pain, these have been shown to be associated with improved outcomes.

The international evidence-base for programs providing assistance to long term compensation claimants and people similarly detached from the workforce is relatively limited and revealed that there is currently no single model of best practice for providing return to work assistance to injured persons. Nevertheless, the most successful approaches are holistic, flexible and person-centred in nature, offer a range of services to meet the diverse barriers of beneficiaries and are mediated by a skilled case manager.

Pressures influencing return to work

Although these principles are well known and evidence-based, embedding them into practice and sustaining beneficial outcomes is the challenge. One of the reasons for this relates to the wide ranging and challenging pressures influencing return to work. These barriers to return to work encompass personal, societal and system factors, which contribute to both return to work and health and psychological outcomes. Therefore, it seems likely that it is not only work-related injury, but a combination of these issues that is preventing injured persons from re-entering the workforce. The diagram below provides a schematic representation of all the factors that influence return to work.

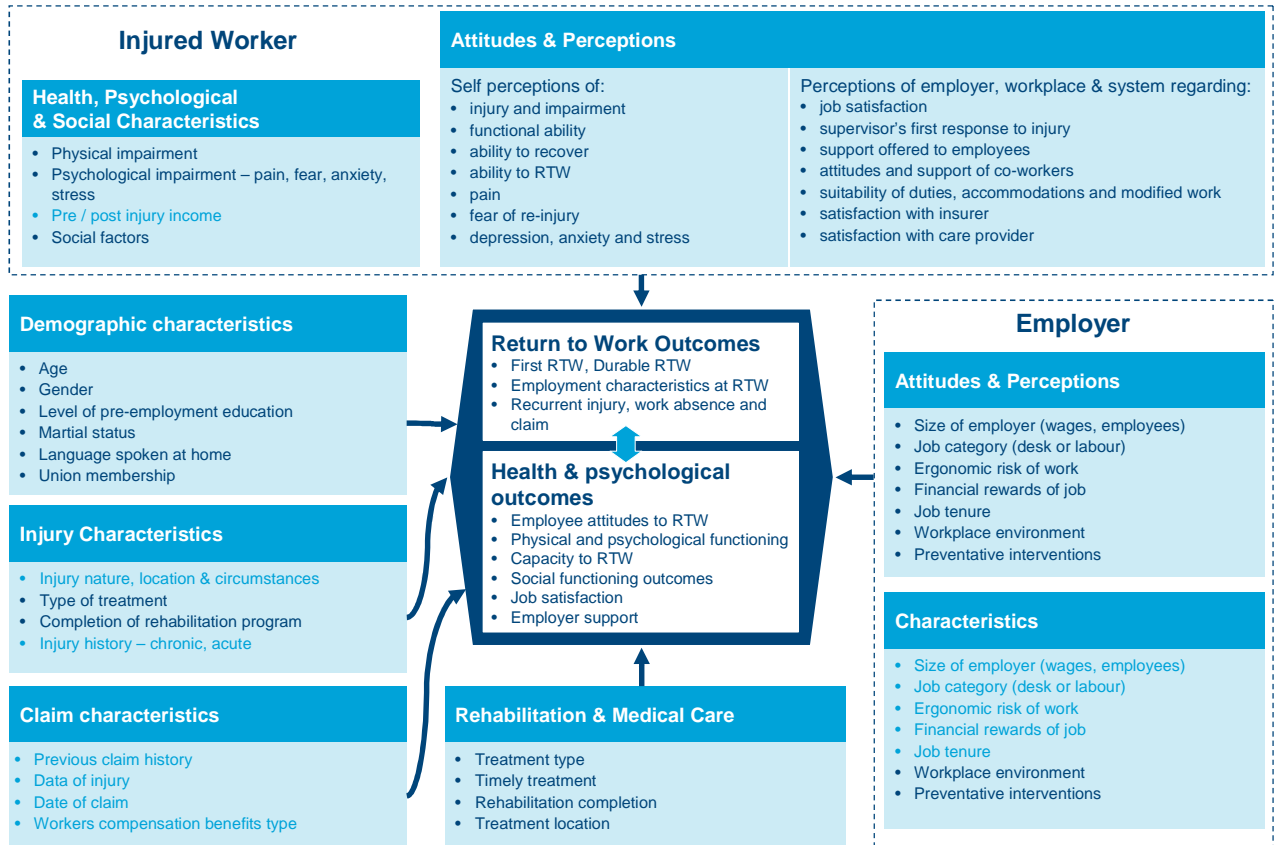


Figure 1: Factors influencing return to work

Personal factors

Both severity and perceived permanence of the medical condition have been found to be barriers to employment and participation in vocational rehabilitation services. For example in the UK, it has been found that the perceived permanence of a condition can make a health problem a ‘fairly intractable barrier’, contributing to a pessimistic mood among beneficiaries/claimants in their ability to work.^{2 3 4 5} However, it appears that the relative importance of the medical condition as a barrier to employment declines with age. For older unemployed people with disabilities, age, employer attitudes towards people with disabilities, and atrophied skills played a larger role than the medical condition alone.^{6 7} Furthermore, the long term unemployed face a distinct barrier to re-employment because of a lack of job skills, work experience and/or low education levels.^{8 9 10}

In general, lack of motivation is not a major barrier for the unemployed in finding work. Instead, it is other barriers which prevent beneficiaries from moving closer to employment, including physical or mental health

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issues,¹¹ low or diminished skills¹² and real or perceived employer discrimination against people with disabilities,¹³ older workers¹⁴ or welfare recipients.¹⁵

Societal factors

The impact of childcare (and other caring) responsibilities on re-employment appears to be either overlooked or not present among studies of the long term unemployed and disabled beneficiaries. As such the prevalence and presence of caring responsibilities as barriers to reemployment for long term injured work claimants remains unknown and is an area in need of further investigation.

However, the following points provide an insight into some of the issues in need of consideration when developing initiatives to address this barrier:

1. Caring responsibilities for children may be an intractable barrier amongst some – those with a strong preference for parental care may face the greatest “barrier” in that they do not consider themselves ready for work, whatever the financial advantages.^{16 17}
2. Once looking for employment, sole mothers will attempt to fit employment around childcare needs, rather than vice versa¹⁸ – this could have a large impact on the types of jobs lone parents are willing or able to move into. It also suggests that it is not only young children that affect lone parents’ employment.
3. Childcare is rarely the only barrier to employment faced by lone parents not in employment – a large minority faced poor health, disability and low qualifications as well.¹⁹ This is not to suggest that childcare is not important, but that other barriers may need to be overcome before the practical issue arises of figuring out what to do with the children when the parent is at work.

One of the most successful job search strategies involves the connections of families and relatives. In addition, social networks can provide access to employment support, such as childcare and transportation. Studies have demonstrated that social networks shrink once an individual leaves employment.^{20 21} The social support provided by effective case managers has also been identified as a critical component in several employment and training schemes for beneficiaries.^{22 23 24} Case managers who have the resources to do their job and who understand their role as a job search adviser are more effective at moving beneficiaries into employment.²⁵

System factors

Schemes aimed at reintegrating long term unemployed beneficiaries into the labour market have consistently been criticised for their narrow focus on the individual while ignoring the structural and contextual factors that restrict opportunities for employment.^{26 27}

Most workers return to work as soon as their injuries have healed or stabilised, regardless of any issue of economic incentive provided through the benefit system. However, for some workers in unsatisfactory employment, a high-income replacement ratio from workers compensation benefits is likely to increase benefit duration. US research indicates that the payment of benefits (lump sum benefits) lengthened the expected duration of work absences for permanently partially disabled people, when compared to people who received no benefits.²⁸ Similarly, it has been found that an increase of 10% in workers compensation benefits translates into a 2% to 11% increase in claims duration.²⁹ However, few of the available studies have consistently considered the effect of other non-wage re-placement parameters, such as employer return to work programs, positive work culture etc, in relation to the effect of wage replacement levels on claims duration and incidence.

Applying best practice in the real world

Effective case management is dependent on a number of elements. Firstly, it is crucial to have a case management process that is underpinned by best practice principles and focused on the injured person. Figure 2 below illustrates how the best practice principles described above can be translated into case management activities and applied throughout the entire injured person pathway to achieve better outcomes (eg return to work). There are four activities that are core to achieving these key outcomes: engaging with the injured person and encouraging participation; undertaking a risk and needs assessment; developing an outcomes-focused Case Management Plan (CMP); and implementing the CMP. The diagram also highlights the importance of an ongoing review and management function, as part of the implementation of the outcome-focused CMP. These key activities are discussed in more detail below.

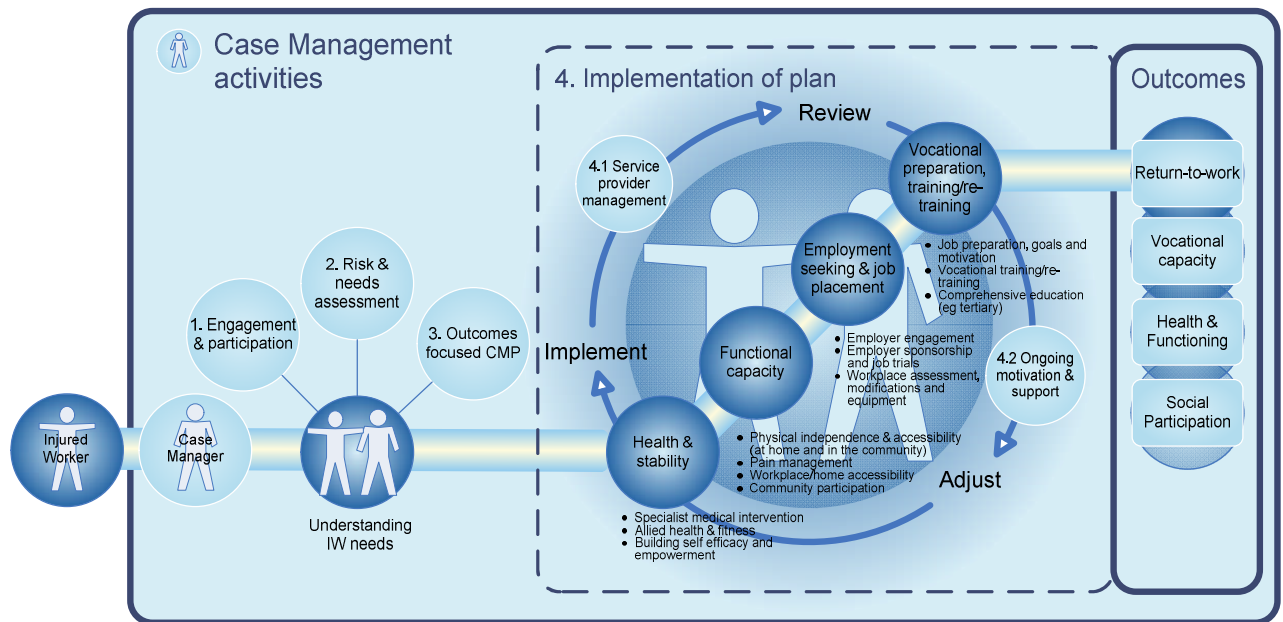


Figure 2: Case management activities through the injured person pathway

1. Engagement & participation – the goal is to develop a relationship of trust and rapport between the worker and the case manager. This will assist injured persons to progress to a point of active participation in the process and provide a platform for future success. Key to effectively undertaking this activity is a case management strategy with a suitable segmentation model. Namely, one that allows streaming of injured person groups with similar needs to case managers with the appropriate, and where necessary, specialist skills to best manage those needs. The aim of such streaming is to achieve optimal outcomes for both the injured person and the scheme. Some specific examples include:

- early claim notification and identification, with positive and helpful communication to the injured person
- early recognition of severe claims likely to require rehabilitation or other complex medical involvement (and possible workplace), and similarly, early recognition of claims which should be fast-tracked medical-only type claims (ie some form of claim streaming)
- appropriate allocation of caseload, claims staff and injury management staff depending on the nature of the claim

2. Risk and needs assessment – undertaken in a collaborative manner, the case manager and the injured person should conduct a holistic risk and needs assessment to inform the development of the outcomes-focused CMP. The assessment will help the case manager to understand the unique needs of the injured

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person, as well as to identify to key risks associated with the particular case, which may affect the timely, safe and durable return to work of the injured person. Some specific examples include:

- a review of the injured person's current medical history, psychological health, functional capacity, activities of daily living and social circumstances
- exploration of the worker's expectations and motivation towards return to work.

3. Development and 4. Implementation of an outcomes-focused CMP – informed by the risk and needs assessment, the CMP will act as a guide to focus and coordinate intensive assistance towards achieving planned improvements and outcomes. The plan ought to be a mutually designed and agreed, tailored, individual plan for each worker. Implementation of the plan occurs, once there has been agreement from all relevant parties. This activity also involves interaction with the NTD and management of interventions and providers. Review of the plan should occur on a regular basis to accommodate changes and ensure it is an accurate representation of a worker's needs and goals. This process should be both formal and event-based to facilitate timely and efficient realisation of outcomes. Some specific examples include:

- appropriate engagement with providers of services, be they medical, legal or investigation, including the establishment of provider networks
- where appropriate, early engagement with employers and workplace, preferably via three-point-contact, to ensure support in the return to work process
- appropriate processes for approval or dispute of recommended treatment, including the adoption of, and adherence to, appropriate protocols for service provision – including the use of Guidelines for specific conditions, and the use of yellow-flags and red-flags in injury management
- a rigorous process for interpreting entitlements under the legislation for the range of benefit types
- in the case of permanent injury claims, a rigorous approach to assessing permanent impairment under the legislation, and determining entitlement to benefits
- in the case of lifetime care claims or long term income maintenance claims, an appropriate system to determine their need for care and/or support at regular and relevant review points.

When applying this to clients, it is important to understand that one size does not fit all and that each client faces a unique set of challenges. As such, our approach involved engaging with the case management teams to identify issues pertinent to them and to re-engineer the case management process to better reflect best practice, whilst working within their organisational-specific parameters. An underlying dimension of our approach is that of engagement and collaboration with case management staff, which facilitates a transfer of knowledge and information and an increased sense of accountability. When case managers understand their role, how it fits within the larger organisation, and why it is important, there tends to be a greater appreciation for how their decisions and actions impact key outcomes (eg updating and maintaining accurate case estimates).

Case management framework

Underpinning the case management process are a number of supporting elements, which are applicable across most settings and organisations (ie public vs. private, scheme, employer, provider etc). These include: leadership and strategic direction, performance management, policies and procedures, and training and development. The combination of the aforementioned case management process and these factors make up the overarching case management framework depicted in Figure 3 below.

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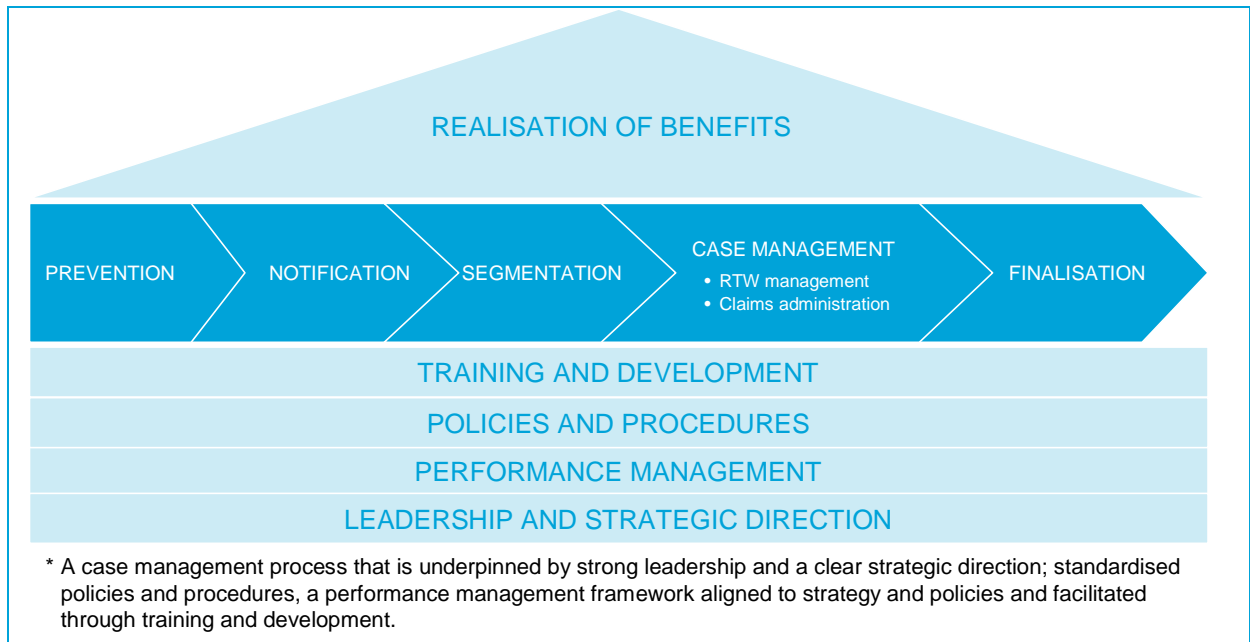


Figure 3: case management framework*

Strategic direction and performance management

Strong leadership and a clear strategic direction that defines success for the organisation, is essential for effective and sustainable case management. Not only is it important to identify and communicate these goals, it is also necessary to facilitate the development and alignment of goals across all levels of the organisation (particularly at the frontline). In doing this the organisation is promoting accountability and educating staff on how they can contribute to the organisations success, through their day-to-day role.

These goals and outcomes ought to be appropriately documented, evaluated and provide the basis for overall performance monitoring and management. For example, a scheme’s goals and outcomes can be reflected through a high level monitoring framework (see example in Table 1 below). This monitoring framework identifies the key scheme deliverables or outcomes (eg prevention, claimant outcomes) and operationalises them to ensure appropriate measurement and reporting.

Scheme deliverable	Suggested needs
Prevention	<ul style="list-style-type: none"> Tracking effectiveness of safety programmes Monitoring claimant numbers Monitoring injury types and trends in injury experience
Benefit	<ul style="list-style-type: none"> Provision Monitoring benefit utilisation and benefit levels Assessing benefit adequacy and informing benefit reviews Tracking supply & demand for services, such as treatment, rehabilitation and care
Financial Performance	<ul style="list-style-type: none"> Financial reporting information Management and planning for ongoing funding needs Managing levy rates and other contribution levels
Scheme Governance	<ul style="list-style-type: none"> Effective information management systems Good internal controls and processes Comprehensive reporting

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Scheme deliverable	Suggested needs
Claimant Outcomes	<ul style="list-style-type: none"> • Claimant health outcomes • Claimant return-to-work outcomes (or return to optimal functioning for those not working) • Effectiveness of service provision
Stakeholder Management	<ul style="list-style-type: none"> • Stakeholder consultation (employers, claimants, providers) • Monitoring complaints and disputes
Effective Communication	<ul style="list-style-type: none"> • Assessing effectiveness of communication within organisation; with • service providers and other government agencies and with • The given population
External Drivers	<ul style="list-style-type: none"> • Monitoring of external factors which have a material impact • On the experience of the organisation. These would include: <ul style="list-style-type: none"> – demographic trends – changes in industry – workforce participation trends – economic factors. <p>This would also include assessing the impact on the scheme of any expected future trends in these factors.</p>

Table 1: Example monitoring framework

By operationalising overall goals and outcomes, an organisation is moving towards a more concrete structure for measurement and therefore, the potential to develop a performance management framework that aligns key performance indicators (KPIs) with the objectives of good case management and measures and communicates performance against these targets. This framework should also reflect the relationship between the KPIs, case management objectives and staff remuneration. By linking desirable outcomes with KPIs and staff remuneration, the organisation is able to provide staff with an incentive to apply best practice and contribute to scheme performance. There is facilitation of ownership and increased understanding of how individuals' actions and decisions impact injured person outcomes and overall scheme performance. Success relies heavily on establishing an injured person-centric approach to remuneration, which sufficiently:

- builds in flexibility, so that the case manager is appropriately rewarded on successful improvement of an injured persons health, function, social and employment status
- emphasises outcome-based incentives to promote sustained improvement in outcomes of injured persons, particularly for durable return to work
- provides an appropriate cost-benefit outcome for the scheme.

It is also important to consider that the internal performance metrics of other key providers and stakeholders (eg agents, providers) may not necessarily align with optimal case management practices. Collaboration and alignment of performance measures (based on best practice), across providers and stakeholders should be sought in the longer term.

Translating best practice into action

Another key challenge faced by organisations is that of translating best practice into effective action. This involves appropriately defining and communicating standardised process, so that it can be understood and

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applied in an efficient manner by case managers. Through our experience in applying this for clients, standardised policies and procedures should be developed to guide case management practice, which is aligned to strategic aims. In addition to standardising process, an ongoing training and development program is also necessary to ensure that case managers are provided with a learning experience that is tailored to their stage of development, facilitating specialisation amongst case managers and the use of standardised protocols. Training should be aligned with the organisations strategic direction and should balance classroom learning styles with on-the-job approaches. From our experience, embedding a culture of professional development within an organisation and providing case managers with the opportunity to build important networks with key industry bodies, will also be beneficial. Consideration should also be given to selection and recruitment processes, to further support the effectiveness of initiatives. This process should be rigorous, with the use of psychometric testing and targeted interviewing techniques.

By further developing the knowledge and skills of an organisations case manager pool, the organisation is building accountability across its staff, which is a key driver of performance. This sense of accountability empowers staff to consider how their decisions and actions regarding case management impact on the client (health and social functioning and return to work) and also on the scheme (financially).

These final points are paramount, given the current state of the economy. That is, generally there is high turnover of case managers, which can be attributed to a number of factors, including: large and demanding case loads, lack of specialisation, inadequate performance management (including accountability and incentives), and limited opportunities for training and development, to name a few. In difficult economic times; however, there tend to be lower levels of case manager turnover, which provides a great opportunity to transfer key knowledge and skills to staff and re-engineer the overall case management process (eg segmentation model).

However, adopting a structured approach to implement these recommendations is the real challenge. Many organisations struggle to realise their potential, because they lack the planning, organisation and commitment needed to implement these types of changes. The next section discusses this notion further.

Importance of implementation

Experience has shown us that much of the success associated with re-engineering ones case management strategy is the ability to drive, manage and sustain changes in practice. This is primarily achieved by adopting a robust approach to implementation, which includes a number of defined stages and processes to ensure maximum benefit is derived from any proposed initiative. Figure 4 below depicts the implementation lifecycle, which should be followed to facilitate the transformation of initiatives into practice and overtime, into 'business as usual'.

The first step (ie Stage 1) in any implementation involves assessing and communicating the business need or gap through the development of a business case that outlines the platform for change. At this point, it is critical to undertake baseline measurement to ensure that any changes of benefits are able to be monitored and measured appropriately. Once the case for change has been put forward and accepted, it will be necessary to design the initiatives for improvement and consider the key implementation considerations for success (Stages 2 & 3).

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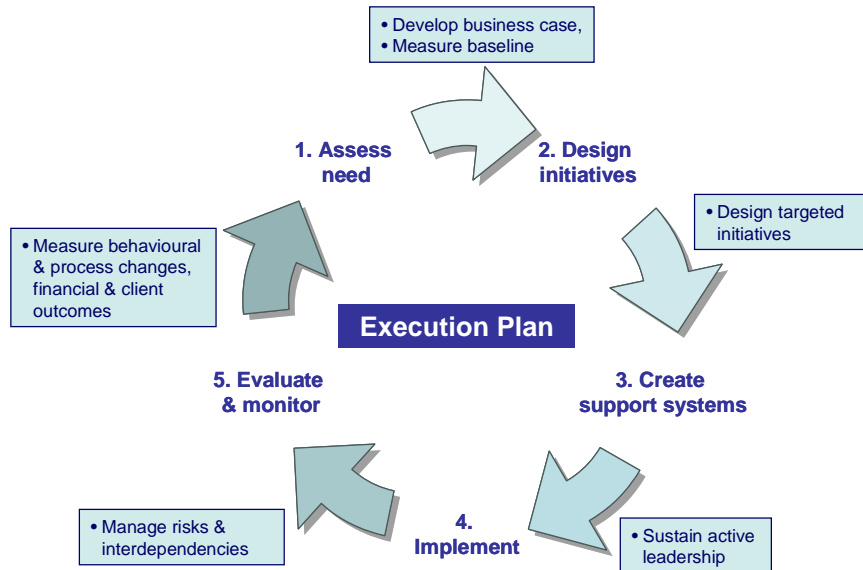


Figure 4: Implementation lifecycle

This can be achieved through the development of detailed implementation plans, which articulate the following information:

- Issue or complication facing organisation –should be framed as a need and will be informed by the business case.
- Initiative or strategy aimed at addressing the identified need, including how it could lead to improvement
- Expected benefits – including both financial and non-financial
- Expected costs associated with the initiative
- Scope – including what is in and out of scope
- Risks, issues and dependencies that require management, as well as the management strategy/approach – contextual factors specific to an organisation need to be considered and well understood when moving forward with an implementation plan. Such contextual factors include the culture within an organisation (eg claiming behaviour, lack of accountability), as well as system limitations etc. Finally, consideration needs to be given to other projects that may overlap and/or impact success.
- Timelines and milestones – this will be key to ensure that implementation is on track and to measure benefits and outcomes
- Identification of an initiative owner and team – to ensure that there is appropriate ownership and accountability by both management and the wider team. Having strong leadership is critical to the success of any implementation. Furthermore, it is easy for an implementation to lose momentum and fall to the wayside. It is the initiative owner’s responsibility, with the support of the team, to keep it on track.

Once implementation plans have been developed and resources have been mobilised, Stage 4 involves actual implementation of recommendations/initiatives and the implementation plans. This includes monitoring risks and interdependencies to ensure timely action, as required. The implementation lifecycle; however, does not end at implementation, rather, an ongoing evaluation and monitoring process (ie Stage 5) is key to ensure that momentum is maintained, benefits realised and appropriate actions undertaken.

Concluding remarks

This paper reviewed the lessons learned from best practice case management research, which highlights the importance of being tailored, timely, coordinated, multi-dimensional and multi-disciplinary across the injured person pathway. However, the application of these principles is fraught with difficulty. As such, in this paper we have drawn on our experience in applying these best practice case management principles to our clients.

Engaging with our client case management teams to fully understand the issues they are facing around their case management strategy, is a key highlight of our approach. By taking a deep-dive view of their way of working, we were able to appropriately re-engineer their case management process to reflect best practice. Underpinning this approach was a model of skill and knowledge transfer, which helped case managers to understand the requirements of their role better and how their actions impacted the client and the scheme, increased their overall sense of accountability, and equipped them to make more soundly-based decisions. The importance of the implementation was also discussed. Our experience has shown that clearly articulating the case for change, mobilising a team and leader to drive the implementation, and monitoring progress and performance is crucial to the effective implementation and adoption of change in practice.

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